

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000309585</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 02/06/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

**Vendor:** 1232942737 6  
FISHER SCIENTIFIC COMPANY LLC  
PO BOX 404705  
ATLANTA GA 303844705  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Call,Julie Ann 512/406-2514

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FREIGHT: F.O.B DESTINATION FREIGHT PREPAID AND ALLOWED

\*\*\*SHIP ONLY UPON AGENCY REQUEST\*\*\*

\*\*\*PLEASE REQUEST LATEST EXPIRATION DATE POSSIBLE\*\*\*

ORDER IS NEEDED AS SOON AS THE PO IS IN PLACE.

\*\*\*PLEASE EXPEDITE THIS ORDER, WE ARE UNABLE TO RUN SEQUENCING RIGHT NOW AS WE DON'T HAVE ANY UNEXPIRED CAPILLARY ARRAYS\*\*\*

PO BILL TO INFORMATION  
DSHS  
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE  
1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756  
PO BILL TO INFORMATION  
DSHS  
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE  
1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756  
CODE # 4546

ACCOUNT NUMBER 826130-008  
QUOTE NUMBER: 3023-5636-18

CODE # 3063

FOR DSHS INTERNAL DELIVERY INFO:  
BUILDING: LABORATORY L114  
FLOOR: 5TH, L515

FOR DSHS INTERNAL DELIVERY INFO:  
BUILDING: LABORATORY BLDG L114  
FLOOR: 5TH  
ROOM: L515  
CONTACT: NACHEA QUALLS GPOFSH0537  
PHONE: 512-776-7491

INTERNAL DELIVERY CODE:  
REQUESTOR:

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000309585</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 02/06/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 2
			<b>Ship To:</b> 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

**Vendor:** 1232942737 6  
FISHER SCIENTIFIC COMPANY LLC  
PO BOX 404705  
ATLANTA GA 303844705  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Call,Julie Ann 512/406-2514

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

NACHEA QUALLS GPOFSH0537  
512-776-7491  
NACHEA.QUALLS@DSHS.TEXAS.GOV

HHSC BUYER:  
JULIE CALL, CTCD, CTCM  
512-406-2514  
JULIE.CALL@HHS.TEXAS.GOV

VENDOR:  
FISHER HEALTHCARE  
ADDRESS: 9999 VETERANS MEMORIAL DRIVE  
CITY/ZIP: HOUSTON, TX 77038  
PHONE: 1-800-766-7000  
FAX: 1-800-926-1166  
EMAIL: FS.ORDER@THERMOFISHER.COM  
VENDOR NUMBER LOC CODE: 1232942737  
LOCATION CODE: 134  
CONTACT: MATT SULLIVAN  
713-806-5231  
MATT.SULLIVAN@THERMOFISHER.COM

PREMIER GPO AND FISHER CONTRACT # PP-LA-508; EXPIRES 12/31/2024

PURCHASING METHOD: EX-0  
PURCHASE MADE UNDER THE AUTHORITY OF TEXAS GOVERNMENT CODE 2155.1441 FOR HEALTH CARE PURCHASING INCLUDING GROUP PURCHASING PROGRAMS.

REQUISITION # 217789

DSHS ENTERS THIS CONTRACT UNDER THE AUTHORITY OF SECTIONS 2155.144(B-1) (2) AND 2155.144(A) OF THE TEXAS GOVERNMENT CODE, AND 1 TEX. ADMIN. CODE §391.205(B)(9).

LEGAL CITE 2155.1441: CLIENT PURCHASE  
GROUP PURCHASING PROGRAM: PURCHASES BY STATE OWNED HOSPITALS OR CLINICS THROUGH A GROUP PURCHASING PROGRAM COMPRISED OF TWO OR MORE HOSPITAL OR CLINIC FACILITIES.

REQUIREMENTS/LIMITATIONS:  
THIS PO IS CONTINGENT UPON THE CONTINUED AVAILABILITY OF LAWFUL APPROPRIATIONS BY THE TEXAS LEGISLATURE FY23.

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000309585</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 02/06/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States
			<b>Page</b> 3

**Vendor:** 1232942737 6  
FISHER SCIENTIFIC COMPANY LLC  
PO BOX 404705  
ATLANTA GA 303844705  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov


**Purchaser:** Call, Julie Ann 512/406-2514

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	#4404685 CAPILLARY ARRAY 8-CAP						
	***PLEASE REQUEST LATEST EXPIRATION DATE POSSIBLE***						
					<b>Schedule Total</b>	\$3,876.00	
					<b>Item Total for Line 1</b>	\$3,876.00	
2-1	SHIPPING and HANDLING	962-86	1.00	EA	233.73000	\$233.73	02/06/2023
					<b>Schedule Total</b>	\$233.73	
					<b>Item Total for Line 2</b>	\$233.73	
					<b>Total PO Amount</b>	\$4,109.73	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

<b>Authorized By</b> 	<b>02/06/2023</b>
--	-------------------