Department of State Health Services

Purchase Order

Dispatch via Print

Extended Amt Due Date

| Payment Te Net 30 | rms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Durch and Onder | нне | TX-3-0000309592 | |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|--|
| If advertised specifications | by informal bid, Invitation for Offer, or Is, terms, and conditions set forth in the ac | Request for Proposal; all Ivertisement and vendor's | Purchase Order Date 02/06/23 | Revision Pag | | |
| guarantees go requirements All shipmen | responses become a part of this numbered cods or services delivered meet or exceed to the services delivered meet or exceed to the services delivered meet or exceed to the services delivered meet or exceed to the services delivered meet or exceed to the services delivered meet or exceed to the services delivered meet or ex | numbered purchase order | Ship To: | 4546 - Austin:1100 W 49: DEPARTMENT OF STA' 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States | ` | |
| Vendor: | 1232942737 6 FISHER SCIENTIFIC COMPANY PO BOX 404705 ATLANTA GA 303844705 United States | 1100 W 49th St (RBB) | | | | |
| | | | Fax: Email: | 512/458-7442 invoices@dshs.texas.gov | | |
| | | | Purchaser: | Rodriguez,Linda | 512/406-2533 | |

Quantity

UOM

PO Price

FREIGHT: F.O.B Destination Freight Prepaid and Allowed

Inventory Item ID - Line Description

DELIVERY: 7-10 days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays

Class/Item

QUOTE #: 3030-5773-08 -

Please note for line 7: Please specify at least 9-month expiration date

AGENCY DELIVERY CONTACT: John Leavitt @ 512-776-2671 John.Leavitt@dshs.texas.gov

HHSC BUYER:

Linda Rodriguez @ 512-406-2533 Linda.Rodriguez3@hhs.texas.gov

VENDOR:

Line-Sch

Fisher Scientific Company LLC Matt Sullivan @ 713-806-5231 Matt.Sullivan@thermofisher.com

PREMIER GPO and DSHS Contract # HHS000722100001

PREMIER GPO and Fisher Contract # PP-LA-508

PURCHASING METHOD: EX-0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # 215148

1-1 CATALOG # 14223221 - AXYGEN 8- 175-53 4.00 CS 112.00000 \$448.00 02/16/2023

STRIP PCR TUBES, 0.2 ML

Schedule Total \$448.00

Department of State Health Services

Purchase Order

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| Payment Terms | Freight Terms | Ship Via | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|-----------------|----------------------------------------------------------------------------------------------------|-----------------|--|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | HHS | TX-3-0000309592 | |
| specifications, terms, | mal bid, Invitation for Offer, or and conditions set forth in the a | dvertisement and vendor's | Date Revision I | | | |
| conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. | | | Ship To: | 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) | | |
| All shipments, shipp with our Purchase (| | espondence must be identified | | PO Box 149347 Austin TX 78756 United States | | |
| | | | 1 | | | |

Vendor: 1232942737 6

FISHER SCIENTIFIC COMPANY LLC

PO BOX 404705

ATLANTA GA 303844705

POLYCARBONATE, 25/PACK NON-

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

| | | | | Purch | naser: Rodriguez,Linda | 512/406-2533 | |
|----------|----------------------------------------------------------------------------|------------|----------|-------|------------------------|--------------|------------|
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| | | | | | Item Total for Line 1 | \$448.00 | |
| 2-1 | CATALOG # 14222302 - AXYGEN CAPS FOR PCR TUBES (FLAT STRIP CAPS) | 175-53 | 4.00 | PCK | 92.00000 | \$368.00 | 02/16/2023 |
| | | | | | Schedule Total | \$368.00 | |
| | | | | | Item Total for Line 2 | \$368.00 | |
| 3-1 | CATALOG # NC9107451 - TEMPPLATE NO-SKIRT 0.2ML PCR PLATES | 175-53 | 6.00 | CS | 61.53000 | \$369.18 | 02/16/2023 |
| | | | | | Schedule Total | \$369.18 | |
| | | | | | Item Total for Line 3 | \$369.18 | |
| 4-1 | CATALOG # 4311320 - HI-DI FORMAMIDE, 25ML/BOTTLE | 175-53 | 1.00 | EA | 53.00000 | \$53.00 | 02/16/2023 |
| | | | | | Schedule Total | \$53.00 | |
| | | | | | Item Total for Line 4 | \$53.00 | |
| 5-1 | CATALOG # 4312063 - MICROAMP SPLASH FREE 96-WELL BASE | 175-53 | 2.00 | BOX | 119.00000 | \$238.00 | 02/16/2023 |
| | | | | | Schedule Total | \$238.00 | |
| | | | | | Item Total for Line 5 | \$238.00 | |
| 6-1 | CATALOG # 07200541 CORNING COSTAR THERMOWELL 96 WELL PLATE MODEL (P) | 175-53 | 9.00 | PCK | 254.06000 | \$2,286.54 | 02/16/2023 |

Department of State Health Services

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\$127.93

\$5,958.65

Item Total for Line 8

Total PO Amount

| Payment Terr | ms Freight Terms Prepaid & Allow | Ship V BEST | | Purchase | e Order | HHSTX-3-0 | 000309592 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------|----------|------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| 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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | | Date 02/06/23 | Revision | | Page 3 | |
| | | | | Ship To: | DEPARTMEN 1100 W 49th S PO Box 14934 | 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 LL PO BOX 404705 ATLANTA GA 303844705 United States | С | | | DEPARTMEN 1100 W 49th S PO Box 14934 | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States | | |
| | | | | Fax: Emai | | s.texas.gov | | |
| | | | | Purchase | <u> </u> | | 12/406-2533 | |
| | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date | |
| | STERILE | | | | Schedule Total | \$2,286.54 | | |
| | | | | Ite | m Total for Line 6 | \$2,286.54 | | |
| | CATALOG # 4401892 - TAQMAN GTXPRESS MASTER MIX (10ML) **Please specify at least 9-month expiration date** | 175-53 | 2.00 | EA | 1034.00000 | \$2,068.00 | 02/16/2023 | |
| | | | | | Schedule Total | \$2,068.00 | | |
| **Please note | for line 7: Please specify at least 9-month | expiration date* | * | Ite | m Total for Line 7 | \$2,068.00 | | |
| 8-1 | SHIPPING AND HANDLING | 962-86 | 1.00 | EA | 127.93000 | \$127.93 | 02/16/2023 | |
| | | | | | Schedule Total | \$127.93 | | |

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.

Authorized By

fymbarodrigus, ctcs, ctcM

02/08/2023