

# 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-3-0000311524</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> 03/07/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b>  <b>Page</b> 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:** 1911319190 2  
VWR INTERNATIONAL LLC  
100 MATSONFORD RD STE 200  
RADNOR PA 190874558  
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:** Chamorro,Gustavo A

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

Ship to Attn: CHRIS MALOTA(L-420)

See above for Shipping and Invoice addresses

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 5-12 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

**AGENCY CONTACT:**

Lab Contact: Chris Malota, 512-776-7611 E-mail: Chris.Malota@dshs.texas.gov  
Lab inquiries: Amy DeLeon, 512-776-3735 ; amy.deleon@dshs.texas.gov or LabAccounting@dshs.texas.gov

**HHSC BUYER:**

Gustavo Chamorro, CTCD, 512-406-2630  
Gustavo.Chamorro@hhs.texas.gov

**VENDOR CONTACT:**

REP: Jill George 945.732.2658 ; Customer Service 800-932-5000 Alan C.  
Email: jill.george@avantorsciences.com ; hcspecialist@avantorsciences.com

QUOTE # 8032054277

**PURCHASING METHOD: SP/E**

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

**REQUIREMENTS/LIMITATIONS:**

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000219470

**FOR DSHS INTERNAL DELIVERY INFO:**

BUILDING: Laboratory L114 FLOOR: 4th Room: L-420  
Requester name: Chris Malota, 512-776-7611 E-mail: Chris.Malota@dshs.texas.gov  
INTERNAL ONLY: ATTN: DSHS CLAIMS: Send approval request only to LabAccounting@dshs.texas.gov

# 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-3-0000311524</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> 03/07/23
<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> 2

**Vendor:** 1911319190 2  
VWR INTERNATIONAL LLC  
100 MATSONFORD RD STE 200  
RADNOR PA 190874558  
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:** Chamorro,Gustavo A

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	PART NUMBER: 89508-18; KWIKSTIK2 VITEK 2 GP COMPREHENS QC SET	175-53	2.00	SET	705.29000	\$1,410.58	03/20/2023
<b>Schedule Total</b>						\$1,410.58	
<b>Item Total for Line 1</b>						\$1,410.58	
2-1	PART NUMBER: 89508-012; KWIKSTIK2 VITEK 2 GN COMPREHENS QC SET	175-53	2.00	SET	753.46000	\$1,506.92	03/20/2023
<b>Schedule Total</b>						\$1,506.92	
<b>Item Total for Line 2</b>						\$1,506.92	
3-1	PART NUMBER: 10119-842; OUTPUT MODULE 4-20 MA CO2/O2	175-53	2.00	EA	746.26000	\$1,492.52	03/20/2023
<b>Schedule Total</b>						\$1,492.52	
<b>Item Total for Line 3</b>						\$1,492.52	
4-1	PART NUMBER: 500037-894; WIPES SCREEN POP-UP 120CT	175-53	4.00	PKG	3.06000	\$12.24	03/20/2023
<b>Schedule Total</b>						\$12.24	
<b>Item Total for Line 4</b>						\$12.24	
<b>Total PO Amount</b>						\$4,422.26	

# 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-3-0000311524</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> 03/07/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 3
			<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:** 1911319190 2  
VWR INTERNATIONAL LLC  
100 MATSONFORD RD STE 200  
RADNOR PA 190874558  
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:** Chamorro,Gustavo A

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

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>  CTCD	<b>03/07/2023</b>
---	-------------------