Department of State Health Services

Purchase Order

Dispatch via Print

Chamorro, Gustavo A

Extended Amt

Due Date

PO Price

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000311	749	
specifications	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 numbered purchase order. Contractor			Revision		
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.			Ship To:	1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States		
Vendor:	1330056054 0 SERACARE LIFE SCIENCES INC LGC CLINICAL DIAGNOSTICS 37 BIRCH ST MILFORD MA 01757-5501 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: Email:	512/458-7442 invoices@dshs.texas.gov		

Quantity

Purchaser:

UOM

Ship to Attn: BELINDA GARZA

Line-Sch

See above for Shipping and Invoice addresses

SHIPPING INSTRUCTIONS: Ship as available

LONGEST EXPIRATION DATE POSSIBLE REQUIRED

Inventory Item ID - Line Description

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

DELIVERY: 2-7 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

AGENCY CONTACT:

Lab: Belinda Garza, (956)364-8759 ; Belinda.Garza@dshs.texas.gov

HHSC BUYER:

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

VENDOR:

Kelly Shepard, 800-377-9684 ext. 1445; John Whitehouse Sales Manager, 1 800-377-9684 x1468

Email: Kelly.shepard@LGCGroupcom, ; John.Whitehouse@LGCGroup.com

QUOTE # Kelly Shepard 2-2-23

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 0000219805

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Department of State Health Services

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Payment Terms	Freight Terms	Ship Via		UUCTY_2	-0000311749	
	1		Purchase Order Date			
•	Net 30 Prepaid & Allow BEST WAY 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.			Revision	Page	
1 /			03/09/23		2	
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requirements.				1301 S Rangerville Rd	LITTOLKVICES	
All shipments, shipping papers, invoices, and correspondence must be identified						
with our Purchase Order Number.				United States		
Vendor: 133	30056054 0		Rill To:	Invoice-DSHS Fiscal Claims		

Vendor:

SERACARE LIFE SCIENCES INC LGC CLINICAL DIAGNOSTICS

37 BIRCH ST

MILFORD MA 01757-5501

United States

Bill To:

DEPARTMENT OF STATE HEALTH SERVICES

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

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

				Purcl	haser: Chamorro,Gus	stavo A	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	#501BC LP CALIBRATION VERITICATION TEST SET	193-36	1.00	SET	571.00000	\$571.00	03/20/2023
					Schedule Total	\$571.00	
					Item Total for Line 1	\$571.00	
2-1	#601BC SP1 CALIBRATION VERIFICATION TEST SET	193-36	1.00	SET	829.00000	\$829.00	03/20/2023
					Schedule Total	\$829.00	
					Item Total for Line 2	\$829.00	
3-1	#605 HBA1C CALIBRATION VERIFICATION TEST SET	193-36	1.00	SET	652.00000	\$652.00	03/20/2023
					Schedule Total	\$652.00	
					Item Total for Line 3	\$652.00	
4-1	#901BC THY CALIBRATION VERIFICATION TEST SET	193-36	1.00	SET	441.00000	\$441.00	03/20/2023
					Schedule Total	\$441.00	
					Item Total for Line 4	\$441.00	
5-1	SHIPPING	193-36	1.00	EA	147.72000	\$147.72	03/20/2023
					Schedule Total	\$147.72	
					Item Total for Line 5	\$147.72	
					Total PO Amount	\$2,640.72	

Department of State Health Services

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-000	0311749
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				Fax: Email:	512/458-7442 invoices@dshs.t	texas.gov	
				Purchaser:	Chamorro,Gus	stavo A	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt 1	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.

Authorized By

03/09/2023