Purchase Order

Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000311826 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 03/10/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4546 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 14311097704 Bill To: Invoice-DSHS Fiscal Claims Vendor BIOMERIEUX INC DEPARTMENT OF STATE HEALTH SERVICES PO BOX 500308 1100 W 49th St (RBB) SAINT LOUIS MO 63150-0308 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov Chamorro, Gustavo A **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price Extended Amt Due Date** Ship to Attn: TAMARA BALDWIN (L-429) See above for Shipping and Invoice addresses SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. ***LONGEST EXPIRATION DATE POSSIBLE REQUIRED** FREIGHT: F.O.B. Destination Freight Prepaid Allowed DELIVERY: 2-15 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 DSHS AGENCY CONTACT: Lab: Tamara Baldwin, 512-776-6189 ; Tamara.Baldwin@dshs.texas.gov Lab inquiries: Tami Kenroy, 512-776-3293; tami.kenroy@dshs.texas.gov or LabAccounting@dshs.texas.gov HHSC BUYER: Gustavo Chamorro, CTCD, 512-406-2630 Gustavo.Chamorro@hhs.texas.gov VENDOR CONTACT: Account manager: Laura Wheat 1-800-382-2666 Email: Laura.wheat@biomerieux.com ; customerservice-INDorders@biomerieux.com QUOTE # Cart id: 01283433 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 0000219409 FOR DSHS INTERNAL DELIVERY INFO: BUILDING: Laboratory Bldg L114 ; FLOOR: 4th ; ROOM: L429 CONTACT: Tamara Baldwin PHONE: 512-776-6189 **INTERNAL ONLY: ATTN: DSHS CLAIMS: SEND APPROVAL REQUESTS ONLY TO LABACCOUNTING@DSHS.TEXAS.GOV

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Vendor:	1431109770 4 BIOMERIEUX INC PO BOX 500308 SAINT LOUIS MO 63150-0308 United States			Bill	To: Invoice-DSHS DEPARTMEN 1100 W 49th 5 PO Box 14934	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756			
				Pur	chaser: Chamorro,G	ustavo A			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date		
1-1	412486 VANCOMYCIN VA 256 US S30	115-05	2.00	EA	112.41000	\$224.82	03/28/2023		
					Schedule Total	\$224.82			
					Item Total for Line 1	\$224.82			
2-1	412310 CIPROFLOXACIN CI 32 US S30	115-05	2.00	EA	112.41000	\$224.82	03/28/2023		
					Schedule Total	\$224.82	,		
					Item Total for Line 2	\$224.82			
3-1	412256 AZITHROMYCIN CI 32 US S30	115-05	2.00	EA	112.41000	\$224.82	03/28/2023		
					Schedule Total	\$224.82			
					Item Total for Line 3	\$224.82			
4-1	412274 RUO CEFIXIME CI 32 US S30	115-05	4.00	EA	112.41000	\$449.64	03/28/2023		
					Schedule Total	\$449.64			
					Item Total for Line 4	\$449.64			
5-1	412302 ETEST CEFTRIAXONE TX 32 US S30	115-05	8.00	EA	112.41000	\$899.28	03/28/2023		
					Schedule Total	\$899.28			

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Net 30	Prepaid & Allow BEST WAY		WAY	Purchas		HHSTX-3-0			
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	rchase Order Number.			PO Box 149347 Austin TX 78756					
					United Sta				
Vendor:	1431109770 4 BIOMERIEUX INC PO BOX 500308			Bill To:		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB)			
	SAINT LOUIS MO 63150-0308 United States				PO Box 14 Austin TX				
					United Sta				
				Fax: Ema		512/458-7442 invoices@dshs.texas.gov			
				Lint					
				Purchase	Chamorr	o,Gustavo A			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date		
6-1	70100 API MINERAL OIL	175-13	1.00	EA	27.58000	\$27.58	03/28/2023		
					Schedule Total	\$27.58			
				Ite	em Total for Line 6				
				10		¢27.50			
7-1		175-13	3.00	EA	43.30000	\$129.90	03/28/2023		
	70493 ZYME B X2								
					Schedule Total	\$129.90			
				Ite	em Total for Line 7	\$129.90			
8-1		175-13	3.00	EA	43.30000	\$129.90	03/28/2023		
	70494 ZYME A X2	110 10	5100		12120000	<i><i><i>q127777777777777</i></i></i>	00,20,2020		
					Schedule Total	\$129.90			
				Ite	em Total for Line 8	\$129.90			
9-1	70422 API REAGENTS, VP1/VP11	175-13	3.00	EA	42.85000	\$128.55	03/28/2023		
	REAGENTS								
					Schedule Total	\$128.55			
				Ite	em Total for Line 9	\$128.55			
10.1		175.10	2.00		10.50000	¢101.54	02/20/2022		
10-1	70442 NIT I NIT II REAGENTS	175-13	3.00	EA	40.52000	\$121.56	03/28/2023		
					Schedule Total	\$121.56			
				Ite	m Total for Line 10				
					Z	<u></u>			
11-1	70520 EUD (EUDI ICUN 1 AND	175-13	3.00	EA	16.69000	\$50.07	03/28/2023		
	70520 EHR (EHRLICH) 1 AMP								
					Schedule Total	\$50.07			

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						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			
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				Purchase		Chamorro,G			
<u>Line-Sch</u> 12-1	Inventory Item ID - Line Description	Class/Item 175-13	Quantity 3.00	UOM Iter EA	m Total for	PO Price Line 11 17.60000	Extended Amt \$50.07 \$52.80	Due Date 03/28/2023	
	70510 BCP BROMOCRESOL PURPLE 1 AMP	1,0 10	2100				\$52.80	00,20,2020	
				Ite		Line 12			
13-1	20300 API 20A	175-13	2.00	EA	A 263.5		\$527.12	03/28/2023	
					Schedu	ule Total	\$527.12		
				Iter	Item Total for Line 13		\$527.12		
	ESTIMATED SHIPPING/HANDLING FEES	962-39	1.00	LOT	24	95.00000	\$295.00	03/28/2023	
					Schedu	ule Total	\$295.00		
				Iter	m Total for	Line 14	\$295.00		
					m (1 b ô	—	<u> </u>		
					Total PO	Amount	\$3,485.86		

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.

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