Department of State Health Services

Purchase Order

Dispatch via Print

Thompson, Casandra

Extended Amt

Due Date

PO Price

Payment Terms	Freight Terms	Ship Via		LUIOTV 0 0000040040
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000312813
	nformal bid, Invitation for Offer, or		Date	Revision Page
	rms, and conditions set forth in the a		03/22/23	1
guarantees good requirements.	onses become a part of this numbered s or services delivered meet or exceed	numbered purchase order	Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL)
_	hipping papers, invoices, and correase Order Number.	espondence must be identified		PO Box 149347 Austin TX 78756 United States
Vendor:	1941381833 7 BIO-RAD LABORATORIES INC LIFE SCIENCE GROUP PO BOX 849740 LOS ANGELES CA 900849740 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: Bonnie Oh(L-432)

Line-Sch

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

Inventory Item ID - Line Description

DELIVERY: 14 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 Contact: Bonnie Oh, 512-776-7784 E-mail: Bonnie.oh@dshs.texas.gov

Lab inquiries: Amy Deleon, 512-776-3735; Amy.Deleon@dshs.texas.gov or LabAccounting@dshs.texas.gov

HHSC BUYER:

Casandra Thompson, CTCD,

512-776-4243

Casandra.thompson@hhs.texas.gov

VENDOR CONTACT:

REP: Animesh Nandi;(210) 702-0920 Customer Service (800) 224-6723

Email: animesh_nandi@bio-rad.com; usaorders@bio-rad.com

QUOTE # QQ355928-CPQ23

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 0000222250

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114 FLOOR: 4th Room: L-432

Requester name: Bonnie Oh, 512-776-7764 E-mail: Bonnie.Oh@dshs.texas.gov

INTERNAL ONLY: ATTN: DSHS CLAIMS: Send approval request only to LabAccounting@dshs.texas.gov

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	HHSTX-3	3-0000312813
specifications, terms	rmal bid, Invitation for Offer, or land conditions set forth in the ad	lvertisement and vendor's	Date 03/22/23	Revision	Page 2
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:	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: 194	1381833 7		Bill To:	Invoice-DSHS Fiscal Claims	

BIO-RAD LABORATORIES INC LIFE SCIENCE GROUP

PO BOX 849740

LOS ANGELES CA 900849740

United States

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: Thompson, Casandra

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
1-1		175-53	20.00	PKG	207.10000	\$4,142.00	04/06/2023	

CAT#MSB1001; MICROSEAL 'B' PCR PLATE SEALING FILM, ADHESIVE,

OPTICAL (PKG OF 100)

Schedule Total \$4,142.00

FY23 3718 Sealing Films

Vendor:

VENDOR NAME: Bio-Rad Laboratories ADDRESS: 2000 Alfred Nobel Drive CITY/ZIP: Hercules, CA 94547 PHONE/FAX: 800-424-6723 / 800-879-2289; VENDOR NUMBER AND LOC CODE: 1941381833

LOCATION CODE: Acct

CONTACT NAME: Donald Rozario Donnie_Rozario@bio-rad.com

QUOTE NUMBER: QQ355928

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

CODE # 3063

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114 FLOOR: 4th, L432 CONTACT: Bonnie Oh

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:

DEPARTMENT ID CODE: H41000

PROGRAM CODE:

INTERNAL DELIVERY CODE: 7959

Requester name: Bonnie Oh

Rm: L-432

Requester Phone Number/area code: 512-776-7784

Department of State Health Services

Purchase Order

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Payment T	erms Freight Terms	Ship V	/ia			<u> </u>	ten via Print
Net 30	Prepaid & Allow	BEST		Purchase Or	der	HHSTX-3-00	<u> 000312813</u>
If advertised	d by informal bid, Invitation for Offer, or Red	quest for Proposa	al; all	Date	Revision		Page
	ns, terms, and conditions set forth in the advergesponses become a part of this numbered process.			03/22/23			3
	goods or services delivered meet or exceed n			Ship To:		100 W 49th St (DBGI	
requirement		amberea parena	se order		DEPARTMEN' 1100 W 49th St	COPCL)	H SERVICES
	nts, shipping papers, invoices, and corresp	ondence must b	e identified		PO Box 149347		
with our Pu	ırchase Order Number.				Austin TX 7875		
					United States		
Vendor:	1941381833 7			Bill To:	Invoice-DSHS 1	Fiscal Claims	
venuor.	BIO-RAD LABORATORIES INC			Din 10.		Γ OF STATE HEALTI	H SERVICES
	LIFE SCIENCE GROUP				1100 W 49th St		
	PO BOX 849740 LOS ANGELES CA 900849740				PO Box 149347		
	United States				Austin TX 7875 United States	0	
				Fax: Email:	512/458-7442 invoices@dshs.	toyor gov	
				Eman.	invoices@usiis.	iexas.gov	
·		C7	0 11	Purchaser:	Thompson,Ca		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requester E	-mail: Bonnie.Oh@dshs.texas.gov						
SCOR Divi	sion- DSHS-Infectious Disease						
				Item T	otal for Line 1	\$4,142.00	
2-1		962-86	1.00	EA	211.24000	\$211.24	04/06/2023
	ESTIMATED FREIGHT						
					Schedule Total	\$211.24	
				Item T	otal for Line 2	\$211.24	
				Tot	tal PO Amount	\$4,353.24	
				20.		. ,	

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.

03/23/2023