Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3	3-0000312910
specification	by informal bid, Invitation for Offer, or Ros, terms, and conditions set forth in the adv	vertisement and vendor's	Date 03/24/23	Revision	Page 1
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:	1911791824 3 INBIOS INTERNATIONAL INC 562 1ST AVE S STE 600 SEATTLE WA 981043829 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEAT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ALTH SERVICES

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Purchaser: Mcmurtray, Nicole

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

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

DELIVERY: 7-14 Days After Receipt of PO

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

AGENCY CONTACT:

Linda Cao (512)776-7657

linda.cao@dshs.texas.gov BUILDING: Laboratory L114

FLOOR: 4th

CONTACT: Linda Cao PHONE #: 512-776-7657

HHSC BUYER:

Nikki McMurtray, CTCD, CTCM

(512) 776-6190

Nikki.McMurtray@hhs.texas.gov

VENDOR INFORMATION:

VENDOR NAME: InBios International, Inc. ADDRESS: 307 Westlake Ave. N. Suite#300

CITY/ZIP: Seattle, WA 98109 PHONE: 206-344-5821

CONTACT NAME: ADELE MORRIS

orders@indios.com

QUOTE NO. QT201211

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

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 221920

Department of State Health Services

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Payment Terms	Freight Terms	Ship Via			W 0 0000040040		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000312910		
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1911791824 3 Vendor:

INBIOS INTERNATIONAL INC 562 1ST AVE S STE 600 SEATTLE WA 981043829

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

				Purc	haser: Mcmurtray,Nico	le	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	ITEM# DDMS-1 DENV DETECT IGM CAPTURE ELISA (FDA)	175-53	2.00	KIT	504.00000	\$1,008.00	03/31/2023
					Schedule Total	\$1,008.00	
					Item Total for Line 1	\$1,008.00	
2-1	ITEM# 500100 10X WASH BUFFER, 120 ML	175-53	1.00	BTL	15.00000	\$15.00	03/31/2023
					Schedule Total	\$15.00	
					Item Total for Line 2	\$15.00	
3-1	ITEM# 500236 DENGUE IGM POSITIVE CONTROL, 50 UL	175-53	4.00	VIA	53.00000	\$212.00	03/31/2023
					Schedule Total	\$212.00	
					Item Total for Line 3	\$212.00	
4-1	ITEM# 500237 DENGUE IGM NEGATIVE CONTROL, 50 UL	175-53	4.00	VIA	53.00000	\$212.00	03/31/2023
					Schedule Total	\$212.00	
					Item Total for Line 4	\$212.00	
5-1	INSULATEDSHIPPINGCAR: INSULATED SHIPPING CARTON	963-57	1.00	EA	39.00000	\$39.00	03/31/2023
					Schedule Total	\$39.00	
					Item Total for Line 5	\$39.00	
6-1		962-86	1.00	EA	138.00000	\$138.00	03/31/2023

Department of State Health Services

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Payment Terms

Freight Terms

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Net 30	Prepaid & Allo		BEST		Purchase Order		HHSTX-3-000	0312910
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			Date 03/24/23	Revision		Page 3		
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				Fax: Email:	512/458-7442 invoices@dshs.t			
		Purchaser:		Mcmurtray, Nicole				
Line-Sch	Inventory Item ID - Line	Description	Class/Item	Quantity	UOM	PO Price	Extended Amt I	Oue Date
	S&H FEDEX: SHIPPING HANDLING VIA FEDEX							
					Sche	edule Total	\$138.00	
					Item Total	for Line 6	\$138.00	
					Total P	O Amount	\$1,624.00	

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

MKG Inamwitray, CTCD, CTCM

03/24/2023