## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			11110TV 0 0000010100
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000313198
If advertised by infor	mal bid, Invitation for Offer, o	or Request for Proposal; all	Date	Revision	Page
specifications, terms,	and conditions set forth in the	advertisement and vendor's	03/27/23		1
		red purchase order. Contractor eed numbered purchase order	Ship To:	See Detail Below	,
All shipments, shipp	oing papers, invoices, and co	rrespondence must be identified			
with our Purchase C	Order Number.				

**Vendor:** 1463655012 2

CLEAR LABS INC 1559 INDUSTRIAL RD SAN CARLOS CA 940704111

**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

See above for Shipping and Invoice addresses

Ship to Attn: Bonnie Oh (L-501)

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

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

DELIVERY: 2-10 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: Bonnie Oh, 512 776-2432; E-mail: bonnie.oh@dshs.texas.gov

LLab 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:

Sarah LaRocca 630-335-5307 / Kimberly Taber 650-257-3304

Email: sarah.larocca@clearlabs.com / kimberly.taber@clearlabs.com / client.services@clearlabs.com

QUOTE # 00000291 Dated 3-27-23 valid to 4-30-23

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 0000221025

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FOR DSHS INTERNAL DELIVERY INFO

Loading Dock: L-114 Building: Laboratory L-501

Requester Information: Name: Bonnie Oh, 512 776-2432; 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**

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	-3-0000313198
If advertised b	by informal bid, Invitation for Offer, or Re	equest for Proposal; all	Date	Revision	Page
1	, terms, and conditions set forth in the adv		03/27/23		2
	esponses become a part of this numbered p		Ship To:		
2	ods or services delivered meet or exceed	numbered purchase order	Simp 100	See Detail Below	
requirements.					
All shipment	s, shipping papers, invoices, and corres	pondence must be identified			
with our Pur	chase Order Number.				
Vendor:	1463655012 2		Bill To:	Invoice-DSHS Fiscal Claims	
	CLEAR LABS INC			DEPARTMENT OF STATE HI	EALTH SERVICES
	1559 INDUSTRIAL RD			1100 W 49th St (RBB)	
	SAN CARLOS CA 940704111			PO Box 149347	

**United States** 

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

Austin TX 78756

United States

					Purc	chaser: Chamorro	o,Gustavo A	
Line-Sch	Inventory Item	ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	900005; WGS SA REAGENT V3.0 BUNDLE	ARS-COV-2 AND AUTOMATION	193-89	2.00	EA	3488.00000	\$6,976.00	04/06/2023
	Ship To:	DEPARTMENT O 1100 W 49th St (E Lab Loading Dock AUSTIN TX 78756 United States	BGL) L-114; Attn E		CES			
		Office Clares				Schedule Total	\$6,976.00	
						Item Total for Line 1	\$6,976.00	
2-1	FEDEX OVERN	IIGHT SHIPPING	962-86	1.00	LOT	300.00000	\$300.00	04/06/2023
	Ship To:	DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) Lab Loading Dock L-114; Attn Bonnie Oh AUSTIN TX 78756 United States						
		Office Otales				Schedule Total	\$300.00	
						Item Total for Line 2	\$300.00	
						Total PO Amount	\$7,276.00	

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.

# **Department of State Health Services**

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Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000313198	
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 03/27/23	Revision Page 3	
guarantees g requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s. tts, shipping papers, invoices, and corre rchase Order Number.	numbered purchase order	Ship To:	See Detail Below	
Vendor:	1463655012 2 CLEAR LABS INC 1559 INDUSTRIAL RD SAN CARLOS CA 940704111 <b>United States</b>	ABS INC USTRIAL RD RLOS CA 940704111		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	
			Purchaser:	Chamorro,Gustavo A	

Quantity

Class/Item

Line-Sch

**Inventory Item ID - Line Description** 

**Authorized By** 

PO Price

UOM

03/27/2023

Extended Amt Due Date