

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000313306</b>  |
| 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. |   |                             | <b>Date</b><br>03/28/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1  |
|  |   |                             | <b>Ship To:</b><br>4546 - Austin:1100 W 49th St (DBGL)<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1100 W 49th St (DBGL)<br>PO Box 149347<br>Austin TX 78756<br>United States |

**Vendor:** 1770441625 8  
CEPHEID  
PO BOX 74007537  
CHICAGO IL 60674-7537  
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:** Chavez,Rafael

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

FY23 Funding  
IT/D  
Requisition: 0000221816

Coverage Term: 03/28/2023 to 08/31/2023  
Quote: 0020111141

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068.  
Attached Terms and Conditions apply to this Purchase Order.

**Vendor Contact:**  
Cepheid  
Mike OShea  
1-281-706.3966  
Mike.OShea@cepheid.com

**Agency Contact:**  
Rashmi Tuladhar  
512 776-7784  
rashmi.tuladhar@dshs.texas.gov

Dene Thompson  
512-776-2457  
dene.thompson@dshs.texas.gov

**PCS Purchaser Contact:**  
Steven Chavez, CTCD, CTCM  
512-712-5002  
Rafael.chavez@hhs.texas.gov

**FOR DSHS INTERNAL DELIVERY INFO**  
Loading Dock: L-114  
Building: Laboratory L-432

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the

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|  |   |                             | <b>Page</b><br>2  |

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BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

|                              |  |        |      |     |            |            |            |
|------------------------------|--|--------|------|-----|------------|------------|------------|
| 1-1                          | COMPUTER(DESKTOP)FOR<br>GENEXPERT DX USE - CMPTR-DT-<br>GXDX | 209-41 | 1.00 | EA  | 3000.00000 | \$3,000.00 | 03/28/2023 |
| <b>Schedule Total</b>        |  |        |      |     |            | \$3,000.00 |            |
| <b>Item Total for Line 1</b> |  |        |      |     |            | \$3,000.00 |            |
| 2-1                          | EST SHIPPING / HANDLING<br>FREIGHT CHARGES                   | 962-86 | 1.00 | LOT | 56.64000   | \$56.64    | 03/28/2023 |
| <b>Schedule Total</b>        |  |        |      |     |            | \$56.64    |            |
| <b>Item Total for Line 2</b> |  |        |      |     |            | \$56.64    |            |
| <b>Total PO Amount</b>       |  |        |      |     |            | \$3,056.64 |            |

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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**Authorized By**

*Steven Chavez,*  
CTCD, CTCH

**03/28/2023**