Department of State Health Services

Purchase Order

			ise Order		. .		
Payment Terr	ms Freight Terms	Ship Via			•	atch via Prin	
Net 30	Prepaid & Allow	BEST WAY	Purchase C	rder	HHSTX-3-0		
specifications,	advertised by informal bid, Invitation for Offer, or Request for Proposal; al pecifications, terms, and conditions set forth in the advertisement and vendo		Date 04/05/23	Revision		Pag	
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			Sinp 10:	HEALTH & HU 1111 W North I	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756		
with our Purchase Order Number.				United States			
Vendor:	1752524145 5 PHYSICIANS PREFERRED LABOR. PO BOX 50117 AMARILLO TX 791590117 United States	ATORY LTD	Bill To:	Invoice-DSHS I DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	r of state healt (RBB)	'H SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.t	texas.gov		
			Purchaser:	Naiser,Tori			
Line-Sch	Inventory Item ID - Line Description	Class/Item Quan		PO Price	Extended Amt	Due Date	
whole or part purchase ord 08-31-2023 a Vendor (Supp VPN: 175252 8063581211 Requester: Amanda Men amanda.men 512-776-2784 PCS contact Tori Naiser 512-971-8263	ndez dez@dshs.texas.gov 5	loes not commit to orde ay for only those goods	ring specific quantitie	s of goods/services o	r dollar amounts wit	h respect to this	
	FY23-RLHO TB-Physician¿s Preferred Laboratory, LTD-FY23 Funding Add- Services to provide medical evaluation and management in Texas for patients with suspected/confirmed tuberculosis- Upon Execution-08/31/2023	948-48 1	.00 EA	5000.00000	\$5,000.00	04/05/2023	
				Schedule Total	\$5,000.00		
1 CRC						-	

2 SoW 3 Confirmation of Rates

Item Total for Line 1 \$5,000.00

Department of State Health Services

Purchase Order

Payment Terms	Freight Terms	Ship Via			Dispatch via Pri
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-000031395
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 04/05/23	Revision	Pa
			Ship To:	hip To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMIS 1111 W North Loop Austin TX 78756 United States	
P P A	ndor: 1752524145 5 PHYSICIANS PREFERRED LABORATORY LTD PO BOX 50117 AMARILLO TX 791590117 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.tr	exas.gov
			Purchaser:	Naiser,Tori	
Line-Sch Inve	entory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

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	
Tori Naise, CTCD	04/05/2023