

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000315587</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> 04/26/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 1
			<b>Ship To:</b> 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:** 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Meads,Courtney 512/406-2478

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

BLANKET PURCHASE ORDER

TERM: Date of Award , 4-26-23 through August 31, 2023

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

DELIVERY: 10-15 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

QUOTE # QQ360722-CPQ23

SEND APPROVAL REQUESTS ONLY TO LABACCOUNTING@DSHS.TEXAS.GOV

AGENCY CONTACT:  
John Leavitt  
512-776-2414  
John.Leavitt@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO:  
BUILDING: Laboratory Bldg L114  
FLOOR: 4th  
ROOM: L429

HHSC BUYER:  
Courtney Meads, CTCD, CTCM  
512-406-2478  
courtney.meads@hhsc.state.tx.us

VENDOR:  
1941381833 7  
Bio-Rad  
Ben Tobe  
ben\_tobe@bio-rad.com  
832-542-2734

Quote: QQ326328-CPQ22

PREMIER GPO and DSHS Contract # HHS000722100001

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000315587</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> 04/26/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 
			<b>Page</b> 2
		<b>Ship To:</b>	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:** 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Meads,Courtney 512/406-2478

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

PREMIER GPO and Bio-Rad # PP\_LA\_548

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Not to Exceed \$50,000.00 unless solicited

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: 224375

1-1	BIORAD CATALOG# 1863503 DDPCR SMN2 COPY NUMBER KIT, 200 RXNS	193-66	4.00	KIT	2154.24000	\$8,616.96	04/26/2023
<b>Schedule Total</b>						\$8,616.96	
<b>Item Total for Line 1</b>						\$8,616.96	
2-1	BIORAD CATALOG# 1864110 AUTO DG OIL PBS (QX100/QX200)	175-53	2.00	EA	728.64000	\$1,457.28	04/26/2023
<b>Schedule Total</b>						\$1,457.28	
<b>Item Total for Line 2</b>						\$1,457.28	
3-1	BIORAD CATALOG# 1863004 DROPLET READER OIL,2X1000 ML/B	175-53	8.00	EA	1538.24000	\$12,305.92	04/26/2023
<b>Schedule Total</b>						\$12,305.92	
<b>Item Total for Line 3</b>						\$12,305.92	

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000315587</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> 04/26/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 3
			<b>Ship To:</b> 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:** 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Meads,Courtney 512/406-2478

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
4-1	BIORAD CATALOG# 1863052 2X BUFFER CONTRL KIT, 2X4.5ML	193-66	3.00	EA	271.04000	\$813.12	04/26/2023
<b>Schedule Total</b>						\$813.12	
<b>Item Total for Line 4</b>						\$813.12	
5-1	BIORAD CATALOG# MSA5001 MICROSEAL® 'A' PCR PLATE AND PCR TUBE SEALING FILM 50/PACK	175-53	8.00	EA	104.72000	\$837.76	04/26/2023
<b>Schedule Total</b>						\$837.76	
<b>Item Total for Line 5</b>						\$837.76	
6-1	BIORAD CATALOG# MSB1001 MICROSEAL 'B' PCR PLATE SEALING FILM, ADHESIVE, OPTICAL 100/PACK	175-53	5.00	EA	191.84000	\$959.20	04/26/2023
<b>Schedule Total</b>						\$959.20	
<b>Item Total for Line 6</b>						\$959.20	
7-1	ESTIMATED PACKAGING	962-86	1.00	LOT	23.00000	\$23.00	04/26/2023
<b>Schedule Total</b>						\$23.00	
<b>Item Total for Line 7</b>						\$23.00	
8-1	ESTIMATED FREIGHT	962-86	1.00	LOT	277.06000	\$277.06	04/26/2023
<b>Schedule Total</b>						\$277.06	
<b>Item Total for Line 8</b>						\$277.06	

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000315587</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> 04/26/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b>  <b>Page</b> 4
		<b>Ship To:</b>	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:** 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Meads,Courtney 512/406-2478

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

**Total PO Amount** \$25,290.30

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.

<b>Authorized By</b> <i>Courtney Meads CFEA, CTCM</i>	<b>04/26/2023</b>
--	-------------------