Department of State Health Services

Purchase Order

Dispatch via Print

| Payment Te Net 30 | Prepaid & Allow | Ship Vi BEST V | VAY | Purchase Order Date | HHSTX-3-0000315716 Revision Page | | |
|--|--|-------------------|----------------------|------------------------|--|------------------------------|--|
| 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. | | | 04/27/23 Ship To: | 04/27/23 | | | |
| Vendor: | 1470564686 8 MIDLAND SCIENTIFIC INC 10651 CHANDLER RD STE 102 LA VISTA NE 681283139 United States | | | Bill To: | Invoice-DSHS Fisca DEPARTMENT OF 1100 W 49th St (RB PO Box 149347 Austin TX 78756 United States | STATE HEALTH SERVICES | |
| | | | | Fax: Email: | 512/458-7442 invoices@dshs.texas | s.gov | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Ouantity | Purchaser: UOM | Thompson,Casanc | dra Extended Amt Due Date | |

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

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

DELIVERY: 14 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: Dene Thompson Ph: 512-776-2457 Email: Dene.Thompson@dshs.texas.gov

Ship to Attn: John Holcomb Ph: 512-776-2475 Email: John.Holcomb@dshs.texas.gov DEPARMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756

HHSC BUYER: Casandra Thompson, CTCD, 512-776-4243 Casandra.Thompson@hhs.texas.gov

VENDOR: VID: 1470564868 MIDLAND SCIENTIFIC Contact: Adeline Straatmeyer Phone: 1-800-642-5263 Email: astraatmeyer@midlandsci.com

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.

Department of State Health Services

Purchase Order

Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000315716 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 04/27/23 2 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4546 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 14705646868 Bill To: Invoice-DSHS Fiscal Claims Vendor: MIDLAND SCIENTIFIC INC DEPARTMENT OF STATE HEALTH SERVICES 10651 CHANDLER RD STE 102 1100 W 49th St (RBB) LA VISTA NE 681283139 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov **Purchaser:** Thompson, Casandra Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt Due Date Invoice per 34 TAC §20.487, amended effective May 1, 2022 Requisition 0000224661 175-42 10.00 CS 1-1 173.11000 \$1,731.10 05/12/2023 MS-5R120PP - 120ML COLIFORM BOTTLE, 200/CS. Schedule Total \$1,731.10 CT Price increase from 144.00 to 173.11 FY23 3841 COLIFORM BOTTLES ***Questions? Contact: Dene Thompson, 512 776-2457 dene.thompson@dshs.texas.gov*** VENDOR INFORMATION: MIDLAND SCIENTIFIC INC 10651 CHANDLER RD. SUITE 102 LA VISTA, NE 68128 VENDOR ID: 1470564868 CONTACT: ADELINE STRAATMEYER EMAIL: astraatmeyer@midlandsci.com PHONE: 800-642-5263 ***No quote was attached to the Intake Request*** ***Any State Funds*** ***ATTN DSHS CLAIMS: Send approval requests to LabAccounting@dshs.texas.gov*** CODE # 3063 PO BILL TO INFORMATION DSHS ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE 1100 WEST 49TH STREET AUSTIN, TEXAS 78756 CODE # 4546 ATTN: LAB STOCK FOR DSHS INTERNAL DELIVERY INFO ATTN: LAB STOCK

Department of State Health Services

Purchase Order

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| Payment Ter | ms Freight Terms | Ship Via | | | Dispa | ich via Print |
|--|--|---------------------|--|--|--------------|------------------|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | | HHSTX-3-00 | 00315716 |
| specifications, | dvertised by informal bid, Invitation for Offer, or Request for Proposal; all cifications, terms, and conditions set forth in the advertisement and vendor's | | Date 04/27/23 | Revision | | Page 3 |
| | sponses become a part of this numbered p ods or services delivered meet or exceed n | Ship To: | 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) | | | |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | | PO Box 149347 Austin TX 78756 United States | | |
| Vendor: | 1470564686 8 MIDLAND SCIENTIFIC INC 10651 CHANDLER RD STE 102 LA VISTA NE 681283139 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 | | I SERVICES |
| | | | Fax:512/458-7442Email:invoices@dshs.texas.gov | | exas.gov | |
| | | | Purchaser: | Thompson,Cas | andra | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item Quantity | UOM | PO Price | Extended Amt | Due Date |
| Requester Pho | oratory L-235 ormation: ne: John Holcomb ne Number/Area Code: 512 776-2475 | | | | | |
| Requester E-m | nail Address: john.holcomb@dshs.texas.g | ov | | | | |
| SCOR Division- DSHS-Infectious Disease | | Item Total | for Line 1 | \$1,731.10 | | |
| | | | Total P | O Amount | \$1,731.10 | |

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 | |
|----------------------|-------------------|
| Cagada Thankon, CTCD | <u>04/28/2023</u> |