

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000316127
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.			Date 05/02/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States
			Page 1

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: Meads,Courtney 512/406-2478

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

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

DELIVERY: 4-6 weeks 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

QUOTE #:0020089827

Send invoices and accounts payable questions to: LabAccounting@dshs.texas.gov

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

South Texas Lab
1301 S Rangerville Rd., Bldg. 505
Belinda Garza
(956) 364-8759
belinda.garza@dshs.texas.gov

HHSC BUYER:
Courtney Meads CTCD, CTCM
512-406-2478
Courtney.meads@hhs.texas.gov

VENDOR:
Cepheid
US904 Caribbean Dr
Sunnyvale CA US904

Nick Byars
Territory Sales Executive
West Rio Grande Valley Texas
MOBILE +1 940-577-1379
Nick.Byars@cepheid.com

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000316127
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.			Date 05/02/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States
			Page 2

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: Meads,Courtney 512/406-2478

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

OMNIA GPO and Cepheid Contract # LB0140

PURCHASING METHOD: EX/0

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

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 220867

1-1	ANALYZER #GXIV-4-D GENEXPERT IV R2 4 MODULE CONFIGURATION D ANALYZER, TRADE-IN FOR DISCONTINUED ANALYZER (- 5,715.50 = \$48,174.50) + #850-0386 PRO APC POWER-SAVING BACK- UPS KIT (\$995)	175-53	1.00	EA	49169.50000	\$49,169.50	06/20/2023
-----	--	--------	------	----	-------------	-------------	------------

Schedule Total \$49,169.50

Item Total for Line 1 \$49,169.50

Total PO Amount \$49,169.50

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

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000316127
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.			Date 05/02/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 3
			Ship To: 1909 - Harlingen:1301 S Rangerville DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 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: Meads,Courtney 512/406-2478

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

Authorized By <i>Courtney Meads CTCD, CTCM</i>	05/03/2023
--	-------------------