Purchase Order

Dispatch via Print

Payment Te	8	Ship Via	Daniel and Onder	ннсту.	-3-0000317138
specification	Prepaid & Allow by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Purchase Order Date 05/12/23	Revision	Page 1
guarantees g requirements		numbered purchase order	Ship To:	1809 - Houston:9460 Harwin HEALTH & HUMAN SERVIO 9460 Harwin	CES COMMISSION
	ts, shipping papers, invoices, and corre rchase Order Number.	spondence must be identified		PO Box 16017 Houston TX 77036 United States	
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY I PO BOX 404705 ATLANTA GA 303844705 United States	LC	Bill To:	Invoice - HHSC HEALTH & HUMAN SERVIO 4601 W Guadalupe St PO Box 149030 Austin TX 78751 United States	CES COMMISSION
			Fax: Email:	512/438-2086 HHSC_AP@hhsc.state.tx.us	

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

REGION 6 - HOUSTON

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

DELIVERY: 14 Days After Receipt of PO

Days for Delivery: Monday to Friday 9 a.m. - 4 p.m.

QUOTE # 3122-7732-51 3124-7776-44

AGENCY CONTACT Lanita Farley Lanita.Farley@hhs.texas.gov (713) 735-8960 Genelle Pearson Gennelle.Person@hhs.texas.gov (713) 735-8961 9460 Harwin Dr. Office 87 / Mail Code 1809 Houston, TX 77036-1702

Janelle Holder Janelle.Holder@hhs.texas.gov (682) 802-1672

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

VENDOR

Matt Sullivan Account Executive
Fisher Healthcare Thermo Fisher Scientific
Phone (713) 806-5231 | Customer Service 1-800-640-0640
Matt.sullivan@thermofisher.com

PREMIER GPO and HHS Contract # HHS000776400001 PREMIER GPO and Fisher Contract # PP-LA-508 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 \$1,000,000,.00

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-3-0000317138
specifications	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Date 05/12/23	Revision	Page 2
guarantees go requirements. All shipment	esponses become a part of this numbered bods or services delivered meet or exceed its, shipping papers, invoices, and correschase Order Number.	numbered purchase order	Ship To:	1809 - Houston:9460 Harw HEALTH & HUMAN SER 9460 Harwin PO Box 16017 Houston TX 77036 United States	
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY I PO BOX 404705 ATLANTA GA 303844705 United States	LC	Bill To:	Invoice - HHSC HEALTH & HUMAN SER 4601 W Guadalupe St PO Box 149030 Austin TX 78751 United States	VICES COMMISSION

HHSC_AP@hhsc.state.tx.us

512/438-2086

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

Fax: Email:

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 230039

1-1	Catalog # 23043086, Quidel Sofia 2 Fluorescent Immunoassay Analyzer	345-74	6.00	EA	1731.43000	\$10,388.58	05/12/2023
					Schedule Total	\$10,388.58	
					Item Total for Line 1	\$10,388.58	
2-1	Catalog # 23043151, FIA, SARS; Quidel; for Sofia 1 and Sofia 2	345-74	7.00	PCK	464.00000	\$3,248.00	05/12/2023
					Schedule Total	\$3,248.00	
					Item Total for Line 2	\$3,248.00	
3-1	Catalog # B256066, BD Veritor Plus Analyzer	345-74	6.00	EA	348.39000	\$2,090.34	05/12/2023
					Schedule Total	\$2,090.34	

Catalog # B256066, BD Veritor Plus Analyzer, Data Management Features: InfoSync module, Includes: Lithium battery, Recommended Applications: Healthcare, Sample Type: Nasal swabs and nasopharyngeal (NP) swabs

Vendor Catalog # 256066

Hazardous Material

This item is being sold as 1 per each

Medical Device

Product - Non-Returnable

4-1 345-74 34.00 PCK 383.20000 \$13,028.80 05/12/2023 Catalog # B256038, BD Veritor System

Item Total for Line 3

RSV (Respiratory Syncytial Virus) Test Kit

Purchase Order

Payment Term Net 30	Prepaid & Allow		WAY	Purchase Ord	ler	HHSTX-3-0	
specifications, to	informal bid, Invitation for Offer, or Reerms, and conditions set forth in the adv	vertisement and ve	endor's	Date 05/12/23	Revision		Page 3
guarantees good requirements.	sonses become a part of this numbered part or services delivered meet or exceed shipping papers, invoices, and correst ase Order Number.	numbered purcha	se order	Ship To:	1809 - Houstor HEALTH & HU 9460 Harwin PO Box 16017 Houston TX 77	JMAN SERVICES C	OMMISSION
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY L PO BOX 404705 ATLANTA GA 303844705 United States	LC		Bill To:	United States Invoice - HHSC HEALTH & HU 4601 W Guadal PO Box 149030 Austin TX 7875 United States	JMAN SERVICES Co upe St	OMMISSION
				Fax: Email:	512/438-2086 HHSC_AP@hh	sc.state.tx.us	
				Purchaser:	Meads,Courtn	•	12/406-2478
Line-Sch Ir	nventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Medical Device 5-1 Catalog # B2560 Catalog # 25604	atalog # B256040, BD Veritor System Group A Strep 040, BD Veritor System Group A Str 10, Hazardous Material, Shelf Life 3Y	345-74 ep, Detectable Ar	34.00 nalytes: Group	PCK S	·	\$3,424.82 \$3,424.82	-
This item is beir Medical Device	ng sold as 30 each per pack			Item To	tal for Line 5	\$3,424.82	
	atalog # B256041, BD Veritor System u A+B Kit, Quantity: 1 Kit	345-74	104.00	PCK	391.57000	\$40,723.28	05/12/2023
				S	chedule Total	\$40,723.28	
				Item To	tal for Line 6	\$40,723.28	
	atalog # BNX195000, Abbott inaxNOW COVID-19 Ag Card	345-74	4.00	PCK	250.72000	\$1,002.88	05/12/2023
				S	chedule Total	\$1,002.88	
				Item To	tal for Line 7	\$1,002.88	
8-1		345-74	235.00	PCK	20.00000	\$4,700.00	05/12/2023

Catalog # 18568, PolyCo PolyWear Smooth Disposable Gowns, Blue, Size:

Purchase Order

			•		Dispa	tch via Print
Payment Ter Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ŀ	HSTX-3-00	000317138
specifications	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	ertisement and vendor's	Date 05/12/23	Revision		Page 4
guarantees go requirements All shipment	esponses become a part of this numbered pods or services delivered meet or exceed r ts, shipping papers, invoices, and corresprehase Order Number.	numbered purchase order	Ship To:	1809 - Houston:94 HEALTH & HUM. 9460 Harwin PO Box 16017 Houston TX 77036 United States	AN SERVICES CC	OMMISSION
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY LI PO BOX 404705 ATLANTA GA 303844705 United States	LC.	Bill To:	Invoice - HHSC HEALTH & HUM. 4601 W Guadalupe PO Box 149030 Austin TX 78751 United States		OMMISSION
			Fax: Email:	512/438-2086 HHSC_AP@hhsc.s	state.tx.us	
			Purchaser:	Meads,Courtney	51	2/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
	Large					
			Sche	edule Total	\$4,700.00	
			Item Total	for Line 8	\$4,700.00	
9-1	Freight Fee	963-39 1.00	EA	600.00000	\$600.00	05/12/2023
			Sche	edule Total	\$600.00	

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.

Freight Fee

Author	ized By		
autny	Meach	CTCD, CTCM	
_ /	,		05/12/2023

Item Total for Line 9

Total PO Amount

\$600.00

\$79,206.70