

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-3-0000317425
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 05/16/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 7800 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States

Vendor: 1231099050 7
GLAXOSMITHKLINE FINANCIAL
PO BOX 740415
ATLANTA GA 303740415
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: Wilson,Paige

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Pricing for childhood vaccines are referencing the current Center for Disease Control and Preventions (CDC) Federal Contract for Vaccine and Biologicals. CDC Federal Contract Number: 75D30123D16110, Manufacturer: GlaxoSmithKline (GSK). Program, (Immunizations, Vaccine Services Group) will order vaccine via VTrckS, the CDC purchasing system. To avoid duplication, please do not send PO copy to vendor. Please notify program when PO has been assigned and the program will place vaccine orders utilizing VTrckS.

Description: DTaP Pediatric, Infanrix, 10 pk 1ds syr, NDC: 58160-0810-52,
Doses: 200, Price Per Dose: \$21.093, Total Cost: \$4,218.60

Description: DTaP-IPV Pediatric, Kinrix, 10 pk 1 ds syr, NDC: 58160-0812-52
Doses: 100, Price Per Dose: \$46.960, Total Cost: \$4,696.00

Description: Hep A Pediatric, Havrix, 10 pk 1 ds syr, NDC: 58160-0825-52,
Doses: 900, Price Per Dose: 23.001, Total Cost: \$20,700.90

Description: MenB Pediatric, Bexsero, 10 pk 1 ds syr, NDC: 58160-0976-20,
Doses: 700, Price Per Dose: \$141.709, Total Cost: \$99,196.30

Description: TDAP Pediatric Boostrix, 10 pk 1 ds syr, NDC: 58160-0842-52
Doses: 700, Price Per Dose: \$36.005, Total Cost: \$25,203.50

Description: MCV4 Pediatric, Menveo, 5 pk 1ds vls, NDC: 58160-0955-09,
Doses: 700, Price Per Dose: \$105.600, Total Cost: \$73,920.00

***NOTE: Some vaccines may be distributed via McKesson, our third party vaccine distributor
Austin/Region Main Standard Comment

THIS ENCUMBRANCE IS AGAINST THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION CONTRACT # 75D30123D16110

FOB Destination, Prepaid and Allowed

Delivery: 30 Days After Receipt of PO

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Pharmacy Warehouse

FLOOR: 1st

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CONTACT: Attn: Pharmacy Warehouse
PHONE #: (512) 458-7500

AGENCY DELIVERY CONTACT:
Brandy Tidwell
(512)776-6429
brandy.tidwell@dshs.texas.gov

HHSC BUYER:
Paige Wilson, CTCD
Paige.wilson@hhs.texas.gov

VENDOR CONTACT:
(800)232-4636
cwus@cdc.gov

PURCHASE MADE UNDER THE AUTHORITY OF TX. GOVT. CODE 2155.144 FOR CLIENT SERVICES.

REQUISITION #0000235349 PCC: EX/0. FY23 FUNDING

REQUIREMENTS/LIMITATIONS:

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This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

CDC CONTRACT SITE: <https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.htm>

1-1	DTAP, INFANRIX® 58160-0810-52, 10 PK 1DS SYR	269-80	200.00	VIA	21.09300	\$4,218.60	06/16/2023
Schedule Total						\$4,218.60	
Item Total for Line 1						\$4,218.60	
2-1	DTAP- IPV, KINRIX® 58160-0812-52, 10 PK 1 DS SYR	269-80	100.00	VIA	46.96000	\$4,696.00	06/16/2023
Schedule Total						\$4,696.00	
Item Total for Line 2						\$4,696.00	
3-1	HEP A PEDI, HAVRIX® 58160-0825-52, 10 PK 1 DS SYR	269-80	900.00	VIA	23.00100	\$20,700.90	06/16/2023
Schedule Total						\$20,700.90	
Item Total for Line 3						\$20,700.90	
4-1	MENB, BEXSERO® 58160-0976-20, 10 PK 1 DS SYR	269-80	700.00	VIA	141.70900	\$99,196.30	06/16/2023
Schedule Total						\$99,196.30	
Item Total for Line 4						\$99,196.30	
5-1	TDAP, BOOSTRIX® 58160-0842-52, 10 PK 1 DS SYR	269-80	700.00	VIA	36.00500	\$25,203.50	06/16/2023

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					Schedule Total	\$25,203.50	
					Item Total for Line 5	\$25,203.50	
6-1	MCV4, MENVEO® 58160-0955-09, 5 PK 1 DS VLS	269-80	700.00	VIA	105.60000	\$73,920.00	06/16/2023
					Schedule Total	\$73,920.00	
					Item Total for Line 6	\$73,920.00	
Total PO Amount						\$227,935.30	

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.

Authorized By

Paige Wilson, CTCD

05/16/2023