Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		L	IHSTX-4-00	00224220
specifications, terms, and	Prepaid & Allow l bid, Invitation for Offer, or Requ d conditions set forth in the adver	tisement and vendor's	Purchase Order Date 09/01/23	Revision	11317-4-00	100321220 Page 1
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.		Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COM 4301 N Lamar Blvd Austin TX 78751 United States		VMISSION	
PO BO	COR INC X 102118 NTA GA 303682118		Bill To:	Invoice - DADS HEALTH & HUMA 4001 Highway 36 S Brenham TX 77833 United States	outh	OMMISSION
			Fax: Email:	979/277-1865 712Accounting@hh	is.texas.gov	
Line-Sch Inventory	Titem ID - Line Description	Class/Item Quantity	Purchaser: UOM	Holton,Sharonda PO Price	51 Extended Amt	2/406-2464 Due Date
BLANKET PURCHAS	E ORDER 2023 through August 31, 2024	L				
	ICTIONS: DO NOT SHIP UNT		CONTACT***			
	tination Freight Prepaid Allow	/ed				
DELIVERY: # Days Af	n 8:00-11:30 AM and 1:00-4:3	0 PM Monday, Friday exce	ant designated State H	lolidavs		
AGENCY CONTACT: Carrie Dillon, Lab Man 512-419-2038 Carrie.Dillon@hhs.tex	ager			londays		
Ship to Attn: Carrie Dillon, Lab Man HHSC-AUSTIN STATI 4301 N LAMAR BLVD	EHOSPITAL					

Carrie Dillon, Lab Manager HHSC-AUSTIN STATE HOSPITA 4301 N LAMAR BLVD BLDG. 800 AUSTIN, TX 78751 CODE #4551

CUSTOMER PRICE LIST AND REFERENCE PREMIER GPO PP-LA-608.

HHSC BUYER: SHARONDA HOLTON, CTCD 512-406-2464 SHARONDA.HOLTON@HHS.TEXAS.GOV

VENDOR: VID: 1222408354 Contractor: IMMUCOR INC Contact Name: Renee Mercer Email: RMercer@immucor.com Phone: 770-280-6516 Fax: 770-441-3807 Address: PO Box, 5625, Norcross, GA 30091-5625 Address: 3130 Gateway Dr, Norcross, GA 30091-5625

Health and Human Services Commission

Purchase Order

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Payment To Net 30	erms	Freight Terms Prepaid & Allow	Ship Via BEST W		Purchase	Order	Н	HSTX-4-0	00032122	28
		l bid, Invitation for Offer, or Req d conditions set forth in the adve			Date 09/01/23	Revisior	1		Pa	1 ge 2
guarantees g requirement All shipmer	goods or serv <u>s.</u> nts, shipping	ecome a part of this numbered purices delivered meet or exceed nu g papers, invoices, and corresponder Number.	umbered purchase	order	Ship To:	HEALTH	& HUMA amar Blvd X 78751	N Lamar Blvd N SERVICES CO	OMMISSION]
Vendor:	Vendor: 1222408354 8 IMMUCOR INC PO BOX 102118 ATLANTA GA 303682118 United States			Bill To:	HEALTH 4001 High Brenham	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States				
					Fax: Email:	979/277-1 712Accou	865 inting@hhs	s.texas.gov		
					Purchaser:	Holton,Sl	haronda	5	12/406-2464	
Line-Sch	Inventory	/ Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	aronda	Extended Amt	Due Date	
PURCHAS Purchase r REQUIREN Quantities The quanti will be cons Goods and This PO is Invoice per Requisition (Include for Note: Ager controlled a	SING METH not to excee MENTS/LIM may be incl ties shown sidered can l/or services contingent 7 34 TAC §2 n # 0000227 r 1 Lot POs ncy will not e assets on th	ed \$10,000.00. Rule 34 Texas ITATIONS: reased or decreased upon ne- are estimates only and do not celled. s are to be delivered and invoi upon the continued availabilit 20.487, amended effective Ma 2005) order products on this PO that	ed during the ter constitute a gua iced after Septen y of lawful appro y 1, 2023 t are available fro	m of the PO arantee of pu nber 1, 2023 priations by). urchase. Any o 3. the Texas Leg	quantities not ord gislature. FY24 fu	nding.			D
1-1		ODS- blood components and for immunohematology & 1	193-12	1.00	LOT	2000.00000		\$2,000.00	09/01/2023	
					. .	Schedule Total				
						Total for Line 1		\$2,000.00 \$2,000.00		

Health and Human Services Commission

Purchase Order

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Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000321	228	
specifications	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vendor		Revision	Page 3	
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.			er Smp 10:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States		
Vendor:	1222408354 8 IMMUCOR INC PO BOX 102118 ATLANTA GA 303682118 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States	N	
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov		
Line-Sch	Inventory Item ID - Line Description	Class/Item Q	Purchaser:	Holton,Sharonda512/406-2464PO PriceExtended AmtDue Date		

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	
Shamder Alter, CTCD	07/07/2023

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