Purchase Order

Dispatch via Print

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|--|--|-----------------------------|----------------------|---|----------------------------------|--|
| Payment Ter Net 30 | rms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | | HHSTX-3-0000321407 | |
| specifications | by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad | vertisement and vendor's | Date 07/10/23 | Revision | Page 1 | |
| guarantees go requirements. All shipment | esponses become a part of this numbered loods or services delivered meet or exceed its, shipping papers, invoices, and correschase Order Number. | numbered purchase order | Ship To: | 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States | | |
| Vendor: | 1431109770 4 BIOMERIEUX INC PO BOX 500308 SAINT LOUIS MO 63150-0308 United States | | Bill To: | Invoice-DSHS Fis DEPARTMENT (1100 W 49th St (I PO Box 149347 Austin TX 78756 United States | OF STATE HEALTH SERVICES RBB) | |

Purchaser: Holton, Sharonda 512/406-2464 **UOM** Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity PO Price Extended Amt **Due Date**

Fax:

Email:

512/458-7442

invoices@dshs.texas.gov

BLANKET PURCHASE ORDER

TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS: DO NOT SHIP UNTIL NOTIFICE BY AGENCY CONTACT

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

DELIVERY: # 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: AMY DELEON 512-776-7611 AMY.DELEON@DSHS.TEXAS.GOV

SHIP TO ATTENTION: **CHRIS MALOTA** ROOM: L-420 512-776-7611 CHRIS.MALOTA@DSHS.TEXAS.GOV

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

VENDOR: VID: 1431109770 **Biomerieux Direct** 1101 Hamlin Rd. Durham NC, 27704 Phone: 919-620-5697

Laura Wheat (Laura.Wheat@Biomerieux.com)

ACCOUNT NUMBER: 1014664

Quote # ITEMS LIST

PURCHASING METHOD: SP/E

Purchase Order

Dispatch via Print

| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHS. | TX-3-0000321407 |
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| If advertised by info | ormal bid, Invitation for Offer, or las, and conditions set forth in the ac | Request for Proposal; all dvertisement and vendor's | Date 07/10/23 | Revision | Page 2 |
| | es become a part of this numbered services delivered meet or exceed | | Ship To: | h St (DBGL FE HEALTH SERVICES | |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | | 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States | |
| Vendor: 14: | 31109770 4 | | Bill To: | Invoice-DSHS Fiscal Clair | ns |

BIOMERIEUX INC PO BOX 500308

SAINT LOUIS MO 63150-0308

United States

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: Holton,Sharonda 512/406-2464 Class/Item Line-Sch **Inventory Item ID - Line Description** Quantity **UOM** PO Price Extended Amt Due Date

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO.

The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2023, will be considered cancelled.

Goods and/or services are to be delivered and invoiced after September 1, 2023.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY24 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2023

Requisition # 0000219036

(Include for 1 Lot POs)

Note: Agency will not order products on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets on this PO.

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114 FLOOR: 4th CONTACT: Chris Malota

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:

DEPARTMENT ID CODE: H41000

PROGRAM CODE:

INTERNAL DELIVERY CODE: 7959

1-1 193-89 6.00 SET 42.85000 \$257.10 07/10/2023

PART NUMBER: 70422; API REAGENT VP 1 / VP 2

> \$257.10 Schedule Total

Purchase Order

Dispatch via Print

| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHSTX-3-0 | 0000321407 |
|---|--------------------------------------|-----------------------------|---|----------------------------|------------|
| specifications, terms | rmal bid, Invitation for Offer, or I | dvertisement and vendor's | Date 07/10/23 | 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. | | Ship To: | 4546 - Austin:1100 W 49th St (DBC DEPARTMENT OF STATE HEAL 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States | | |
| Vendor: 143 | 31109770 4 | | Bill To: | Invoice-DSHS Fiscal Claims | |

Vendor: 1431109770 4

BIOMERIEUX INC PO BOX 500308

SAINT LOUIS MO 63150-0308

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

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

FY24 3229 Testing Supplies

*****VERY IMPORTANT NOTE TO VENDOR: Blanket PO. Do NOT ship entire order upon receipt of PO. Only release items upon the request of authorized DSHS Staff.*****

VENDOR: VID: 1431109770 Biomerieux Direct 1101 Hamlin Rd. Durham NC, 27704

Phone: 919-620-5697

Laura Wheat (Laura. Wheat @ Biomerieux.com)

Account Number: 1014664

PO BILL TO INFORMATION DSHS ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE 1100 WEST 49TH STREET AUSTIN, TEXAS 78756

CODE # 3063

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114

FLOOR: 4th

CONTACT: Chris Malota

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:

DEPARTMENT ID CODE: H41000

PROGRAM CODE:

INTERNAL DELIVERY CODE: 7959

Requester name: Chris Malota

Rm: L-420

Requester Phone Number/area code: 512-776-7611 Requester E-mail: Chris.Malota@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

Purchase Order

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| Payment Terms | Freight Terms | Ship Via | | | ->/ | |
|---|---|-------------------------------|----------------------|--|-----------------|--|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | HHS | ΓX-3-0000321407 | |
| specifications, terms, | rmal bid, Invitation for Offer, or, and conditions set forth in the a | dvertisement and vendor's | Date 07/10/23 | Revision | Page 4 | |
| | es become a part of this numbere services delivered meet or excee | | Ship To: | Ship To: 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SEF 1100 W 49th St (DBGL) | | |
| All shipments, shipp with our Purchase (| | espondence must be identified | | PO Box 149347 Austin TX 78756 United States | | |
| | | | _ | | | |

Vendor: 1431109770 4

BIOMERIEUX INC PO BOX 500308

SAINT LOUIS MO 63150-0308

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

| | | | | Purch | | | 12/406-2464 |
|----------|--|------------|----------|-------|-----------------------|--------------|-------------|
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| | | | | | Item Total for Line 1 | \$257.10 | |
| 2-1 | PART NUMBER: 70542; API REAGENT JAMES REAGENT | 193-89 | 6.00 | SET | 21.82000 | \$130.92 | 07/10/2023 |
| | | | | | Schedule Total | \$130.92 | |
| | | | | | Item Total for Line 2 | \$130.92 | |
| 3-1 | PART NUMBER: 70402; API REAGENT TDA REAGENT | 193-89 | 6.00 | SET | 21.82000 | \$130.92 | 07/10/2023 |
| | | | | | Schedule Total | \$130.92 | |
| | | | | | Item Total for Line 3 | \$130.92 | |
| 4-1 | PART NUMBER: 30706; VIDAS QC TEST | 193-89 | 8.00 | PKG | 36.93000 | \$295.44 | 07/10/2023 |
| | | | | | Schedule Total | \$295.44 | |
| | | | | | Item Total for Line 4 | \$295.44 | |
| 5-1 | PART NUMBER: 20160; API 20E TEST KIT | 193-89 | 4.00 | PKG | 727.27000 | \$2,909.08 | 07/10/2023 |
| | | | | | Schedule Total | \$2,909.08 | |
| | | | | | Item Total for Line 5 | \$2,909.08 | |
| 6-1 | PART NUMBER: 21341; VITEK 2 GRAM NEGATIVE | 193-89 | 25.00 | PKG | 66.63000 | \$1,665.75 | 07/10/2023 |
| | | | | | Schedule Total | \$1,665.75 | |
| | | | | | Item Total for Line 6 | \$1,665.75 | |

Purchase Order

Dispatch via Print

| Payment Terr Net 30 | ns Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHSTX-3-00003214 | 407 |
|---|--|-----------------------------|----------------------|---|-----------|
| specifications, | y informal bid, Invitation for Offer, or I terms, and conditions set forth in the ac | vertisement and vendor's | Date 07/10/23 | Revision | Page 5 |
| 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: | 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States | |
| Vendor: | endor: 1431109770 4 BIOMERIEUX INC PO BOX 500308 SAINT LOUIS MO 63150-0308 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: Email: | 512/458-7442 invoices@dshs.texas.gov | |

| | | | | Purch | aser: Holton, Sharonda | 5 | 12/406-2464 |
|----------|--|------------|----------|-------|------------------------|--------------|-------------|
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| 7-1 | PART NUMBER: 21342; VITEK 2 GRAM POSITIVE | 193-89 | 25.00 | PKG | 66.63000 | \$1,665.75 | 07/10/2023 |
| | | | | | Schedule Total | \$1,665.75 | |
| | | | | | Item Total for Line 7 | \$1,665.75 | |
| 8-1 | PART NUMBER: 423719; 0.45% SALINE; 500 ML BOTTLES | 193-89 | 2.00 | P10 | 103.53000 | \$207.06 | 07/10/2023 |
| | | | | | Schedule Total | \$207.06 | |
| | | | | | Item Total for Line 8 | \$207.06 | |
| 9-1 | PART NUMBER: 21255; DENSICHEK PLUS STANDARDS | 193-89 | 4.00 | SET | 69.78000 | \$279.12 | 07/10/2023 |
| | | | | | Schedule Total | \$279.12 | |
| | | | | | Item Total for Line 9 | \$279.12 | |
| | | | | | Total PO Amount | \$7,541.14 | |

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.

Purchase Order

Dispatch via Print

| Payment To Net 30 | erms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHSTX-3-000032140 | |
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| specification | d by informal bid, Invitation for Offer, or R ns, terms, and conditions set forth in the ad- | vertisement and vendor's | Date 07/10/23 | Revision Pag | |
| guarantees g requirement All shipmen | responses become a part of this numbered goods or services delivered meet or exceed s. nts, shipping papers, invoices, and corresurchase Order Number. | numbered purchase order | Ship To: | 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States | |
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| | | | Fax: Email: | 512/458-7442 invoices@dshs.texas.gov | |
| | | | Purchaser: | Holton,Sharonda 512/406-2464 | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item Quantity | UOM | PO Price Extended Amt Due Date | |

Authorized By

Shamda Alton, CTCD

07/10/2023