Purchase Order

Dispatch via Print

512/406-2464

Due Date

Extended Amt

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-4-0000326368
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			Date 09/01/23	Revision	Page 1
guarantees go requirements All shipmen	responses become a part of this numbered gods or services delivered meet or exceed . ts, shipping papers, invoices, and corresponder Number.	numbered purchase order	Ship To:	4546 - Austin:1100 W 49th DEPARTMENT OF STATE 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	`
Vendor:	1112813910 9 CHEMBIO DIAGNOSTIC SYSTEM 1560 5TH AVE BAY SHORE NY 11706-3443 United States	S INC	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Quantity

Purchaser:

UOM

Holton, Sharonda

PO Price

BLANKET PURCHASE ORDER

Line-Sch

TERM: September 1, 2023 through August 31, 2024

Inventory Item ID - Line Description

SHIPPING INSTRUCTIONS: DO NOT SHIP UNITIL NOTIFIED 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

Class/Item

AGENCY CONTACT: DENE THOMPSON 512-776-2457

DENE.THOMPSON@DSHS.TEXAS.GOV

SHIP TO ATTENTION: LINDA CAO 512-776-7657 LINDA.CAO@DSHS.TEXAS.GOV

SHARONDA HOLTON, CTCD

HHSC BUYER:

512-406-2464 SHARONDA.HOLTON@HHS.TEXAS.GOV

VENDOR: VID: 1112813910

Contractor: CHEMBIO DIAGNOSTIC SYSTEMS INC

Contact Name: Kristel Foster Phone: 631-924-1135

Email: CUSTOMERSERVICE@CHEMBIO.COM ADDRESS: 1560 5th Ave, Bay Shore, NY 11706

QUOTE # SO039937

CUSTOMER: CU15532

PURCHASING METHOD: SP/E

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

Purchase Order

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000	326368		
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			Date 09/01/23	Revision Pag			
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 SERV 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States					
Vendor: 111	12813910.9		Rill To	Invoice-DSHS Fiscal Claims			

Vendor: 1112813910 9

CHEMBIO DIAGNOSTIC SYSTEMS INC

1560 5TH AVE

BAY SHORE NY 11706-3443

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

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 # 0000222729

(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

Loading Dock: L-114 Building: Laboratory L-401

Requester Information:

Requester Name: Linda Cao

Requester Phone Number/Area Code: 512 776-7657 Requester E-mail Address: linda.cao@dshs.texas.gov

1-1 193-88 4.00 KIT 613.13000 \$2,452.52 09/01/2023

PART ID# 65-9560-0 DPP ZIKA IGM SYSTEM, 20 TESTS. FDA FOR DETECTION OF ZIKA VIRUS IGM ANTIBODIES IN SERUM, EDTA PLASMA, EDTA VENOUS WHOLE BLOOD, AND FINGERSTICK WHOLE BLOOD

Schedule Total \$2,452.52

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-	0000326368		
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			Date 09/01/23	Revision Pag			
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Vendor: 111	12813910 9		Rill To:	Invoice-DSHS Fiscal Claims			

CHEMBIO DIAGNOSTIC SYSTEMS INC

1560 5TH AVE

BAY SHORE NY 11706-3443

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

BLANKET REQUISITION

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

ONLY RELEASE ITEMS UPON THE REQUEST OF AUTHORIZED DSHS STAFF

Questions? Contact: Dene Thompson, 512 776-2457 dene.thompson@dshs.texas.gov

VENDOR INFORMATION:

VENDOR NAME: Chembio Diagnostics Systems, Inc.

ADDRESS: 1560 5th Ave CITY/ZIP: Bay Shore, NY 11706

PHONE: 631-924-1135 CONTACT NAME: Kristel Foster

QUOTE NO. IF APPLICABLE: SO039937

Chembio Quote SO039937 / See Line 1 Comments attachment

Specific Federal Funds: If available, use ELC BP1 Expanded Authority for Project H1, Fund 833. Otherwise, use Any State Funds

ATTN DSHS CLAIMS: Send approval requests to LabAccounting@dshs.texas.gov

CODE # 3063

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

CODE # 4546

FOR DSHS INTERNAL DELIVERY INFO

Loading Dock: L-114 Building: Laboratory L-401

Requester Information: Requester Name: Linda Cao

Requester Phone Number/Area Code: 512 776-7657 Requester E-mail Address: linda.cao@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

Item Total for Line	1	\$2,452.52

Purchase Order

Dispatch via Print

Payment To	erms Freight Terms			•			
Net 30	Prepaid & Allow	Ship Via BEST W		Purchase Order	H	IHSTX-4-00	000326368
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision Pag			
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guarantees goods or services delivered meet or exceed numbered purchase order				Ship To:	Ship To: 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL)		
-	requirements.						
	All shipments, shipping papers, invoices, and correspondence must be identified				PO Box 149347		
with our Purchase Order Number.					Austin TX 78756 United States		
Vendor:	Vendor: 1112813910 9			Bill To:	Invoice-DSHS Fiscal Claims		
	CHEMBIO DIAGNOSTIC SYSTEMS	INC			DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347		
	1560 5TH AVE BAY SHORE NY 11706-3443						
	United States				Austin TX 78756 United States		
				Fax:	512/458-7442		
				Email:	invoices@dshs.texas	s.gov	
				Purchaser:	Holton,Sharonda	51	12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1		193-88	1.00	LOT	97.20000	\$97.20	09/01/2023
	EST SHIPPING/HANDLING/FREIGHT CHARGES						

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
Shamlat Him, CTCD
08/23/2023

Schedule Total

Item Total for Line 2

Total PO Amount

\$97.20

\$97.20