Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	-4-0000326682	
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Date 09/01/23	Revision	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:	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:	1201507364 1 EUROIMMUN US INC 1 BLOOMFIELD AVE MOUNTAIN LAKES NJ 070461429 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE F 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	HEALTH SERVICES	

Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue 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 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

AGENCY CONTACT: TAMI KENROY TAMI.KENROY@DSHS.TEXAS.GOV

SHIP TO ATTENTION: LINDA CAO 512-776-7657

LINDA.CAO@DSHS.TEXAS.GOV

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

VENDOR: VID: 1201507364

Contractor: EUROIMMUN US INC Contact Name: Pepper Hitchcock Email: info@euroimmun.us Phone: 973-656-100

Fax: 973-656-1098 Tax No: 20-1507364

QUOTE: # 101003673

CUSTOMER: # 1450015

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 Ter	8	Ship Via		LUIOTY	4 000000000
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSIX-	4-0000326682
specifications	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			Revision	Page 2
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Vendor:	1201507364 1 EUROIMMUN US INC 1 BLOOMFIELD AVE MOUNTAIN LAKES NJ 070461429 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756	EALTH SERVICES

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

United States

 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 #

(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: Linda Cao PHONE #: 512-776-7657

1-1 175-13 6.00 EA 647.57000 \$3,885.42 09/01/2023

EI 293A-9601 M; CHIKUNGUNYA VIRUS (CHIKV) INCL. IGG/RF ABSORBENT

Schedule Total \$3,885.42

FY24 3682 Testing Supplies

Shipping and handling charges are estimated to be \$200 per shipment, but can't be determined until items are ready to be shipped.

VENDOR INFORMATION:

VID:1201507364

VENDOR NAME: Euroimmun

Purchase Order

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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			Date 09/01/23	Revision	Page 3
guarantees goods or requirements.	services delivered meet or exceed ping papers, invoices, and corre	numbered purchase order	Ship To:	4546 - Austin:1100 W 49th St (DB DEPARTMENT OF STATE HEAI 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor: 120	01507364 1		Rill To	Invoice-DSHS Fiscal Claims	

Vendor: 1201507364 1

EUROIMMUN US INC 1 BLOOMFIELD AVE

MOUNTAIN LAKES NJ 070461429

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

ADDRESS: 1 Bloomfield Avenue CITY/ZIP: Mountain Lakes, NJ 07046 PHONE/FAX: 973-656-1000 / 973-656-1098 CONTACT NAME: Pepper Hitchcock QUOTE NO. IF APPLICABLE: 101003673 CUSTOMER #: 1450015

CUSTOMER #: 1450015 REF #: Opp-012898 info@euroimmun.us

PO BILL TO INFORMATION

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

CODE # 3036

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114

FLOOR: 4th

CONTACT: Linda Cao PHONE #: 512-776-7657

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:

Requester INFO:

Requester Name: Linda Cao

Requester Phone Number/area code: 512-776-7657 Requester E-mail address: Linda.Cao@dshs.texas.gov

Purchase Order

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000326682
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Vendor: 1201507364 1 EUROIMMUN US INC 1 BLOOMFIELD AVE MOUNTAIN LAKES NJ 070461429 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
					Item Total for Line 1	\$3,885.42	
2-1	ZE 1120-10100; ELISA SAMPLE BUFFER	175-13	2.00	EA	345.60000	\$691.20	09/01/2023
					Schedule Total	\$691.20	
					Item Total for Line 2	\$691.20	
3-1	ESTIMATED SHIPPING & HANDLING	175-13	3.00	LOT	200.00000	\$600.00	09/01/2023
					Schedule Total	\$600.00	
					Item Total for Line 3	\$600.00	
					Total PO Amount	\$5,176.62	

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	
Shandar Hotm, CTCD	
	08/23/2023