Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
Net 30	Prepaid & Allow	BEST WAY

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.

All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.

Purchase Order **HHSTX-4-0000333965**

Date	Revision	Page
11/28/23		1

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: 1042902449 9
HOLOGIC INC
24506 NETWORK PL
CHICAGO IL 606731245
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

Exempt Reason: CLIENT PURCHASES

Purchaser: Meads,Courtney 512/406-2478

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

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO
.
FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY:14-30 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays

AGENCY CONTACT:
Linda Cao
512-776-7657
linda.cao@dshs.texas.gov

Maria Nolen
PHONE: 512-776-7760
Maria.nolen@dshs.texas.gov

BUILDING: Laboratory Bldg. L114
FLOOR: 4th
ROOM: L401

HHSC BUYER:
Courtney Meads CTCD, CTCM
512-406-2478
Courtney.meads@hhs.texas.gov

VENDOR:
1042902449
Hologic, Inc
Claudia Deutsch / Mindy Thiery
858-252-8175
Claudia.Deutsch@hologic.com / Mindy.Thiery@hologic.com

Contract HHS001075000001
9-1-23 - 8-31-24

PURCHASING METHOD: EX/0

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	PRD-06419 APTIMA SARS-COV-2 ASSAY, EUA, 250-TEST	193-36	8.00	EA	7000.00000	$56,000.00	12/29/2023

Schedule Total $56,000.00

Item Total for Line 1 $56,000.00

Total PO Amount $56,000.00

Purchase made under the Authority of Texas Government Code 2155.144 for goods or services acquired for the benefit or on behalf of clients of programs operated by the agency.

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.
Invoice per 34 TAC §20.487, amended effective May 1, 2022
Requisition 249150

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

Courtney Meads CTCD, CTCM

11/28/2023