

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000335846
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.			Date 01/02/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 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: 1741091114 7
AMERICAN SOCIETY FOR CLINICAL LABORATORY
11107 SUNSET HILLS RD STE 100
RESTON VA 20190-5376
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: N/A

Purchaser: Augustus,Wendlyn Denett

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
SP/E
Requisition 0000249769 - Pricing per Quote \$975.00

Membership term: January 1, 2024 - December 31, 2024

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

FY24 4568 MEMBERSHIP RENEWAL

PREVIOUS PROCUREMENT: PO HHSTX-3-0000307321

VENDOR:
VID: 17410911147
American Society for Clinical Laboratory Science (ASCLS)
11107 Sunset Hills Rd, Suite 100
Reston, VA 20190
Contact: Alyson
Phone: (571) 748-3770
ASCLS@ASCLS.org

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: 7th
CONTACT: Allison Cintron
INFORMATION PROVIDED FOR THE BUDGET SECTION:

Department of State Health Services

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
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THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:
DEPARTMENT ID CODE: H41000
PROGRAM CODE:
INTERNAL DELIVERY CODE: 7959

Requester name: Allison Cintron
Rm: L-758.2
Requester Phone Number/area code: 512-776-3535
Requester E-mail: Allison.Cintron@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

Agency contact
Tami Kenroy
tami.kenroy@dshs.texas.gov

PCS contact
Wendlyn Augustus, CTCD
wendlyn.augustus@hhs.texas.gov

1-1	MEMBERSHIP RENEWAL; MEMBER TYPE: P.A.C.E. PROVIDER NON PROFIT THRU: 12/31/2024	963-43	1.00	EA	975.00000	\$975.00	01/02/2024
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Schedule Total \$975.00

FY24 4568 MEMBERSHIP RENEWAL

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Contact: Alyson
Phone: (571) 748-3770
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DSHS

Authorized By

Wendy Agosto, CTCB

01/02/2024