

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-4-0000335940
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 01/03/24
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: 1330804655 9
ILLUMINA INC
12864 COLLECTION CENTER DR
CHICAGO IL 606930128
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: Ogle,Tracie L

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 14 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:
Dene Thompson
512 776-2457
dene.thompson@dshs.texas.gov

Requester Name: Bonnie Oh
Requester Phone Number/Area Code: 512-776-2432
Requester E-mail Address: bonnie.oh@dshs.texas.gov

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

PO BILL TO INFORMATION
DSHS
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE
1100 West 49th Street
Austin, TX 78756
CODE # 4546

FOR DSHS INTERNAL DELIVERY INFO:
Building: Laboratory L-114
Floor: 5th, Room L-501
Contact: Bonnie Oh
Phone Number: 512-776-2432

PURCHASER:
Tracie Ogle, CTCD, CTCM
512-776-2326
Tracie.Ogle@hhs.texas.gov

VENDOR:
VENDOR NAME: Illumina Inc.
ADDRESS: 5200 Illumina Way
CITY/ZIP: San Diego, CA 92122

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PHONE/FAX: 858-202-4500 / 858-202-4545
CONTACT NAME: Ryan Reynolds RReynolds@illumina.com

Quote # 4573002

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition: 0000251342

1-1	CAT#FC-110-3001; PHIX CONTROL V3	193-36	2.00	EA	199.00000	\$398.00	01/17/2024
Schedule Total						\$398.00	
Item Total for Line 1						\$398.00	
2-1	CAT#20047050; RESPIRATORY PATHOGEN ID/AMR ENRICHMENT KIT SET A (RUO) (96 INDEXES, 96 SAMPLES)	193-36	1.00	EA	2592.00000	\$2,592.00	01/17/2024
Schedule Total						\$2,592.00	
Item Total for Line 2						\$2,592.00	
3-1	EST SHIPPING/HANDLING/FREIGHT CHARGES	962-86	1.00	LOT	179.40000	\$179.40	01/17/2024
Schedule Total						\$179.40	
Item Total for Line 3						\$179.40	

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Total PO Amount \$3,169.40

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

Tracie Ogle, (ETC)

01/03/2024