

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-4-0000339997
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 03/04/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 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
			Page 1

Vendor: 1954141306 8
 QIAGEN INC
 PO BOX 5132
 CAROL STREAM IL 601975132
 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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

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:
 Tami Kenroy
 Tami.kenroy@dshs.texas.gov

Requester name: Bonnie Oh
 Rm: L-501
 Requester Phone Number/area code: 512-776-2432
 Requester E-mail: Bonnie.Oh@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO:
 BUILDING: Laboratory L114
 FLOOR: 5th, L501
 CONTACT: Bonnie Oh

HHSC BUYER:
 Tracie Ogle, CTCD, CTCM
 512-776-2326
 Tracie.ogle@hhs.texas.gov

VENDOR:
 Qiagen
 27220 Turnberry Lane, Suite 200
 Valencia, CA 91355-1005
 PHONE: 800-426-8157
 FAX: 800-718-2056
 SEND ALL POs TO: Orders-us@qiagen.com
 Cc: David.mack@qiagen.com
 customercare-us@qiagen.com
 www.qiagen.com/products

QUOTE #: 240213US01755938AC

PURCHASING METHOD: SP/E

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-4-0000339997
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 03/04/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			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: 1954141306 8
QIAGEN INC
PO BOX 5132
CAROL STREAM IL 601975132
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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

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: 0000256462

1-1	61104; QIAAMP DSP DNA BLOOD MINI KIT	193-36	2.00	EA	213.30000	\$426.60	03/18/2024
Schedule Total						\$426.60	
Item Total for Line 1						\$426.60	
2-1	929004; QIAXCEL DNA SCREENING KIT (2400)	193-48	1.00	EA	1287.00000	\$1,287.00	03/18/2024
Schedule Total						\$1,287.00	
Item Total for Line 2						\$1,287.00	
3-1	929524; QX ALIGNMENT MARKER 15 BP/5 KB (1.5 ML) POSITION 2	193-88	1.00	EA	118.80000	\$118.80	03/18/2024
Schedule Total						\$118.80	
Item Total for Line 3						\$118.80	
4-1	929703; QX 0.2 ML 12-TUBE STRIP (80)	193-89	10.00	PKG	144.90000	\$1,449.00	03/18/2024
Schedule Total						\$1,449.00	
Item Total for Line 4						\$1,449.00	

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-4-0000339997
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 03/04/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 3
			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: 1954141306 8
 QIAGEN INC
 PO BOX 5132
 CAROL STREAM IL 601975132
 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
5-1	929704; QX COLOR 0.2 ML 12-TUBE STRIP (80)	193-89	10.00	PKG	144.90000	\$1,449.00	03/18/2024
Schedule Total						<u>\$1,449.00</u>	
Item Total for Line 5						<u>\$1,449.00</u>	
6-1	929706; QX 0.2 ML 12-TUBE STRIP CAPS (80)	193-89	5.00	PKG	62.91000	\$314.55	03/18/2024
Schedule Total						<u>\$314.55</u>	
Item Total for Line 6						<u>\$314.55</u>	
7-1	1002137 ESTIMATED FREIGHT	962-58	1.00	LOT	52.52000	\$52.52	03/18/2024
Schedule Total						<u>\$52.52</u>	
Item Total for Line 7						<u>\$52.52</u>	
Total PO Amount						\$5,097.47	

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 Dgh, (TCD)

03/04/2024