Department of State Health Services

Purchase Order

Ship Via **Payment Terms** Freight Terms HHSTX-4-0000340054 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 03/04/24 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4546 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 10426319637 Bill To: Invoice-DSHS Fiscal Claims Vendor: DEPARTMENT OF STATE HEALTH SERVICES NEW ENGLAND BIOLABS INC PO BOX 3933 1100 W 49th St (RBB) BOSTON MA 022413933 PO Box 149347 **United States** 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: Dene Thompson 512 776-2457 dene.thompson@dshs.texas.gov

Requester Name: Maliha Rahman Requester Phone Number/Area Code: 512-776-7107 Requester E-mail Address: maliha.rahman@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO: Building: Laboratory L-114 Floor: 5th, Room L-557 Contact: Maliha Rahman Phone Number: 512-776-7107

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

VENDOR: NEB 240 County Road, Ipswich, MA 01938 Michael Mancia mmancia@neb.com

Quote 00108134

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

REQUIREMENTS/LIMITATIONS:

Dispatch via Print

Department of State Health Services

Purchase Order

Dispatch via Print Ship Via **Payment Terms Freight Terms** HHSTX-4-0000340054 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 03/04/24 2 conforming responses become a part of this numbered purchase order. Contractor 4546 - Austin:1100 W 49th St (DBGL Ship To: guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 10426319637 Bill To: Invoice-DSHS Fiscal Claims Vendor: DEPARTMENT OF STATE HEALTH SERVICES NEW ENGLAND BIOLABS INC PO BOX 3933 1100 W 49th St (RBB) BOSTON MA 022413933 PO Box 149347 **United States** 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 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: 0000256194 1-1 972-12 4.00 EA 809.40000 \$3,237.60 03/18/2024 E2612L; NEBNEXT MICROBIOME DNA ENRICHMENT KIT (24 REACTIONS) Schedule Total _____ \$3,237.60 \$3,237.60 Item Total for Line 1 2 - 1972-12 1.00 EA 267.90000 \$267.90 03/18/2024 M0212L; NEW ENGLAND BIOLABS DNA POLYMERASE I, LARGE (KLENOW) FRAGMENT (3¿À5¿) (5000 UNITS/ML) Schedule Total \$267.90 \$267.90 Item Total for Line 2 972-12 1.00 EA 147.25000 \$147.25 03/18/2024 3-1 M0287S; LONGAMP® TAO 2X MASTER MIX (100 REACTIONS) Schedule Total \$147.25 \$147.25 Item Total for Line 3 Total PO Amount \$3,652.75

Department of State Health Services

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			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	
P E	042631963 7 EW ENGLAND BIOLABS INC O BOX 3933 OSTON MA 022413933 nited 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	
Exempt Reason:	N/A		Purchaser:	Ogle,Tracie L	

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 Iracic Dak, CTCD

03/04/2024