

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-4-0000340114
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 03/05/24
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: 1421301142 3
INTEGRATED DNA TECHNOLOGIES INC
25104 NETWORK PL
CHICAGO IL 606731251
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: Rashmi Tuladhar
Requester Phone Number/area code: 512-776-7784
Requester E-mail address: Rashmi,Tuladhar@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO:
BUILDING: Laboratory L114
FLOOR: 4th, L-432
CONTACT: Rashmi Tuladhar
PHONE #: 512-776-7784

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

VENDOR:
VENDOR NAME: Integrated DNA Technologies, Inc
ADDRESS: 1710 Commercial Park
CITY/ZIP: Coralville, IL 52241
PHONE: 800-328-2661 X8754
CONTACT NAME: Custcare@IDTDNA.com

Quote Ref Number: QTE-367528Q

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.

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-4-0000340114
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 03/05/24
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: 1421301142 3
INTEGRATED DNA TECHNOLOGIES INC
25104 NETWORK PL
CHICAGO IL 606731251
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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

Invoice per 34 TAC \$20.487, amended effective May 1, 2022

Requisition: 0000255510

1-1	GI probe Ring 1E 5 umole DNA Normalized Oligo 1 100 nmol 10-12 \$1,452.28 USD Concentration: 100 µM Quantity: 100 nmol Buffer: IDTE Buffer pH 7.5 (10 mM Tris-HCl/0.1 mM EDTA) Purification: HPLC Purity Guarantee: 0%	193-26	1.00	EA	1452.28000	\$1,452.28	03/19/2024
-----	---	--------	------	----	------------	------------	------------

Schedule Total \$1,452.28

Item Total for Line 1 \$1,452.28

2-1	Shipping Charges	961-96	1.00	LOT	22.00000	\$22.00	03/19/2024
-----	------------------	--------	------	-----	----------	---------	------------

Schedule Total \$22.00

Item Total for Line 2 \$22.00

Total PO Amount \$1,474.28

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.

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-4-0000340114
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 03/05/24
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: 1421301142 3
INTEGRATED DNA TECHNOLOGIES INC
25104 NETWORK PL
CHICAGO IL 606731251
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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

Authorized By

Tracie Ogle, (FC)

03/05/2024