# **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Term		Ship Via		ППСТ	V 4 0000340440	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		X-4-0000340440	
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision	Page	
	specifications, terms, and conditions set forth in the advertisement and vendor's				1 1	
	conforming responses become a part of this numbered purchase order. Contractor			4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347		
2	guarantees goods or services delivered meet or exceed numbered purchase order					
	requirements.					
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
with our rurti	lase Order Number.			Austin TX 78756		
				United States		
Vendor:	1453413050 6		Bill To:	Invoice-DSHS Fiscal Claims		
· chaor ·	OXFORD NANOPORE TECHNOLO	OGIES INC	Din 10.	DEPARTMENT OF STATE		
	101 AVENUE OF THE AMERICAS	FL 7		1100 W 49th St (RBB)		
	NEW YORK NY 10013-1943			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

**BLANKET REQUISITION** 

\*\*\*\*\*\*VERY IMPORTANT NOTE TO VENDOR: Blanket PO. Do NOT ship entire order upon receipt of PO. \*\*\*\*\*\*

\*\*\*ONLY RELEASE ITEMS UPON THE REQUEST OF AUTHORIZED DSHS STAFF\*\*\*

DELIVERY: 10 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

FOR DSHS INTERNAL DELIVERY INFO:

Building: Laboratory L-114 Floor: 5th, Room L-501 Contact: Bonnie Oh

Phone Number: 512-776-2432

HHSC BUYER:

Tracie Ogle, CTCD, CTCM

512-776-2326

Tracie.ogle@hhs.texas.gov

VENDOR:

VENDOR NAME: Oxford Nanopore Technologies Inc.

ADDRESS: 101 Avenue of the Americas

CITY/ZIP: New York, NY 10013 PHONE/FAX: (212)-202-1712

VENDOR NUMBER AND LOC CODE: 5386273

CONTACT NAME: Matt Brock Matt.Brock@nanoporetech.com

# **Department of State Health Services**

### **Purchase Order**

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Payment Terr Net 30	ms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-4-	0000340440		
specifications,	y informal bid, Invitation for Offer, or R terms, and conditions set forth in the adv	vertisement and vendor's	<b>Date</b> 03/08/24	Revision Pag			
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			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:	1453413050 6 OXFORD NANOPORE TECHNOLO 101 AVENUE OF THE AMERICAS NEW YORK NY 10013-1943 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEAI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	TH SERVICES		
			Fax: Email:	512/458-7442 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

QUOTE NUMBER: ONT-049791

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: 0000257713

1-1	CAT#FLO-MIN114; FLOW CELL (R10.4.1) 12 FLOW CELLS	193-36	1.00	EA	7200.00000	\$7,200.00	03/20/2024
					Schedule Total	\$7,200.00	
					Item Total for Line 1	\$7,200.00	
2-1	EST SHIPPING/HANDLING/FREIGHT CHARGES	962-36	1.00	LOT	100.00000	\$100.00	03/20/2024
					Schedule Total	\$100.00	
					Item Total for Line 2	\$100.00	
					Total PO Amount	\$7,300.00	

## **Department of State Health Services**

#### **Purchase Order**

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guarantees g requirements All shipmen	responses become a part of this numbered p goods or services delivered meet or exceed n s.  ats, shipping papers, invoices, and corresp grachase Order Number.  1453413050 6 OXFORD NANOPORE TECHNOLOG 101 AVENUE OF THE AMERICAS F NEW YORK NY 10013-1943 United States	umbered purchas condence must b	e order	Ship To:	DEPARTMENT OF 1100 W 49th St (IPO Box 149347 Austin TX 78756 United States	scal Claims OF STATE HEALT RBB)	H SERVICES
Exempt Rea	ason: N/A			Fax: Email: Purchaser:	512/458-7442 invoices@dshs.te: Ogle,Tracie L	xas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

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

Sracie Agk, CTCD

03/08/2024