### **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-4-0000340492 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 03/08/24 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 1462058888 0 Bill To: Invoice-DSHS Fiscal Claims Vendor: DEPARTMENT OF STATE HEALTH SERVICES TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD 1100 W 49th St (RBB) SOUTH SAN FRANCISCO CA 940807015 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: 7 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: 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 L114 FLOOR: 5TH, RM L-557 CONTACT: MALIHA RAHMAN PHONE #: 512-776-7107

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

VENDOR: Twist Bioscience 681 Gateway Blvd, South San Francisco, CA 94080 PHONE: 415-216-8966 CONTACT NAME: LULU WANG Lulu Wang luwang@twistbioscience.com 713-819-3163 customersupport@twsitbioscience.com

QUOTE #: Q-342711

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

# Department of State Health Services

# **Purchase Order**

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Payment Ter		Ship V					00004040		
Net 30 If advertised	Prepaid & Allow by informal bid, Invitation for Offer, or Rea	BEST quest for Proposa		Purcha Date	se Order Revision	HHSTX-4-0	00034049 Pa		
pecifications, terms, and conditions set forth in the advertisement and vendor's				03/08/2	4				
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				Ship To	DEPARTMEN	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL)			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					PO Box 14934	PO Box 149347 Austin TX 78756			
Vendor:	1462058888 0 TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD SOUTH SAN FRANCISCO CA 940807015 <b>United States</b>			Bill To:	DEPARTMEN 1100 W 49th 9 PO Box 14934	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States 512/458-7442 invoices@dshs.texas.gov			
		Fax Em							
Exempt Reas				Purchas	<u> </u>				
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 Ma 0000258659				Legislature. FY2024 fund	aing.			
Invoice per (			2.00	EA	500.00000	aing. \$1,000.00	03/15/2024		
nvoice per (	0000258659 102024; TWIST SYNTHETIC SARS-	ay 1, 2022			-	\$1,000.00	03/15/2024		
Invoice per (	0000258659 102024; TWIST SYNTHETIC SARS-	ay 1, 2022		EA	500.00000	\$1,000.00	03/15/2024		
Invoice per 3 Requisition: 1-1	0000258659 102024; TWIST SYNTHETIC SARS-	ay 1, 2022		EA	500.00000 Schedule Total	\$1,000.00	03/15/2024 03/15/2024		
nvoice per 3 Requisition: I-1	0000258659 102024; TWIST SYNTHETIC SARS- COV-2 RNA CONTROL 2 103001; TWIST SYNTHETIC INFLUENZA H1N1 (2009) RNA	ay 1, 2022 193-26	2.00	EA	500.00000 Schedule Total tem Total for Line 1	\$1,000.00 \$1,000.00 \$1,000.00 \$500.00			
Invoice per 3 Requisition: 1-1	0000258659 102024; TWIST SYNTHETIC SARS- COV-2 RNA CONTROL 2 103001; TWIST SYNTHETIC INFLUENZA H1N1 (2009) RNA	ay 1, 2022 193-26	2.00	EA II EA	500.00000 Schedule Total tem Total for Line 1 500.00000	\$1,000.00 \$1,000.00 \$1,000.00 \$500.00 \$500.00			
nvoice per 3 Requisition: I-1 2-1	0000258659 102024; TWIST SYNTHETIC SARS- COV-2 RNA CONTROL 2 103001; TWIST SYNTHETIC INFLUENZA H1N1 (2009) RNA	ay 1, 2022 193-26	2.00	EA EA Is	500.00000 Schedule Total tem Total for Line 1 500.00000 Schedule Total	\$1,000.00 \$1,000.00 \$1,000.00 \$500.00 \$500.00			
nvoice per 3 Requisition: I-1 2-1	0000258659 102024; TWIST SYNTHETIC SARS- COV-2 RNA CONTROL 2 103001; TWIST SYNTHETIC INFLUENZA H1N1 (2009) RNA CONTROL 103008; TWIST SYNTHETIC HUMAN PARAINFLUENZA VIRUS 1 RNA	ay 1, 2022 193-26 193-26	2.00	EA EA Is	500.00000 Schedule Total tem Total for Line 1 500.00000 Schedule Total tem Total for Line 2	\$1,000.00 \$1,000.00 \$1,000.00 \$500.00 \$500.00 \$500.00 \$500.00	03/15/2024		
Invoice per 3 Requisition: 1-1 2-1	0000258659 102024; TWIST SYNTHETIC SARS- COV-2 RNA CONTROL 2 103001; TWIST SYNTHETIC INFLUENZA H1N1 (2009) RNA CONTROL 103008; TWIST SYNTHETIC HUMAN PARAINFLUENZA VIRUS 1 RNA	ay 1, 2022 193-26 193-26	2.00	EA EA EA	500.00000 Schedule Total	\$1,000.00 \$1,000.00 \$1,000.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00	03/15/2024		
nvoice per 3 Requisition: 1-1 2-1 3-1	0000258659 102024; TWIST SYNTHETIC SARS- COV-2 RNA CONTROL 2 103001; TWIST SYNTHETIC INFLUENZA H1N1 (2009) RNA CONTROL 103008; TWIST SYNTHETIC HUMAN PARAINFLUENZA VIRUS 1 RNA	ay 1, 2022 193-26 193-26	2.00 1.00	EA EA EA	500.00000  Schedule Total	\$1,000.00 \$1,000.00 \$1,000.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00	03/15/2024		
Invoice per (	0000258659 102024; TWIST SYNTHETIC SARS- COV-2 RNA CONTROL 2 103001; TWIST SYNTHETIC INFLUENZA HINI (2009) RNA CONTROL 103008; TWIST SYNTHETIC HUMAN PARAINFLUENZA VIRUS 1 RNA CONTROL	193-26 193-26 193-26	2.00 1.00	EA EA EA	500.00000 Schedule Total tem Total for Line 1 500.00000 Schedule Total 500.00000 Schedule Total tem Total for Line 3	\$1,000.00 \$1,000.00 \$1,000.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00	03/15/2024		

## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Te	erms	Freight Terms	Ship V	lia				Dispa	tch via Print	
Net 30	c1 1115	Prepaid & Allow	BEST WAY		Purc	Purchase Order		HHSTX-4-0000340492		
If advertised specification	f advertised by informal bid, Invitation for Offer, or Request for Proposal; all pecifications, terms, and conditions set forth in the advertisement and vendor's				<b>Date</b> 03/08/24		Revision		Page 3	
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:	THE SECONDARY SECONDERATION 1462058888 0 TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD SOUTH SAN FRANCISCO CA 940807015 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: Email:	512/458-74 invoices@c	142 dshs.texas.gov		
Exempt Rea	ason: N/A				Purc	haser:	Ogle,Trac	ie L		
Line-Sch	Invento	ry Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
5-1	106197;	CONTROL 65 (BA.5)	193-26	1.00	EA	:	500.00000	\$500.00	03/15/2024	
						Schee	lule Total	\$500.00		
						Item Total f	or Line 5	\$500.00		
6-1	ESTIMA HANDL	ATED SHIPPING AND ING	963-39	1.00	LOT		120.00000	\$120.00	03/15/2024	
						Schee	lule Total	\$120.00		
						Item Total f	or Line 6	\$120.00		
						Total PC	) Amount	\$3,120.00		

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 Ogh, CTCD

03/08/2024