## **Department of State Health Services**

## **Purchase Order**

#### **Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-5-0000340953 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/24 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 1904 - San Antonio:2303 SE Militar guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 2303 SE Military Dr All shipments, shipping papers, invoices, and correspondence must be identified San Antonio TX 78223 with our Purchase Order Number. United States Vendor: 3529529529 5 Bill To: Texas Center for Infectious Di DEPARTMENT OF STATE HEALTH SERVICES HEALTH AND HUMAN SERVICES COMMISSION 4900 N LAMAR BLVD STE 3427 2303 SE Military Dr AUSTIN TX 787512316 San Antonio TX 78223 United States United States

Exempt Reason: INTERAGENCY CONTRACTS

				Purchaser:	Augustus,Wend			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	

FY25 INTERAGENCY CONTRACTS tgc 771 EX/0 - TGC §771 Interagency (IAC)

Requisition: 0000256507 FY25 PO Amount: \$50,000.00 FY25 PO Term: 9/1/2024 to 8/31/2025

PO Service Dates: 09-01-2024 to 08-31-2025

RCLA Lab Svcs for TCID

The purpose of this requisition is to secure a new PO with the Health and Human Services Commission to continue to provide routine clinical lab services for the Texas Center for Infectious Disease for FY25.

Vendor (Supplier) Name: HEALTH AND HUMAN SERVICES COMMISSION Vendor/TIN (Supplier ID): 35295295295 Vendor (Supplier) Mail Code: 000

Contract Manager Name/Phone: Martin L. Motal/ 512-776-3634 Contract Manager Email: Martin.Motal@dshs.texas.gov

DSHS Program ID (SCOR Other Subject): TCID-Clinical Lab Services SCOR Division: RHLO

EMAIL TCID INVOICES TO: GRTCIDFiscalServices@dshs.texas.gov

AGENCY CONTACT Name: Janet Gail Barrera Phone Number: 210-347-4249 Email: Janet.Barrera@dshs.texas.gov

PCS Contact Wendlyn Augustus wendlyn.augustus@hhs.texas.gov

FY25 TCID RCLA PO 9/1/2024 thru

948-48

1.00 EA

# **Department of State Health Services**

## **Purchase Order**

Payment Te		Ship Via			•	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-5-00	
specification	by informal bid, Invitation for Offer, or Rec as, terms, and conditions set forth in the adve	rtisement and vendor's	<b>Date</b> 09/01/24	Revision		Page 2
guarantees g requirements All shipmen	responses become a part of this numbered pu oods or services delivered meet or exceed nu s. hts, shipping papers, invoices, and correspondences urchase Order Number.	umbered purchase order	Ship To:	1904 - San Antonio:2303 SE Militar DEPARTMENT OF STATE HEALTH SERVICES 2303 SE Military Dr San Antonio TX 78223 United States		
Vendor:	3529529529 5 HEALTH AND HUMAN SERVICES ( 4900 N LAMAR BLVD STE 3427 AUSTIN TX 787512316 <b>United States</b>	Bill To:	Texas Center for Infectious Di DEPARTMENT OF STATE HEALTH SERVICES 2303 SE Military Dr San Antonio TX 78223 United States			
Exempt Rea	ason: INTERAGENCY CONTRACTS					
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Augustus,\ PO Price	Nendlyn Denett Extended Amt	Due Date
Line-Sch	8/31/2025	Class/item Quantity	UOM	rorne	Extended Amt	Due Date
	6/31/2023					
		Sche	dule Total			
		Item Total	for Line 1			
			Total P	O Amount	\$50,000.00	

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 Wendly Augusters; CTCB

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