Purchase Order

Ship Via **Payment Terms** Freight Terms HHSTX-4-0000340970 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 03/15/24 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 14213011423 Bill To: Invoice-DSHS Fiscal Claims Vendor: INTEGRATED DNA TECHNOLOGIES INC DEPARTMENT OF STATE HEALTH SERVICES 25104 NETWORK PL 1100 W 49th St (RBB) CHICAGO IL 606731251 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: Amy Deleon Amy.deleon@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

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

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

QUOTE# QTE-363049Q

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. **Dispatch via Print**

Purchase Order

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Payment T	erms Freight Terms	Ship V			_				
Net 30	Prepaid & Allow	BEST		Pur Dat	chase Order	Revision	HHSTX-4-0		
specification	advertised by informal bid, Invitation for Offer, or Request for Propo pecifications, terms, and conditions set forth in the advertisement and		endor's	03/*	15/24			Paç	
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:		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			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.									
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: Email:		512/458-7442 invoices@dshs.texas.gov				
Exempt Re	ason: N/A			Pur	chaser:	Ogle,Tracie L			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
1-1	MIT1AA GBLOCK - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA	1	00.00000	\$100.00	03/29/2024	
					Sched	ule Total	\$100.00		
					Item Total fo	or Line 1	\$100.00		
2-1	HMULTRA130-SYNIAC - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA	1	94.00000	\$194.00	03/29/2024	
					Sched	ule Total	\$194.00		
					Item Total fo	or Line 2	\$194.00		
3-1	DD-IAC-CY5, 250 NM - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA	3	28.00000	\$328.00	03/29/2024	
					Sched	ule Total	\$328.00		
					Item Total fo	or Line 3	\$328.00		
4-1	MIT1P-FAM, 250 NM - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA	3	350.00000	\$350.00	03/29/2024	
					Sched	ule Total	\$350.00		
					Item Total fo	or Line 4	\$350.00		
5-1	DD-IAC-R, 25NMOL - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA		15.96000	\$15.96	03/29/2024	

Purchase Order

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Payment Te	erms Freight Terms	Ship	Via					tch via Print	
Net 30	Prepaid & Allow	BEST	WAY	Purcl	nase Order		HHSTX-4-0		
If advertised by informal bid, Invitation for Offer, or Request for Pr specifications, terms, and conditions set forth in the advertisement a conforming responses become a part of this numbered purchase or		ertisement and v	nt and vendor's		/24	vision		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.					DE 110 PO Au	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756			
Vendor: 1421301142 3 INTEGRATED DNA TECHNOLOGIES INC 25104 NETWORK PL CHICAGO IL 606731251 United States			Bill To: United States Bill To: Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 78756 United States			OF STATE HEALTH SERVICES (RBB)			
						512/458-7442 invoices@dshs.texas.gov			
Exempt Rea	ason: N/A			Purch	aser: Og	le,Tracie L			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		Price	Extended Amt	Due Date	
					Schedule	Total	\$15.96		
					Item Total for L	ine 5	\$15.96		
6-1	DD-IAC-F, 25 NMOL - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA	16.	39000	\$16.39	03/29/2024	
					Schedule	Total	\$16.39		
					Item Total for L	ine 6	\$16.39		
7-1	MIT1C-R, 25 NMOL - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA	15.	96000	\$15.96	03/29/2024	
					Schedule	Total	\$15.96		
					Item Total for L	ine 7	\$15.96		
8-1	MIT1C-F, 25NMOL - REFER TO THE ATTACHED QUOTE	175-53	1.00	EA	16.	39000	\$16.39	03/29/2024	
					Schedule	Total	\$16.39		
					Item Total for L	ine 8	\$16.39		
9-1	SHIPPING	962-86	1.00	LOT	22.	00000	\$22.00	03/29/2024	
					Schedule	Total	\$22.00		
					Item Total for L	ine 9	\$22.00		
					Total PO Ar	nount	\$1 050 70		
					I Utal PU AI	nount	\$1,058.70		

Purchase Order

Payment Terms	Freight Terms	Ship Via			/ / 0000240070		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		<u> </u>		
specifications, terms	mal bid, Invitation for Offer, or Requ , and conditions set forth in the adver	tisement and vendor's	Date 03/15/24	Revision Pa			
guarantees goods or requirements.	es become a part of this numbered pur services delivered meet or exceed nu ping papers, invoices, and correspo Order Number.	mbered purchase order	Ship To:	4546 - Austin:1100 W 49th S DEPARTMENT OF STATE 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	· · · · · · · · · · · · · · · · · · ·		
IN 251 CH	01142 3 GRATED DNA TECHNOLOGIES INC NETWORK PL AGO IL 606731251 d 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 Ogk, CTCD

03/15/2024