Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order		HHSTX-4-00	00341550
specification	by informal bid, Invitation for Offer, or Reas, terms, and conditions set forth in the adv	Date 03/22/24	Revision				
guarantees g requirements All shipmen	responses become a part of this numbered p goods or services delivered meet or exceed r s. s. its, shipping papers, invoices, and corres irchase 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:	1954141306 8 QIAGEN INC PO BOX 5132 CAROL STREAM IL 601975132 United States			Bill To:	Invoice-DSHS Fis DEPARTMENT (1100 W 49th St (PO Box 149347 Austin TX 78756 United States	I SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.tex	xas.gov	
Exempt Rea	ason: 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: Dene Thompson 512 776-2457 dene.thompson@dshs.texas.gov

Requester Name: Hima Rambhatla Requester Phone Number/Area Code: 512-776-7615 Requester E-mail Address: hima.rambhatla@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO: Building: Laboratory L-114 Floor: 5th, Room L-501 Contact: Hima Rambhatla Phone Number: 512-776-7615

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

VENDOR: Qiagen Inc. 1954141306 8 orders-us@qiagen.com customercare-us@qiagen.com

QUOTE# 240322US01771833AC

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

								Dispa	tch via Print	
Payment Te Net 30	Freight Terms Ship Via Prepaid & Allow BEST WAY				Purchase Order		HHSTX-4-0000341550			
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					Date 03/22/24		Revision		Page 2	
					Ship	р То:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756			
	i chuốc ôi						United States	20		
Vendor:	1954141306 8 QIAGEN INC PO BOX 5132 CAROL STREAM IL 601975132 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 Rea	ason: N/A				Pur	chaser:	Ogle,Tracie L			
Line-Sch	Invento	ry Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
Invoice per Requisition: 1-1	: 0000258	320.487, amended effective May 3698 IAAMP VIRAL RNA MINI	y 1, 2022 175-13	1.00	KIT		339.45000	\$339.45	04/05/2024	
	KIT (50))								
							dule Total For Line 1			
						Item Total		<i>ф337.т3</i>		
2-1	EST SH CHARG	IPPING/HANDLING/FREIGHT ES	962-86	1.00	LOT		78.52000	\$78.52	04/05/2024	
						Sche	dule Total	\$78.52		
						Item Total	or Line 2	\$78.52		
						Total P	O Amount	\$417.97		

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

Fracie Date, CTCD

03/22/2024