## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-4	-0000341563
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			<b>Date</b> 03/22/24	Revision	Page 1
guarantees goods requirements.  All shipments, s	onses become a part of this numbered s or services delivered meet or exceed hipping papers, invoices, and corre ase Order Number.	numbered purchase order	Ship To:	4546 - Austin:1100 W 49th St (DI DEPARTMENT OF STATE HEA 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	1954141306 8 QIAGEN INC PO BOX 5132		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEA	LTH SERVICES

CAROL STREAM IL 601975132

**United States** 

1100 W 49th St (RBB) PO Box 149347 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: AT AGENCY REQUEST** 

#### **BLANKET REQUISITION**

\*\*\*\*\*\*VERY IMPORTANT NOTE TO VENDOR: Blanket PO. Do NOT ship entire order upon receipt of PO. Only release certain items upon the request of authorized DSHS Staff\*\*\*\*\*\*

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

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: Mark Mergen

Requester Phone Number/Area Code: 512-776-3781 Requester E-mail Address: mark.mergen@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO:

Building: Laboratory L-114 Floor: 4th, Room L-429 Contact: Mark Mergen Phone Number: 512-776-3781

HHSC BUYER: Tracie Ogle, CTCD, CTCM

512-776-2326 Tracie.ogle@hhs.texas.gov

VENDOR: QIAGEN 19300 Germantown Road Germantown MD 20874-1415 800-426-8157 customercare-us@qiagen.com

# **Department of State Health Services**

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**Extended Amt** Due Date

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000341563
specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adversariance.	ertisement and vendor's	<b>Date</b> 03/22/24	Revision Page 2
guarantees go requirements All shipmen	esponses become a part of this numbered p pods or services delivered meet or exceed n ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchase order	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 <b>United States</b>	I	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	son: N/A	I	Purchaser:	Ogle,Tracie L

Quantity

PO Price

QUOTE# 240322US01771849AC

Line-Sch

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.

Class/Item

Invoice per 34 TAC §20.487, amended effective May 1, 2022

**Inventory Item ID - Line Description** 

Requisition: 0000261703

1-1	QIAGEN # 51104, QIAMP DNA BLOOD MINI KIT (50), \$226.00, DO NOT SEND UNTIL LABORATORY POC REQUESTS	175-13	1.00	EA	210.18000	\$210.18	04/08/2024
					Schedule Total	\$210.18	
					Item Total for Line 1	\$210.18	
2-1	QIAGEN# 61104, QIAAMP DSP DNA BLOOD MINI KIT (50), \$220.41, DO NOT SEND UNTIL LABORATORY POC REQUESTS	175-13	1.00	EA	220.41000	\$220.41	04/08/2024
					Schedule Total	\$220.41	
					Item Total for Line 2	\$220.41	•
3-1	QIAGEN# 61904, QIAAMP DSP	175-13	1.00	EA	356.19000	\$356.19	04/08/2024

QIAGEN# 61904, QIAAMP DSP VIRAL RNA MINI KIT (50), FOR 50 RNA PREPS: QIAAMP MINI SPIN COLUMNS, CARRIER RNA, COLLECTION TUBES (2 ML), AND RNASE-FREE BUFFERS; \$356.19, DO NOT SEND UNTIL LABORATORY POC REQUESTS

## **Department of State Health Services**

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Payment Te	erms Freight Terms	Ship V				•		
Net 30	Prepaid & Allow	BEST		Purchase Ord		HHSTX-4-0		
specification	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the adversariant for the set of the	rtisement and ve	endor's	<b>Date</b> 03/22/24	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:	DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756			
Vendor:	1954141306 8 QIAGEN INC PO BOX 5132 CAROL STREAM IL 601975132 United States			Bill To:	United States Invoice-DSHS I DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	r of state healt (RBB)	H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.	texas.gov		
Exempt Rea	ason: N/A			Purchaser:	Ogle,Tracie L			
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>	
				S	chedule Total	\$356.19		
				Item To	tal for Line 3	\$356.19		
4-1	EST SHIPPING/HANDLING/FREIGHT CHARGES	962-86	1.00	LOT	80.79000	\$80.79	04/08/2024	
				Se	chedule Total	\$80.79		
				Item To	tal for Line 4	\$80.79		
				Item 10	tal for Line 4	\$80.79		

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	
Iracie agh, CTCD	03/22/2024

\$867.57

Total PO Amount