Health and Human Services Commission

Purchase Order

Dispatch via Print Payment Terms Ship Via Freight Terms HHSTX-5-0000342722 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: 6563 - Abilene:2501 Maple St guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 2501 Maple St All shipments, shipping papers, invoices, and correspondence must be identified 2501 Maple St with our Purchase Order Number. Abilene TX 79602 United States 1770441625 8 Bill To: Invoice - DADS Vendor CEPHEID HEALTH & HUMAN SERVICES COMMISSION PO BOX 74007537 2501 Maple St CHICAGO IL 60674-7537 PO Box 451 Abilene TX 79602 **United States** United States Fax: 325/795-3807 710Accounting@hhsc.state.tx.us Email: Exempt Reason: N/A **Purchaser:** Sprague, Jacob Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt **Due Date**

FY25 Funding

SP/E

Requisition: 260671 Pricing per Quote: CSQN-00008796 v1.0

PO Service Dates: 09-1-2024 to 08-31-2025

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2025 are automatically canceled.

Vendor Contact Lisa Ramirez 888-838-3222 Lisa.Ramirez@cepheid.com Serviceagreements@cepheid.com

Agency Contact Jeff Goza 325-795-3225 jeff.goza@hhs.texas.gov

Contract Manager Heather Barlow, CTCM 325-795-3413 heather.barlow@hhs.texas.gov

PCS Contact Jacob Sprague 512-776-2320 Jacob.sprague3@hhs.texas.gov

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Health and Human Services Commission

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Vendor:	1770441625 8 CEPHEID PO BOX 74007537 CHICAGO IL 60674-7537 United States			Bill To:	Invoice - DADS HEALTH & HU 2501 Maple St PO Box 451 Abilene TX 796 United States	JMAN SERVICES CC	OMMISSION
				Fax: Email:	325/795-3807 710Accounting	@hhsc.state.tx.us	
Exempt Reas	on: N/A			Purchaser:	Sprague,Jacob	.	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	SERVICE AGREEMENT FY25 SERVICE FOR CG9 ABSSLC LAB						
				Sche	dule Total	\$4,783.00	
				Item Total	for Line 1	\$4,783.00	
				Total P	O Amount	\$4,783.00	

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	
Jacale Spagne, CTCD	
	<u>04/04/2024</u>

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