

**HHS Purchasing
Contract Purchase Order**



Contract Begin Date: 09/01/2024	Contract End Date: 08/31/2025	Contract PO Number: HHS001449800001	Status I - A	Entered Data 04/02/2024	
Maximum Contract PO Amount: HHS Agencies guarantee no minimum or maximum quantity for Contract Purchase Orders		94836	Contract Manager: Chamorro,Gustavo A		

The State of Texas Agencies, including HHS Agencies, are exempt from all Federal Excise Taxes. The undersigned claims the State and City sales tax exemptions under Texas Tax Code, Section 141.309(4), for tangible goods and services. All subsequent shipments or releases shall be FOB Destination unless otherwise specified in the original solicitation. Additional ship and bill to locations identified in the original solicitation may be specified on a purchase order release referencing this contract.

**1132511923
ROCHE DIAGNOSTIC CORP/ ROCHE
MOLECULAR BIOCHEMICALS.
INDIANAPOLIS IN
462500414**

**Primary Bill To: DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX
78756**

**Primary Ship To: DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (DBGL)
PO Box 149347
Austin TX
78756**

ePlex Respiratory Pathogen Panel 2 Kits
IFB No. HHS0014498
NIGP Class/Item No(s): 193-88

-Initial Contract Term: September 1, 2024, and expiring August 31, 2025.

-Renewal Option (s)

HHSC, at its sole discretion, may renew the Contract for up to Four additional one-year terms.

Renewal 1 term: September 01, 2025 to August 31, 2026

Renewal 2 term: September 01, 2026 to August 31, 2027

Renewal 3 term: September 01, 2027 to August 31, 2028

Renewal 4 term: September 01, 2028 to August 31, 2029

Such renewal(s), if exercised, shall be subject to all the requirements and terms and conditions of the Contract.

-Extension Option

The HHS Agency, at its sole option and subject to availability of funding, may extend the Contract beyond the term for up to one (1) year as necessary to ensure continuity of service, to process a new solicitation, to secure a new contract, for purposes of transition to a new Contractor, or as otherwise determined by the HHS Agency.

This extension, if exercised, will require the Contractor to continue performing services in accordance with the Contract requirements and all terms and conditions.

-Invoice Information

Invoices submitted to the HHS Agency must reflect the Contract or PO number and must provide the work completed or delivered, in detail, for which payment is due. The detail of the work completed must comply with the Pricing Sheet (see Exhibit D, Pricing Sheet).

-Payment

- a) Payment will be made by the HHS Agency in accordance with the pricing provided on Exhibit D - Pricing Sheet. The pricing is considered all-inclusive, and no other pricing may be provided on an invoice.
- b) The HHS Agency must receive products included on an invoice prior to approving the invoice for payment.
- c) Any additional expenses incurred by the Contractor are the responsibility of the Contractor and will not be paid by the HHS Agency.
- d) The HHS Agency will not pay any per diem, travel, hotel, equipment, phone calls, paper, reproduction services, office

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space, or other incidental expenses related to performing the services required by the Contract.

-Invoice Submission

- a) Contractor must submit invoices on a monthly basis or as otherwise indicated on the purchase order.
- b) Separate invoices must be submitted for each delivery, as applicable.
- c) Failure to submit an accurate and valid invoice with all required information may result in delay of payment. (TAC RULE §20.487)

Scope of Work (SOW) and Specifications

Specifications

The ePlex Respiratory Pathogen Panel 2 (RP2) is a qualitative nucleic acid multiplex in vitro diagnostic test intended for use on the ePlex Instrument for simultaneous detection and identification of multiple respiratory viral and bacterial nucleic acids in nasopharyngeal swabs (NPS) collected in viral transport media (VTM).

The Department State Health Services Laboratory provides testing services in support of the DSHS Vaccine Preventable Diseases (VPD) Program. This includes testing to detect multiple respiratory viruses and bacteria, including SARS-CoV-2. The laboratory requires a vendor to provide the reagent cartridges necessary to perform this respiratory panel testing.

Goods Estimation Per Year

- P/N 09555641001 GenMark Dx ePlex Respiratory Pathogen Panel 2 Kit , (12 tests/kit)
- 60 Kits/year ; No guarantee of volume. Quantities are estimated.

Lab Requirements:

- Must be compatible with the Roche ePlex System.
- Reagent cartridges must utilize nasopharyngeal swabs (NPS) eluted in viral transport media as a specimen type.
- Do not ship until requested by DSHS Staff.
- Vendor must ship directly to laboratory listed below.
- All items must have a minimum 12-month expiration date upon receipt.
- Ship to: Texas Department of State Health Services Laboratory 1100 W. 49th St. Austin, TX 78756.
- Reagent cartridges should contain reagents capable of simultaneously detecting and differentiating between the following respiratory viruses and bacteria when run on the ePlex System:

Adenovirus (A-F)

Coronavirus (229E, HKU1, NL63, OC43)

SARS-CoV-2

Human Metapneumovirus

Human Rhinovirus/Enterovirus

Influenza A

Influenza A H1

Influenza A H1-2009

Influenza A H3

Influenza B

Parainfluenza Virus 1

Parainfluenza Virus 2

Parainfluenza Virus 3

Parainfluenza Virus 4

Respiratory Syncytial Virus A

Respiratory Syncytial Virus B

Chlamydia pneumoniae

Mycoplasma pneumoniae

DSHS AGENCY CONTACT:

AGENCY PROGRAM

Maria Nolen, Virology and Immunology Branch Manager

Phone: 512-776-7760

E-mail: Maria.Nolen@dshs.texas.gov

Report ID:EBPO0055
 Database: FSPRD
 Prepared By: Chamorro,Gustavo A
 Run Date: 4/2/2024 16:05 PM
 Prompts: SetID:HHSTX
 Bill/Ship SetID: HHSTX

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Contract ID: HHS001449800001
 Bill To: 3063

Supplier Loc: *01
 Ship To: 4546

LAB CONTACT

Jennifer Gonzales, Team Lead, Clinical Virology
 Phone 512-776-7594
 Email: jennifer.gonzales@dshs.texas.gov

CONTRACT MANAGER

Anthony Falana. CTCD,CTCM, CISA,ITIL
 Phone: 512-776-3147
 Email: anthony.falana@DSHS.texas.gov

HHSC BUYER:

Gustavo Chamorro, CTCD,
 Phone:512-406-2630
 Email: Gustavo.Chamorro@hhs.texas.gov

VENDOR CONTACT

Susan Spurlock, MT (ASCP), MBA
 Molecular Account Manager
 Phone: 936-521-9524
 Email: susan.spurlock@roche.com

Line Item	Line Item Description	Class	Max Ln Quantity	UoM	Unit Price	Max Line Amount
1	FY25 CAT 09555641001 - EPLEX RESPIRATORY PATHOGEN 2 PANEL KIT - 12 TESTS (Projected usage per year 60 KITS)	193	60	KIT	1572	94320

Line Item	Line Item Description	Class	Max Ln Quantity	UoM	Unit Price	Max Line Amount
2	FY25 Shipping / Handling / other Charges	962	0	LOT	516	516

All specifications, terms, and conditions set forth in the contractor's conforming solicitation response become a part of this Contract Purchase Order. Vendor guarantees goods and services delivered will meet or exceed specifications. No substitutions, over-shipments or cancellations are permitted without prior approval from the agency. If the vendor fails to deliver by promised delivery date or fails to meet advertised specifications, the agency reserves the right to purchase elsewhere and charge any increase in cost and handling to the contractor. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the agency and the Vendor to attempt to resolve all disputes arising under this contract.

____ Releases against this Contract Purchase Order are done by issuing a Purchase Order release and require all shipments, invoices, and correspondence to be identified with the Purchase Order #.

____ Releases against this Contract Purchase Order are to be done by HHS Purchaser or Contract Manager authorization and are to be identified by this Contract Purchase Order #.

HHS Purchaser Signature: Gustavo Chamorro
 Digitally signed by Gustavo Chamorro
 Date: 2024.04.02 16:24:59 -05'00

Date: _____ **Phone:** _____