

Requisition

Req # 00215769

PO #

Date: 05/07/12

Bill To: x
x

Vendor : 234664
TEXAS ASSOC. OF LOCAL HEALTH OFFICIALS
P.O. BOX 6489
ABILENE TX 79608-6489

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: JOSIE ESCALANT
956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	THE FACILITES TO BE INTEGRATED INCLUDE: DO NOT DUPLICATE ORDER DOCTORS HOSPITAL AT RENAISSANCE 5501 SOUTH MCCOLL ROAD,] MCALLEN, TEXAS 78539 (HL7 CONNECTION/INTEGRATION FEE)	15,000.00	15,000.00
1.00	EACH	SOUTH TEXAS HEALTH SYSTEM EDINBURG REGIONAL MEDICAL CENTER, EDINBURG, TEXAS MCALLEN MEDICAL CENTER 301 WEST EXPRESSWAY 83 MCALLEN, TEXAS 78503 EDINBURG CHILDREN'S HOSPITAL 1102 WEST TRENTON ROAD EDINBURG, TEXAS 78539 (FACILITY FEE X 3 HOSPITALS @ \$1000 EACH = \$3,000) (HL7 CONNECTION/INTEGRATION FEE \$15,000)	18,000.00	18,000.00
1.00	EACH	KNAPP MEDICAL CENTER 1401 EAST EIGHT STREET WESLACO, TEXAS 78596 (HL CONNECTION/INTEGRATION FEE)	15,000.00	15,000.00
1.00	EACH	MISSION REGIONAL MEDICAL CENTER 900 SOUTH BRYAN ROAD MISSION, TEXAS 78582 (HL7 CONNECTION/INTEGRATION FEE)	15,000.00	15,000.00
1.00	EACH	RIO GRANDE REGIONAL HOSPITAL (IINTEGRATION FEE)	7,000.00	7,000.00
		Account No	<u>Encumbrance</u>	
		2-1293-441-10-340-013-2-320	70,000.00	
			Freight	.00
			Total	70,000.00
		TALHO WILL INTEGRATE THE HOSPITALS NOTED ABOVE INTO THE SYNDROMIC SURVEILLANCE APPLICATIONS RODS AND ESSENCE. INTERATION REQUIRES HL7 DATA FEEDS FROM THE HOSPITALS INTO THE TWO SURVEILLANCE APPLICATIONS HOTED BY TALHO. ACCESS TO SURVEILLANCE DATA WILL BE PROVIDED TO HIDALGO COUNTY HEALTH & HUMAN SERVICES DEPARTMENT IN THE FORM OF RODS AND ESSENCE USER ACCOUNTS.		
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____