

Requisition

Req # 00302956

PO #

Date: 07/27/16

Bill To: x
 x

Vendor: 294004
SANOFI PASTEUR, INC.
DISCOVERY DRIVE
SWIFTWATER PA 18370-0187
FAX (800)752-9341

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
		CPA TPASS MANAGED CONTRACT No. 269-M2 INFLUENZA AND VACCINES		
		DO NOT DUPLICATE ORDER		
20.00	PACK	CO PRODUCT NDC#49281-0399-65 FLUZONE INFLUENZA VACCINE AGE 65 YEARS AND OLDER 0.5 ML 10 PK, HIGH DOSE SINGLE DOSE SYRINGE, NEEDLES NOT INCLUDED	368.51	7,370.20
20.00	EACH	EX FEDERAL EXCISE TAX (200 DOSES)	7.50	150.00
380.00	EACH	CO PRODUCT NDC# 49281-0416-10 FLUZONE QIV INFLUENZA VIRUS VACCINE AGES 36 MONTHS AND OLDER 0.5 ML, 10 PACK, SINGLE DOSE VIAL, NO PRESERVATIVES, NEEDLES NOT INCLUDED, NON RETURNABLE	177.37	67,400.60
380.00	EACH	EX FEDERAL EXCISE TAX (3800 DOSES)	7.50	2,850.00
5.00	PACK	CO PRODUCT NDC# 49281-0625-15 FLUZONE QIV INFLUENZA VACCINE AGES 6 MONTHS AND OLDER 5 ML, MULTI DOSE VIAL	158.72	793.60
5.00	EACH	EX FEDERAL EXCISE TAX (50 DOSES)	7.50	37.50
		<u>Account No</u>	<u>Encumbrance</u>	
		6-1293-441-00-340-059-0-610	78,601.90	
			Freight	.00
			Total	78,601.90
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____



Glenn Hegar Texas Comptroller of Public Accounts

(<http://www.window.state.tx.us/>)



(<http://www.txsmartbuy.com>)

[Contracts](#)

[Reports](#)

[Help \(/help\)](#)

0 items

Contract Details: # 269-M2

Number	269-M2
Description	Influenza Vaccines
Category	Managed
Type	Term
Start Date	1/1/2015
End Date	12/31/2016
Purchase Category Code (Agencies Only)	PCC C
Optional Renewal Terms	January 1, 2017 through December 31, 2017 January 1, 2018 through December 31, 2018 January 1, 2019 through December 31, 2019
Purchase Orders	Customers will issue an internal purchase order that references this CPA Contract Number and current item description(s) and pricing as stated on this contract. The Contractor will not ship any products or provide related services until receipt of a Purchase Order generated by the State Agency, Higher Education or Cooperative member.
NIGP Code(s)	269-80

Ref# 302956

USER NAME PASSWORD

[Forgot Username?](#) [Forgot Password?](#)

[Create an Account](#)

Entity Dashboard

- Entity Record
- Core Data
- Assertions
- Reps & Certs
- POCs
- Reports
- Service Contract Report
- BioPreferred Report
- Exclusions
- Active Exclusions
- Inactive Exclusions
- Excluded Family Members

[RETURN TO SEARCH](#)

SANOFI PASTEUR INC.
 DUNS: 086722285 CAGE Code: 7V915
 Status: Active

DISCOVERY DR
 SWIFTWATER, PA, 18370-9100,
 UNITED STATES

Expiration Date: 12/06/2016
 Purpose of Registration: All Awards

Entity Overview

Entity Information

Name: SANOFI PASTEUR INC.
Business Type: Business or Organization
POC Name: tamr binder
Registration Status: Active
Activation Date: 12/07/2015
Expiration Date: 12/06/2016

Exclusions

Active Exclusion Records? No



Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Sanofi Pasteur Inc.
Swiftwater, PA United States

Certificate Number:
2016-93769

Date Filed:
08/02/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Health Department

Date Acknowledged:
08/04/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

302956
vaccines

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Sanofi Pasteur Inc.
Swiftwater, PA United States

Certificate Number:
2016-93769

Date Filed:
08/02/2016

Date Acknowledged:


2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Health Department

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
302956
vaccines

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

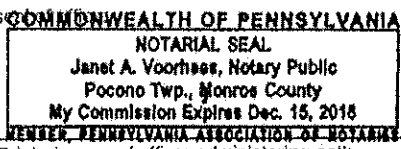
6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

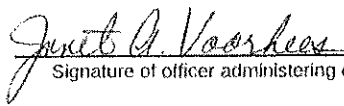


Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tami M. Binder, this the 2nd day of August, 2016, to certify which, witness my hand and seal




Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CPA TPASS Managed Contract No. 269-M2
Influenza and Vaccines

Updated May 11, 2016

NIGP Class/Item 269-80

Item No.	Description	Contractor	Manufacturer Brand	Product NDC#	UOM	Unit Price	Doses or Syringes Per UOM	Minimum Order Quantity	Federal Excise Tax per Dose
1	Fluzone Influenza Vaccine Age 65 Years and Older 0.5 mL 10-Pack, High-Dose Single Dose Syringe Needles not included	Sanofi Pasteur	Fluzone	49281-0399-65	PKG	\$368.51	10	1	\$ 0.75
2	Fluzone® QIV Influenza Virus Vaccine Ages 36 Months and Older 0.5 mL 10-Pack, Single-Dose Vial No Preservatives Needles not included Non-Returnable	Sanofi Pasteur	Fluzone QIV	49281-0416-10	PKG	\$177.37	10	1	\$ 0.75
3	Fluzone QIV Influenza Virus Vaccine Ages 36 Months and Older 0.5 mL 10-Pack, Single Dose Syringe No Preservatives	Sanofi Pasteur	Fluzone QIV	49281-0416-50	PKG	\$172.20	10	1	\$ 0.75
4	Fluzone QIV Influenza Virus Vaccine Ages 6 to 35 Months 0.25 mL 10-Pack, Pediatric Syringe No Preservatives	Sanofi Pasteur	Fluzone QIV	49281-0516-25	PKG	\$224.17	10	1	\$ 0.75
5	Fluzone QIV Influenza Vaccine Ages 6 Months and Older 5 mL Multi-Dose Vial	Sanofi Pasteur	Fluzone QIV	49281-0625-15	VIAL	\$158.72	10	1	\$ 0.75
6	Fluzone Intradermal Quadrivalent Influenza Vaccine Ages 18 through 64 years 10-Pack, 0.1 mL single-dose Prefilled Microinjection Systems	Sanofi Pasteur	Fluzone Intradermal Quadrivalent	49281-0710-40	PKG	\$172.20	10	1	\$ 0.75
7	Fluivax® Quadrivalent, Influenza Virus Vaccine Ages 36 Months and Older 5 mL, Multi-dose Vial	ABO Pharmaceuticals	GSK	19515-0903-11	VIAL	\$148.00	10	1	\$ 0.75