## **Purchase Order**

Buyer Email

## **Beth Israel Deaconess Med Ctr**

330 BROOKLINE AVENUE **BOSTON MA 02215 United States** 

> Supplier: 0000000188 HARVARD UNIV. BIOPOLYMERS FACILITY-HMS 77 AVENUE LOUIS PASTEUR NRB 088, DEPT OF GENETICS BOSTON MA 02115

FAX 617-432-7440 BUSN 617-432-7480

Vendor Email: dnaseq@genome.med.harvard.edu

Purchase Order 2190003608 Revision Page 11/06/2018 Payment Terms Freight Terms Ship Via net zero STANDARD DESTINATIO Buyer **Phone** Currency BIDMC Purchasing Service 617/667-1400

**Dispatch via Phone** 

USD

617/667-1461

Fax

BETH ISRAEL DEACONESS MEDICAL CENTER

3 BLACKFAN CIRCLE BOSTON MA 02115 **United States** 

PurchasingServicesSupport@bidmc.harvard.edu

Attention: HLee CLS 417

Bill To: Beth Israel Deaconess Medical Center

Accounts Pavable P.O. Box 15704 Boston MA 02215-0014 **United States** 

Tax Exempt? Y Tax Exempt ID: 042-103881 Line-Sch Item/Description Replenishment Option: Standard

Гах Exem				t Option: Standa		
_ine-Sch	Item/Description	Mfg ID	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	NA TapeStation Setup		2.00EA	15.72	31.44	11/12/2018
			Schedule Total	_	31.44	
			Item Total	_	31.44	
2- 1	NA TapeStation Sample		24.00 EA	7.41	177.84	11/12/2018
			Schedule Total	_	177.84	
			Item Total	_	177.84	
3- 1	NA Illumina NextSeq 500 High Outpu Short (1-75 cycle) Set-Up Fee	ut	1.00EA	2,167.13	2,167.13	11/12/2018
			Schedule Total	_	2,167.13	
			Item Total	_	2,167.13	
4- 1	NA Illumina NextSeq 500 High Outpu Short (1-75 cycle) Per Cycle Fe		75.00 EA	0.00	0.00	11/12/2018
			Schedule Total	_	0.00	
			Item Total	_	0.00	
5- 1	NA Illumina MiSeq Nano Medium (1-3 Set-Up fee	300)	1.00EA	686.68	686.68	11/12/2018
			Schedule Total	_	686.68	
			Item Total	_	686.68	
6- 1	NA Illumina MiSeq Nano Medium (1-3 Per Cycle	300)	300.00EA	0.00	0.00	11/12/2018
			Schedule Total	_	0.00	
			Item Total	_	0.00	

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FAX 617-432-7440

BUSN 617-432-7480 Vendor Email: dnaseq@genome.med.harvard.edu

## **Purchase Order**

		Disp	atch via Phone		
Purchase Order		evision	Page		
219000360	<b>8</b> 11/06/2018		2		
Payment Terms	Freight Terms		Ship Via		
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			N		
Buyer	Phone		Currency		
BIDMC Purchasi	ng Service 617/667-1400		USD		
Buyer Email			Fax		
PurchasingServ	617/667-1461				

Ship To: BETH ISRAEL DEACONESS MEDICAL CENTER

3 BLACKFAN CIRCLE BOSTON MA 02115 United States

Attention: HLee CLS 417

Bill To: Beth Israel Deaconess Medical Center

Accounts Payable P.O. Box 15704 Boston MA 02215-0014

**United States** 

Tax Exempt?YTax Exempt ID:042-103881Replenishment Option:Standard

Line-Sch Item/Description Mfg ID Quantity UOM PO Price Extended Amt Due Date

Quote Number: 19BPFQ00000066, 19BPFQ00000067

Total PO Amount 3,063.09