

Attachment 1: Request for Limited Sources Memo Format

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 553-13-3-063-0088 (INSERT)

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide *original manufacturer's* name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Olympus America, Inc.

Manufacturer/Contractor POC & phone number: 1 888 524 7266

Mfg/Contractor Address: 3500 Corporate Parkway, P.O. Box 610, Center Valley, PA 18034-0610

Dealer/Rep address/phone number: Scott Newton (586) 292-4439

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

VA Medical Center

4646 John R Street

Detroit, MI 48201

VISN:

11

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

Two (2) Ultra slim 5.4mm Gastroscope 4-way angulation NBI

Two (2) EVIS EXERA III HD 9.9mm Gastroscope, 2.8mm Channel, 140 degree field of view

Three (3) EVIS EXERA III HD Colonoscope dual focus, RIT, scope guide

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

Two (2) GIF XP190N Pediatric Ultra-slim 5.4mm Gastroscope

Two (2) GIF HQ190 Adult 9.9mm Gastroscope

Three (3) Colonoscope

(b) ESTIMATED DOLLAR VALUE: \$ 208,000.00

(c) REQUIRED DELIVERY DATE: October 2013 (FY 2014)

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A

SOP Other Than Full and Open Competition

Original Date (3/22/2011)

DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE. (CHECK ALL THAT APPLY AND COMPLETE)

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

This specific equipment will only connect with the existing power source that we currently have to perform Gastro and Colon Endoscopic cases. Olympus is currently the only vendor that is able to provide the unique system that is needed by the Detroit VA surgeons. The Olympus endo video processor, monitor and scopes provide a proprietary optical image enhancement technology that enhances the visualization of vessels and other tissues on the mucosal surface and is 20% brighter when compared to similar products. The narrow band imaging provides twice the viewable distance and significantly brighter image. This system has a scope trigger compatibility that will record and capture functions that can be assigned to buttons on the scope control console. This will reduce the need to input information and simplifies the image management. This specific equipment is the only type of its kind that will work with the video equipment that we currently use in the OR.

☐ A patent, copyright or proprietary data limits competition. The proprietary data is:
(If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

☐ These are "direct replacements" parts/components for existing equipment.

☒ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.
The new equipment is compatible with current operating room equipment.

☐ The new work is a logical follow on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

Olympus does have a small business distributor: Metro Medical Support Services (Duns 139422950, Contract V797P-4631A.) The items requested are not available on the small business distributor's SCHEDULE CONTRACT. The equipment is on the large business's FSS Contract V797 2065D under schedule 65-II and it is a mandatory source.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

FSS Schedule 65 II was review and it was determined that Olympus was the only vendor that sells the equipment requested. Olympus does have a small business distributor: Metro Medical. Metro Medical was contacted and they do not have the particular equipment on their FSS Schedule.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Olympus is the only vendor that manufactures theses endoscopes that are compatible with the current existing power equipment.

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

None


(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. (This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)

Robert Nelson 22 Dec 12
SIGNATURE DATE
Robert Nelson RA
NAME TITLE
JDD Vance
FACILITY SERVICE LINE/SECTION

SOP Other Than Full and Open Competition
Original Date (3/22/2011)

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

a. **CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.



CONTRACTING OFFICER'S SIGNATURE
GREGORY STEVENS

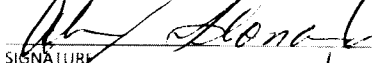
NAME AND TITLE
CONTRACTING OFFICER

8/27/13

DATE
JOHN D. DINGELL VA MEDICAL CENTER

FACILITY

c. **NCM/PCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.



SIGNATURE
Alvin J. Leonard

NAME
VISN ☒ NCM/PCM Supr Contract Spec

8/27/13

DATE

HIGHER LEVEL APPROVAL (Required For orders over \$500,000):

e. **SAO:** I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

SIGNATURE

DATE

NAME
DIRECTOR, SAO X

f. **VHA HCA REVIEW AND APPROVAL (over \$500,000 to \$10 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

NAME
Chief Procurement and Logistics Officer
VHA Head of Contracting Activity (HCA)

DATE

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Original Date (3/22/2011)