

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000  
FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 528-13-4-4307-0456; 528-13-4-5307-0246; 528-13-4-6307-0643; 528-13-4-7307-0850; 528-13-4-8307-0716

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: SIEMENS HEALTHCARE DIAGNOSTICS INC.  
Manufacturer/Contractor POC & phone number: SIEMENS HEALTHCARE DIAGNOSTICS INC./ CATHY KNUITSEN/ 714-655-3235  
Mfg./Contractor Address: 115 NORWOOD PARK S, NORWOOD, MA 02062-4633  
Dealer/Rep address/phone number: SEE ABOVE

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

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs  
Healthcare Network Upstate NY  
3495 Bailey Ave  
BUFFALO, NY 14215

VISN: 2

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:  
Cost per reportable testing for Lab Departments in VISN 2 for a one-month time frame. The testing is for clinical analysis purposes. Only one source will be procured.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:  
Cost per reportable testing for Lab Departments in VISN 2 for a one-month time frame. The testing is for clinical analysis purposes. Only one source will be procured.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) ESTIMATED DOLLAR VALUE: \$200,000

(c) REQUIRED DELIVERY DATE: 9/1/2013

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

VISN 2 has been provided Siemens' equipment under the previous FSS/BPA award. The FSS Contract has ended and the need for this equipment remains vital to the mission of the Network.

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 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.

This order will be made for one month in order to satisfy the instant need and to ensure continuity of coverage. In the meantime a follow-on BPA will be awarded against the new FSS contract V797D-30175. The current BPA VA528-13-A-0004, awarded against FSS Contracts V797P-7032A and V797P-4767A expires 8/31/2013. There was a competitive solicitation (RFQ VA-528-11-RQ-0319) and award was made on 11/28/2012 and included language for one (1) base period of one (1) year plus four (4) option periods. Note: the new contract combines all Special Item Numbers (SIN) awarded under two separate contracts previously.

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:**

The company is offering the same discounted prices under the previous BPA. This represents a significant discount off the established FSS prices.

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

None was made. The Government needs to ensure continuity of coverage.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

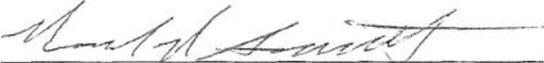
**(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:**

---

---

---

**(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.)*

	<u>8/28/2013</u>	
SIGNATURE	DATE	
<u>Ronald P. Schmidt</u>	<u>Co-Chair Laboratory Council</u>	<u>Pathology &amp; Laboratory Medicine</u>
NAME	TITLE	SERVICE LINE/SECTION
<u>VISN-2</u>		
FACILITY		

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

Mary T. Betker  
CONTRACTING OFFICER'S SIGNATURE

08/28/2013  
DATE

Mary T. Betker, Contracting Officer  
NAME AND TITLE

VISN 2  
FACILITY

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Irma Ferro  
NAME  
VISN 2 NCM/PCM