

Attachment 2: Request for Sole Source Memo Format

DEPARTMENT OF VETERANS AFFAIRS

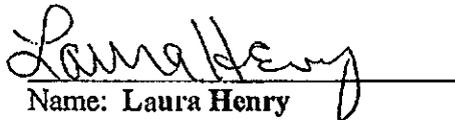
Justification and Approval

For

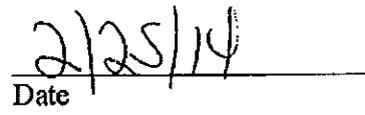
Other Than Full and Open Competition

1. **Contracting Activity:** Department of Veterans Affairs, VISN 11, Ann Arbor, MI Medical Center, 2237 number: 506-14-1-022-1137, Hologic Limited Partnership. This is the manufacturer and only distributor of the NovaSure Endometrial Ablation Handpiece.
2. **Nature and/or Description of the Action Being Processed:**
NovaSure is used for endometrial ablation to stop or slow heavy bleeding during menstrual cycles.
3. **Description of Supplies/Services Required to Meet the Agency's Needs:**
NovaSure Endometrial Ablation Handpiece cost is \$3,300.00 per case of three.
Hologic Limited Partnership, 250 Campus Dr., Marlborough, MA 01752
4. **Statutory Authority Permitting Other than Full and Open Competition:**
 (1) Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements per FAR 6.302-1;
 (2) Unusual and Compelling Urgency per FAR 6.302-2;
 (3) Industrial Mobilization, Engineering, Developmental or Research Capability or Expert Services per FAR 6.302-3;
 (4) International Agreement per FAR 6.302-4
 (5) Authorized or Required by Statute FAR 6.302-5;
 (6) National Security per FAR 6.302-6;
 (7) Public Interest per FAR 6.302-7;
5. **Demonstration that the Contractor's Unique Qualifications or Nature of the Acquisition Requires the Use of the Authority Cited Above (applicability of authority):**
Only One Responsible Source (FAR 6.302-1)
Hologic Limited Partnership has been selected for purchasing the hand piece due to reliability, and ease of use during a procedure. Endometrial Ablation is a one-time, 5-minute procedure that can lighten - or end heavy periods - without on-going pills and without hormonal side effects. For over 90% of women, menstrual bleeding is dramatically reduced or stopped. Current and past order history shows that approximately one to two hand pieces are used each month.
6. **Description of Efforts Made to ensure that offers are solicited from as many potential sources as deemed practicable:** Hologic is the sole source for these items. I have contacted another Contracting Officer that put out an RFQ for the same items and he received no quotes besides Hologic. I also contacted the vendor to see if they have any distributors and they said they are the sole source.

7. **Determination by the Contracting Officer that the Anticipated Cost to the Government will be Fair and Reasonable:** Hologic Limited Partnership has been deemed fair and reasonable as a supply source per past historical purchases with consistent pricing of \$3300.00 per case, as seen on past purchase order such as: A40070
8. **Description of the Market Research Conducted and the Results, or a Statement of the Reasons Market Research Was Not Conducted:** none, Hologic is the Sole Source.
9. **Any Other Facts Supporting the Use of Other than Full and Open Competition:** None
10. **Listing of Sources that Expressed, in Writing, an Interest in the Acquisition:**
Hologic Limited Partnership, 250 Campus Dr., Marlborough, MA 01752
11. **A Statement of the Actions, if any, the Agency May Take to Remove or Overcome any Barriers to Competition before Making subsequent acquisitions for the supplies or services required:**
No actions are currently available.
12. **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 and belief.



Name: Laura Henry
Title: Inventory Manager/Surgery Service
Facility: Ann Arbor, Mi



Date

13. **Approvals in accordance with FAR 6.304**

- a. **Contracting Officer's Certification: (required)** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

kellie.theisen@va.gov

Digitally signed by kellie.theisen@va.gov
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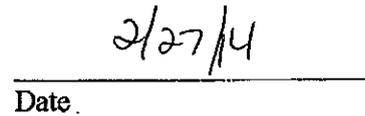
Name
Title
Network 11 Contract Office

Date

- b. **NCM/PCM (Required \$3K and above):** I certify the justification meets requirements for other than full and open competition.



Name



Date

NCM/Supervisory Contract Specialist (as appropriate)
Network 11 Contract Office

