

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$3,000**

**FAR PART 8.405-6**

**2237 Transaction # or Vista Equipment Transaction #: 438-14-2-040-0267**

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: Michael Moody 200 Saddlebrook Ct Dakota Dunes, SD 57049 605-929-2512

Mfgr/Contractor Address: 200

Dealer/Rep address/phone number: Michael Moody 200 Saddlebrook Ct Dakota Dunes, SD 57049 605-929-2512

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

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs  
NCO 23 Contracting Office  
474 45<sup>th</sup> St S STE 202  
Fargo, ND 58103  
23

**VISN:**

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

Issue a delivery order to upgrade/replace current diagnostic and therapeutic bronchoscopes and trade in old scopes

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

- (4 each) High-definition diagnostic video bronchoscope
  - a. Insertion Tube Rotary Function,
  - b. brighter NBI, 5.1 mm diameter, 2.0 mm channel, 120
  - c. degree field of view, 60 cm working length and angulation
  - d. range of 210/130 degrees Up/Down. Complete with
  - e. standard accessories.
  - f. Must be compatible with Sterrad or V-pro Max sterilization
- (3 each) High-definition therapeutic video bronchoscope
  - a. Insertion Tube Rotary Function,
  - b. brighter NBI, 6.0 mm diameter, 2.8 mm channel, 120
  - c. degree field of view, 60 cm working length and angulation
  - d. range of 180/130 degrees Up/Down. Complete with
  - e. standard accessories.
  - f. Must be compatible with Sterrad or V-pro Max sterilization

- (7 each) solid containers for bronchoscopes
  - a. Must be compatible with Sterrad or V-pro Max sterilization
  - b. Must be able to fit bronchoscopes
- (1 each) Video processor
- (1 each) Light source
- (1 each) Printer
- (1 each) 26" full HD LCD monitor
- (1 each) SDI cable
- (1 each) monitor cover for 24-26" monitor
- (1 each) Remote cable Peripheral device 1.8M
- (1 each) Workstation GI standard Set
- (2 each) Maintenance Manuals (CD, PDF or Word)
- (2 each) User Manuals
- (2 each) The vendor must supply pre-cleaning and reprocessing instructions for Use (IFU).
- (1 each) Installation and Training

**Optional Line Items**

- Trade-In Items (include make, model and serial # of all items to be used as a trade-in) -
  - Product Specifications:
    - i. **BF-Q180:** BF-Q180 EVIS EXERA II HIGH RESOLU VIDEO BRONCHOSCOPE
      - a. 2701401, 2802204,2802222,2802264
    - ii. **BF-1T180:** BF-1T180 EVIS EXERA II THERAPEUTIC VIDEO BRONCHOSCOPE
      - a. 2802,2701272, 2802132
    - iii. **CV-180** Evis Exera II video processor
      - a. 7888236
    - iv. **CLV-180** Evis Exera II Light Source
      - a. 7807258
    - v. **OEP-4** Color Printer
      - a. A803923

(b) **ESTIMATED DOLLAR VALUE:** \$252,869.54

(c) **REQUIRED DELIVERY DATE:** 10-31-2014

**(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.

The vendor must supply instruments that are compatible with the EVIS EXERA III CLV-190 with no extra attachments or adapters.

☐ 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.)

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☒ These are "direct replacements" parts/components for existing equipment.  
This is upgraded equipment, the new equipment will replace an older version \_\_\_\_\_

☒ 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.  
Olympus equipment is used throughout the facility. There is familiarity with the use and the cleaning of the equipment. Standardization minimizes the risk of improperly reprocessing the instruments which reduces the risk to the patient. Olympus is required because the utilization of the instruments is interchangeable within the sets.

☒ 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.

Current familiarity with the use of Olympus bronchoscopes and equipment. Familiarity of the equipment decrease the turn-over time between cases and increase the comfort level of the staff using the equipment.

Provider is currently using Olympus equipment. Standardization to Olympus equipment will decreases patients risk due to the familiarity of the equipment.

☐ 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:**

According to facility policy 90E-06. "To the maximum extent possible, RME will be standardized in order to facilitate consistency and efficiency in set-up, use, and reprocessing. The equipment procurement processes for determining which equipment is to be utilized involves Equipment Committee staff (CC00-10).

According to facility policy 00O-14. "In accordance with VHA Directive 1761.1, VHA must standardize the types and categories of the supplies and equipment it purchases to the maximum extent possible consistent with patient care and practitioner needs. The types of items considered for national standardization are specifically those which are not limited by

geographic differences in availability and for which technology on the products is developed to the extent that dramatic changes are unlikely to occur within a 1-year period.

- a. Standardizing items establishes a single standard of care for veterans across the system.
- b. Deviations are not allowed except upon submission and approval of a written Request for Waiver.
- c. VHA standardized items are mandatory for use by all VHA activities, and consequently compliance is mandatory.
- d. Standardization facilitates the delivery of high-quality health care and best-value product pricing through volume purchasing.

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

Currently using Olympus equipment and instruments, some were purchased nationally, by the VISN and locally.

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

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**(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:**

The requested equipment is available on FSS schedule and the prices will be compared to previous purchases to determine fair and reasonable pricing

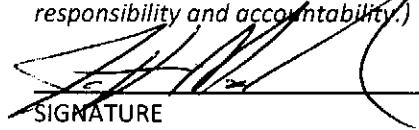
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**(9) REQUIREMENTS CERTIFICATION:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are 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>04/01/2014</u>
SIGNATURE	DATE
<u>Jeff Mersch</u>	<u>SPS Chief</u>
NAME	TITLE
<u>Sioux Falls VAMC</u>	<u>Surgery/Specialty Care</u>
FACILITY	SERVICE LINE/SECTION

**(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

\_\_\_\_\_  
DATE

Christopher Volk  
NAME AND TITLE

NCO 23-Fargo  
FACILITY

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Scott Petrin  
Facility Contract Manager, NCO 23 - Fargo