

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 #: 583-14-3-097-1365 (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: Siemens Diagnostics  
Manufacturer/Contractor POC & phone number: (800) 255-3232  
Mfgr/Contractor Address: 115 Norwood Park South, Norwood, MA 02062  
Dealer/Rep address/phone number: Cathy Knutsen/ 866-323-3468

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

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs  
Network 11 Contracting Office  
1481 W 10<sup>th</sup> Street  
Indianapolis, IN 46202

VISN: 11

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:  
Monthly GIP reagent order for molecular testing. GENOTYPING DNA kit, V797D30175;

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

TRUEGENE DNA genotyping kit can only be utilized on our Siemens instrumentation.

(b) ESTIMATED DOLLAR VALUE: \$19,152.00

(c) REQUIRED DELIVERY DATE: 6/17/2014

**(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.

This is an FDA approved IVD test for the detection of Protease and RT drug resistance in the HIV-1 virus.

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☐ 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.

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☒ 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.

VA has purchased Siemens equipment for DNA Genotype testing since 1998. Tests Are validated to use on this equipment. Protocols are written and must be followed in order to provide quality results. Cannot interchange reagents or equipment per our regulating policies. Tests submitted to FDA approval are Reagent and equipment specific. Other reagents are not specified to run on our equipment and not compatible.

☐ 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.

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

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**(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 above items represent our contract price for fiscal year 2014.  
The items listed have already been determined to be fair and reasonable based upon FAR 8.404; items that are on FSS schedules have already been determined fair and reasonable. The price per kit is \$4,788.00. The referenced contract is V797D30175.  
These items represent a best value based upon the fact that they are proprietary to Siemens and their testing equipment.

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

Due to the instrumentation lease agreement, only the above listed products can be used on the equipment. Therefore market research was not conducted.

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

None

**(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. These tests are proprietary to Siemens. The Siemens testors can only use these test kits.

**(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.)*

SIGNATURE

DATE

DAVID WALKER

Supply Tech

Logistics

NAME

TITLE

SERVICE LINE/SECTION

STE-583

FACILITY

**(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

NAME AND TITLE

FACILITY

**HIGHER LEVEL APPROVAL: (REQUIRED \$3K and above)**

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

*(Instructions: IAW NCO 11 delegation authority, all procurements estimated to exceed \$500K must be approved by the NCM. Procurements between \$3K and \$500K are to be approved by the Supervisory Contract Specialist of the applicable Team (as the "Designee").*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name  
NCO 11 NCM/PCM/Designee

