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 #: KK-0409/673-14-4-046-0821

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: Philips Healthcare, V797P-6011B
Manufacturer/Contractor POC & phone number: 800-722-7900
Mfgr/Contractor Address: 22100 Bothell Everett Highway, Bothell, WA 98021
Dealer/Rep address/phone number: Same

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

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
James A. Haley VA Medical Center
13000 Bruce B. Downs BLVD
Tampa, FL 33612

VISN: 8

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:
Maintenance services under V797P-6011B for Philips Allura cath lab system, KK-0409/673-14-4-046-0821. Purchase request is for maintenance and repair of the Philips EP cath lab system. This system is used daily for cardiac catheterization procedures and any delay in repairs causes possible fee based outsourcing at an exorbitant cost if it is even available as well as sub-optimal patient care.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:
This equipment is completely inoperable. This is the EP Lab, a one-of-a-kind system in the medical center. Although we have two other Cardiac CATH Labs, this is the one that can be used for patient electrophysiology studies. These studies map the electrical activity in the heart which allows the physician to diagnose and treat abnormal heart rhythms. This is a life-saving procedure that is not done at many other facilities which makes feeing out emergent studies when this equipment is down very difficult. It is crucial that this equipment be prepared quickly.

(b) ESTIMATED DOLLAR VALUE: $15,000.00

(c) **REQUIRED DELIVERY DATE:** 13Aug2014

(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.

☒ 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 a high tech system with proprietary software. Alternative vendors may be able to support the system hardware, there are no other vendors who can support the software or obtain new FDA approved repair parts. This work can only be done by the OEM, Philips Medical Systems.

☒ 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.)
This high tech EP Cath lab system is state of the art and highly software dependent so there are no third party vendors who can complete the necessary service or obtain new component parts.

☐ 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.
Requirement is for maintenance and repair services on existing high-tech medical equipment. Parts replaced must be FDA approved and compatible with existing system to maintain functionality. This is a highly complex system used to map the electrical activity of the heart to diagnose and correct abnormal heart rhythms. Improper repairs to this system can cause severe patient injury or even death.

☐ 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.

Since this system is used daily at the facility, patient care would be negatively impacted if there was a delay in obtaining these repair services. Without timely repair of this system, patient procedures would need to be postponed (if clinically possible due to the patients' conditions) or sent to other facilities on fee basis (if such services are available). Non-emergent procedures are already scheduled (including a full schedule daily) and would need to be postponed and rescheduled if possible or sent out.

(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:

As a task order under an FSS contract, the prices are already determined to be fair and reasonable and no separate determination of fair and reasonable pricing be made. This task order reflects a 20% discount from Philips' standard commercial list pricing.

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

No other schedule holders were found that could maintain this particular high tech medical equipment.

(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:

Past efforts to locate third party vendors who can perform repairs, have the proprietary software, and obtain new parts on this highly specialized medical system have turned up no additional sources other than the OEM. This agency is committed to the competitive spirit of all procurement regulations. It is our policy to seek full and open competition to the largest extent possible while fulfilling necessary requirements.

(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	8/13/14 DATE	
Julie Lybanon	Chief, Biomedical Engineering	Facilities Management Service
NAME	TITLE	SERVICE LINE/SECTION
James A. Haley Veterans' Hospital		
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 8/14/14
Johnny Jones	
NAME AND TITLE	FACILITY

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

Donnette A Nyland PLS	9/3/14
SIGNATURE	DATE
Donnette A Nyland	
NAME	
VISN X NCM/PCM	

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	