

Surgical Implant

**1. Nature and/or Description of the Action Being Approved:**

The J&A is to support the award of a contract or purchase order on a sole source basis for the purchase of surgical implants from a single source per medical determination of need.

**2. Description of Supplies/Services Required to Meet the Agency's Needs:**

Surgically implanted products are specified by the clinical team to meet the unique and comprehensive needs of each Veteran with an identified medical indication.

**3. Statutory Authority Permitting Other than Full and Open Competition:** Include narrative for ONLY ONE item below.

Toggle check box selections to add or remove narrative text in 4 below.

- ☐ Urgent or compelling request for prosthetic appliance or sensory aid from an **FSS** Vendor per [FAR 8.405-6\(a\)\(1\)\(i\)\(A\)](#)
- ☐ Sole Source request for prosthetic appliance or sensory aid from an **FSS** Vendor per [FAR 8.405-6\(a\)\(1\)\(i\)\(B\)](#)
- ☐ Single Source (only one responsible source and no other supplies or services will satisfy the requested prosthetic item/sensory aid), per [FAR 13.106-1\(b\)\(1\)](#).
- ☒ Urgency (emergency request for prosthetic item/sensory aid where delay in the award would cause patient harm and there is medical justification to support the need) per [FAR 13.106-1\(b\)\(1\)](#).
- ☐ Exception to Fair Opportunity per [FAR 16.505\(b\)\(2\)\(i\)\(B\)](#). This language applies to, and is contained in, the National Contracts for Pacemaker/ICD/Implantable Loop Recorders awarded by the NAC.
- ☐ Title [38 U.S.C. 8123](#) and [41 U.S.C. 253\(c\)\(5\)](#) (Authorized or Required by Statute [FAR 6.302-5](#) and [VAAR 806.302-5\(b\)](#))

**4. Demonstration that the Contractor's Unique Qualifications or Nature of the Procurement Requires the Use of the Authority Cited Above (Applicability of Authority):**

The prescribed item represents a compelling urgency in order to ensure the patient's physical well-being. The item described will be purchased from the Vendor identified because they are able to meet the Veteran's immediate need. Failure to meet the immediate need may result in physically injury to the patient, medical liability to the agency, and would adversely impact the mission and objectives of the VHA.

**5. Requirements Certification:**

I certify that the requirement outlined in this justification is a Bona Fide Need 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.

Prescriber -or-  
Requestor

annie.carnes@va.gov

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Date: 2014.09.12 15:09:29 -07'00'

Ready to Sign? Click here!

Print Form

Emergency eMail

**6. Approvals in Accordance with VHA PM Volume Six, Chapter VI:**

**Contracting Officer's Certification (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and the order represents the best value to the government.

Contracting  
Officer

Jodi R. Stevenson 462949

Digitally signed by Jodi R. Stevenson 462949  
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0.9.2342.19200300.100.1.1=jodi.stevenson@va.gov, cn=Jodi R.  
Stevenson 462949  
Date: 2014.09.16 10:58:49 -07'00'

**Director of Contracting/Designee:** I certify the justification meets requirements for other than full and open competition.

DoC -or-  
Designee

jonathan.jewel@va.gov

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