

**PURPOSE:** To ensure standardization of the submission process for all prosthetic appliances and sensory aids over the micro-purchase threshold; the document below is required to be completed and uploaded into the Electronic Contract Management System (eCMS) **Planning Module**. For access to the eCMS Planning Module, please contact the Network Contracting Office (NCO) eCMS Coordinator. Select from the following links to identify a local/regional eCMS/Application Coordinator: [SAO West](#), [SAO East](#), [SAO Central](#).

This procurement request document is designed to be a complete compilation of all information required by the NCO to process the requested prosthetic item(s)/service(s). **NOTE:** Patient consults are **prohibited** in eCMS and ALL Patient Health Information MUST be redacted from all documents before uploading into the eCMS Planning Module.

**A. Contact Information: Prosthetics Point of Contact**

[Reset Form](#)

eMail:

john.lachance@va.gov

**B. Item Information: Accounting and Appropriation Data**

Funding Amount as Verified by POC

\$28,090.00

Station Code

618

BOC & Fund Control Point

913

Detailed Description of Item/Aid

PRE-SURGICAL IMPLANT-SPINE

Consult/Reference\* Identification

\*IEN 668# plus station identifier (e.g. Veteran's Last Initial and last 4 digits of the Veteran's SSN (for filtering purposes))

261812-90

**C. Detailed Procurement Information:** Provide the following information

List any [Mandatory Sources](#) (these are referred to as National Committed Use Contracts). Add Waiver req't if not used.

NA

*NOTE: Per [VHA Handbook 1761-1](#) these would require [waivers](#) if the standardized contracts are not used.*

List any [Federal Supply Schedule \(FSS\) National or Local Contract Numbers](#) utilized

NA

Vendor Name

NUVASIVE

Vendor Point of Contact Info Name

BEN CHRISTENSEN

VISTA/IFCAP Vendor #

46014

Fax Number, Phone Number, or eMail Address to Send Documents for POC above

858-882-5188/612-669-6775

Date Item/Service Required

Mar 16, 2015

Delivery Information

Other

Delivery Address (If "Other")

PO FOR ALLOCATION ONLY. SURGERY SCHEDULED 3/16. URGENT STATUS ALERTED TO JOE. THANKS.

Payment Only?

Yes

Consult Type

Payment Only

Consult Date

Mar 12, 2015

Quote Date

Mar 13, 2015

PO Line Items/HCPSC Location

Appear on Following Page

**Purchase Order Line Item Information**

<input type="checkbox"/>	<input type="checkbox"/>	Item	SCREW	HCPC	SI600	Price	1,850	Quantity	12
		BOC/Billing Item No.	SI600	Serial Number		8806545A			
<input type="checkbox"/>	<input type="checkbox"/>	Item	SCREW	HCPC	SI600	Price	350	Quantity	12
		BOC/Billing Item No.	SI600	Serial Number		8800000			
<input type="checkbox"/>	<input type="checkbox"/>	Item	ROD	HCPC	SI600	Price	845	Quantity	2
		BOC/Billing Item No.	SI600	Serial Number		8848300			

**D. eCMS Procurement Package Completion Instructions:** Verify each item by checking the adjacent box.

*Patient Information MUST be redacted prior to loading into eCMS Planning Module.*

- ☐ Verify item is **FDA Approved** (for Open Market Purchases for [biologics](#) and [medical devices](#))
- ☒ Verify all **Patient Information** is **redacted**
- ☒ Verify **Consults** are **not loaded** into eCMS to prevent unauthorized disclosure of Patient Information
- ☒ Verify Supporting Documentation is provided within [eCMS Planning Module](#):
  - ☒ Vendor Quote(s)
  - ☐ Implantation Form(s)
  - ☒ Serial/Item Identification Number(s)
  - ☒ Other Information, as needed

**E. Justification & Approval (J&A):**

Check ONE of the Following

- ☒ <150k: Add Open Market J&A to Procurement Request
- ☐ NO J&A is required
- ☐ FSS: Add FSS J&A to Procurement Request
- ☐ ≥150k: [Add J&A](#) to Procurement Request

*A Justification and Approval Document is required when a Sole Source is requested due to Emergency/Urgent and Compelling circumstances where only One Source can provide the item or service, or for USC 8123 Requests.*

Is this an EMERGENCY Procurement? Yes ☒ No ☐

**Emergency/Urgent Requests:** An e-mail with subject line "Emergency" is to be transmitted to notify the NCO Prosthetics Manager of the emergency request by PSAS. PSAS should verify receipt of the order by the Prosthetics Team Lead and that action is being taken. All emergencies shall be received by Procurement no later than 2:00 PM for same day action. Any emergencies that arrive after the 2:00 PM same day cutoff will be executed by 10:00 AM the following business day. In the event no confirmation is received by 2:30 PM the PSAS requestor shall notify the NCO PSAS email Group.

**Time Zones:** For same day processing through distributors in varying time zones, be cognizant of time differences; emergency orders placed in Pacific time zones that require processing through VA offices located in Eastern time zones are to be placed with Procurement Activity prior to 11AM Pacific time for same day processing.

[Create Emergency eMail](#)

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

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

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

DoC -or-  
Designee