

Attachment A: Request for Limited Sources Memo Format

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 542-12-1-483-0009 (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: Philips Healthcare

Manufacturer/Contractor POC & phone number: Nicole Von Blohn, 978-983-5720

Mfgr/Contractor Address: 3000 Minuteman Road, MS0400, Andover, MA 01810-1099

Dealer/Rep address/phone number: None

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

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

Department of Veterans Affairs

1400 Black Horse Hill Road

Coatesville, PA 19320

VISN:

04

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

The requirement is for the replacement of the medical telemetry equipment on medical ward 1B due to technical and support obsolescence. The scope of the project includes the provision of all equipment, parts, materials and labor to replace the existing telemetry equipment and transmitters throughout the unit. It also requires integration of this new equipment with the fixed physiological monitoring system in AMCU that is not being replaced at this time. This equipment is being purchased using Federal Supply Schedule contract V797P4328A.

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

In general, this project requires supplying of the new medical telemetry equipment, installation of this new equipment and integration with the existing fixed physiological monitoring system, testing of all installed components to ensure proper functionality, and training of staff on new equipment use, operation and maintenance.

(b) ESTIMATED DOLLAR VALUE: \$

(c) REQUIRED DELIVERY DATE: 1/31/2012

**(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.

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A patent, copyright or proprietary data limits competition. The proprietary data is:

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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.

This procurement is to replace the existing telemetry system to monitor patient physiological parameters on medical unit 1B. The telemetry equipment is fully integrated with the existing fixed physiological monitoring equipment in the Acute Medical Care Unit within medical unit 1B. These two systems must work together as they currently do for the clinical staff on medical unit 1B to safely, effectively and efficiently monitor and care for these seriously ill patients. The existing telemetry portion of this integrated system will no longer be supported by the manufacturer after December 31, 2011 which means that any breakdowns of this critical monitoring equipment may not be able to be repaired. The proposed telemetry system will integrate with the remaining portions of the fixed monitoring system to continue to provide the full capabilities to care for these patients.

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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.

The existing telemetry equipment will no longer be supported by the manufacturer after December 31, 2011. This means that if this critical patient monitoring equipment were to have a failure, it may not be possible to repair the equipment. This will severely compromise the safety of seriously ill patients on medical unit 1B who are in need of this type of physiological monitoring. The new system must be in place as soon as possible to avoid this.

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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:**

No other vendors would be able to provide a system that is fully integrated with the existing fixed physiological monitoring system without significant expense to research and create a unique system for this medical center. As the manufacturer of the existing fixed physiological monitoring system, the proposed vendor routinely installs and integrates these systems.

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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:**

It is generally known in the medical device industry that only the original manufacturer can, in a timely manner, provide a new system to fully integrate with the existing fixed physiological monitoring equipment system.

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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:**

None.

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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>12/12/11</u>	
SIGNATURE	DATE	
<u>Kimberly A. Sekiya</u>	<u>Biomedical Engineer</u>	<u>Facilities Engineering Service</u>
NAME	TITLE	SERVICE LINE/SECTION
<u>Coatesville VA Medical Center</u>		
FACILITY		

**(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):**

**a. CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Annette M Lang  
CONTRACTING OFFICER'S SIGNATURE

12/12/11  
DATE

Annette Lang, Contracting Officer  
NAME AND TITLE

Coatesville VAMC  
FACILITY

**HIGHER LEVEL APPROVAL (For orders over \$500,000):**  REQUIRED  NOT REQUIRED

**b. QA OFFICER:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief. *\*This signature may be the VISN NCM/PCM if the Contracting Officer and Contracting Supervisor is the same individual.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND TITLE

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME  
VISN X NCM

**d. 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

e. **VHA HCA REVIEW AND APPROVAL (over \$500,000 to \$10 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

\_\_\_\_\_  
FREDERICK DOWNS, JR.  
Chief Procurement and Logistics Officer  
VHA Head of Contracting Activity (HCA)

\_\_\_\_\_  
DATE

f. **VA Deputy Senior Procurement Executive Approval (\$10 million not to exceed \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

\_\_\_\_\_  
IRIS B. COOPER  
Deputy Senior Procurement Executive (DSPE)

\_\_\_\_\_  
DATE

g. **VHA Senior Procurement Executive Approval (over \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for other than full and open competition.

\_\_\_\_\_  
JAN R. FRYE  
Deputy Assistant Secretary  
Office of Acquisition and Logistics  
Senior Procurement Executive (SPE)

\_\_\_\_\_  
DATE