

**LIMITED SOURCES JUSTIFICATION**  
**ORDER >\$150,000**  
**FAR PART 8.405-6**

**Acquisition Plan Action ID:** 460-16-3-32384-0102

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: Physio-Control, Inc. (GSA Contract# V797D-30039)  
Manufacturer/Contractor POC & phone number: Michael Cooney – 908-403-9693  
Mfgr/Contractor Address: 11811 Willows Road NE, Redmond, WA 98073-9706  
Dealer/Rep address/phone number: Philips Corporation Federal Division - 800-878-4747

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

**(1) AGENCY AND CONTRACTING ACTIVITY:** Department of Veterans Affairs  
1010 Delafield Road, Pittsburgh, PA 15215

**VISN:** 4

**(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:**  
Brand Name Only and Only One Responsible Source - Sole Source Award for a Firm Fixed Price Contract.

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

Twenty (2) Physio-Control, Inc. Lifepak 20e defibrillators (bundle package).

**(b) ESTIMATED DOLLAR VALUE: \$190,234**

**(c) REQUIRED DELIVERY DATE: 45 Days ARO**

**(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.

It is essential to the Government to purchase the Physio-Control, Inc. Lifepak 20e defibrillators, since it is the only defibrillator that puts out a 360 Joules of Energy, and since it reduces the likelihood of error, due to having to know instructions for more than one manufacturer defibrillator. (See email from Physio-Control dated 6/16/2016. under DP02 of the Procurement Action Briefcase).

It is essential to purchase the needed items from Physio-Control, Inc. since they are the sole seller of their defibrillators to Hospitals and on the VA Federal Supply Schedule. (See sole seller letter dated September 2015, that was provided by Physio-Control on 6/15/2016, under DP02 of the Procurement Action Briefcase).

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.)

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.

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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.

**(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:**

Per FAR Part 8.404 (d) the GSA has already determined the prices to be fair and reasonable. The price is acceptable to the Government. In addition, Physio-Control is offering a discount off \$2,500 each for the trade-in of twenty (20) Physio-Control Lifepak 20 defibrillators.

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

A search of GSA Advantage, using the key word/phrase Physio-Control 81701-000007, shows 1 source for the needed items, which is Physio-Control, Inc.

**(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**

**(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>LaShaunda Isaac</u> SIGNATURE	<u>9/29/2016</u> DATE	
<u>LaShaunda Isaac</u> NAME	<u>Program Analyst</u> TITLE	<u>PATIENT CARE SERVICES</u> SERVICE LINE/SECTION
<u>Wilmington VAHC</u> FACILITY		

**(10) APPROVALS IN ACCORDANCE WITH THE VHAPM, Volume 6, Chapter VI: OFOC SOP:** *This part if filled out by Contracting Staff as part of the Justification*

**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/DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

Ronald Mazzei - Contract Specialist

NAME AND TITLE

HJ Heinz

FACILITY

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Elizabeth R. Morin

NAME

NCO/PCO Branch Chief Commodities Team