

**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:

WILLIAM.TANDY@VA.GOV

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

Funding Amount as Verified by POC

\$32,255.18

Station Code

636A8

BOC & Fund Control Point

4950

Detailed Description of Item/Aid

LUMBAR

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))

PROS MOD TO 17-AP-2506 PO: R76672 V23 636A8 452507 LUMBAR 12/06/16

**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.

V797P-4299b

*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

V797P-4299b

Vendor Name

BUFFALO SUPPLY INC

Vendor Point of Contact Info Name

BUFFALO SUPPLY INC

VISTA/IFCAP Vendor #

1635

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

FAX NUMBER: 630.616.8931 PHONE NUMBER: 800-767-9327

Date Item/Service Required

Dec 23, 2016

Delivery Information

Other

Delivery Address (If "Other")

MOD TO : 17-AP-2506  
PO: R76672

Payment Only?

No

Consult Type

New

Consult Date

Dec 9, 2016

Quote Date

Dec 9, 2016

PO Line Items/HCPSC Location

Appear on Following Page

**Purchase Order Line Item Information**

<input type="button" value="+"/> <input type="button" value="-"/>	Item	PLEASE SEE TEMPLATE	HCPC	<input type="text"/>	Price	<input type="text"/>	Quantity	<input type="text"/>
BOC/Billing Item No.		<input type="text"/>		Serial Number		<input type="text"/>		

**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 ☒

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):**

Only one source is capable of providing the supplies or services required at the level of quality required because the supplies or services are unique or highly specialized.

**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