

[Reset Form](#)

**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 this [link](#) to identify a local/regional eCMS/Application Coordinator.

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**

eMail:

WILLIAM.TANDY@VA.GOV

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

Funding Amount as Verified by POC	Shipping Charges	Grand Total
\$28,715.83	\$0.00	\$28,715.83

Station Code	BOC	Fund Control Point	Service Connected
636	2692	1192	Unknown

Detailed Description of Item/Aid

LIMB

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 V23 636 370601 LIMB

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

List any [Mandatory Sources/Prime Vendors](#)

(these contracts are also referred to as National Committed Use Contracts)

N/A

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

**VHA CPLO Guidance:** It is VHA's policy that items available on National Contracts or BPAs that are not available via Prime Vendor distribution networks, will be acquired by placing appropriate orders against these national contract vehicles

OPEN MARKET

Vendor Name

HANGER

[Excluded or Debarred Vendor? \(SAM\)](#)

No

Vendor Point of Contact Info Name

HANGER

VISTA/IFCAP Vendor #

1656

Vendor Mailing Address

ADDRESS 1: 9109 BLONDO STREET CITY, ST & ZIP: OMAHA, NE 68134

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

FAX NUMBER: 402 489-2214 PHONE NUMBER: 402 489-2200

Vendor DUNS #

154666218

Date Item/Service Required

Mar 24, 2017

Delivery Information

Veteran

Consult Description (BRIEF custom entry allowed)

New

PO Line Items/HCPSC Location

Attached (Wheelchairs, Limbs, Stock)

**Purchase Order Line Item Information**

<input type="button" value="+"/> <input type="button" value="-"/>	Item										
Quantity	<input type="text"/>	Price	<input type="text"/>	Discounts	<input type="text"/>	"Price" Includes Discount	<input type="text"/>	Part No.	<input type="text"/>	HCPC	<input type="text"/>
IFCAP Item No.	<input type="text"/>	Serial No.	<input type="text"/>			Lot No.	<input type="text"/>				

☐ **Check if Supplemental Pages with Additional Line Items are Included with Submission** (limit is five for THIS form)

**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 Open Market 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)
  - ☐ Surgical/Implant Worksheets
  - ☐ Serial/Item Identification Number(s)
  - ☒ Other Information, as needed

**E. Justification & Approval (J&A):** Check ONE of the Following

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

Limbs

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 a prosthetic limb component from a single source per medical determination of need.

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

Prosthetic limb components are specified by the clinical team to meet the unique and comprehensive needs of each Veteran with amputation.

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\(b\)\(2\)\(i\)\(A\)](#): Urgent request - The need for the supplies or services is so urgent that providing a fair opportunity would result in unacceptable delays.
- ☐ Exception to Fair Opportunity per [FAR 16.505\(b\)\(2\)\(i\)\(B\)](#). Only one awardee is capable of providing the supplies or services required at the level of quality required because the supplies or services ordered are unique or highly specialized.

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 will be purchased from the Vendor identified because they are able to meet the Veteran's immediate need. The item was prescribed by the Veteran's attending Physician who has the authority to prescribe the method of treatment to best satisfy the medical condition of his/her patient. The physician has determined this item as the best device to treat the patient's medical condition and functional limitations. Substituting another device other than that specifically prescribed is beyond the role, competency, and professional functions of the Contract Specialist and would be detrimental to the treatment of the Veteran patient.

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

[DoC/Designee \(for non-delegated approval authorities\) OR 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. I also certify that the justification meets requirements for other than full and open competition.

Contracting Officer

Ready to Sign? Click here!

Print Form