

BRAND NAME JUSTIFICATION

ORDER >\$150,000

2237 Transaction # or Vista Equipment Transaction #: TBD

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: Philips Healthcare Contracting

Mfgr/Contractor Address: 22100 Bothell Everett Hwy

Dealer/Rep address/phone number: Bryan Smith, 503-410-6729

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

VISN:

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

Purchase of fleet replacement of Philips Patient Telemetry Transmitters.

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

The Philips telemetry monitors will replace our current monitors that violate Infection Control standards. The current telemetry monitors have crevices that cannot be cleaned effectively, posing infection issues for the safety of our patients and staff.

The replacement telemetry monitors must be manufactured by Philips so that they integrate seamlessly into the existing, hospital-wide Philips Intellivue 1.4 Ghz telemetry network infrastructure.

(b) ESTIMATED DOLLAR VALUE [REDACTED]

(c) REQUIRED DELIVERY DATE: 10/1/17

(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.

The replacement telemetry monitors must manufactured by Philips so that they integrate seamlessly into the existing, hospital-wide Philips Intellivue 1.4 Ghz telemetry network infrastructure.

☒ 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.)
As per above, the software, technology, and components are proprietary, and available to only Philips Healthcare, the OEM.

☒ These are "direct replacements" parts/components for existing equipment.
The Philips telemetry transmitters will replace our current transmitters that violate Infection Control standards. The current telemetry transmitters have crevices that cannot be cleaned effectively, posing infection issues for the safety of our patients and staff.

☒ 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.
The replacement telemetry monitors must manufactured by Philips so that they integrate seamlessly into the existing, hospital-wide Philips Intellivue 1.4 Ghz telemetry network infrastructure.

☐ 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.

☐ 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:

This order is required to go to the OEM of our Philips Telemetry system. Other vendor models can not integrate seamlessly.

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

Reviewed established VA IDIQ/BPAs and none were identified that carried the identified, needed products.

Contacted two SDVOSBs that can provide required items as non-manufacturers.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

(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:

Chapter VI: Other Than Full and Open Competition (OFOC) SOP
Attachment 2: Request for Limited Sources Justification Format >\$150K

If third party vendors are established as pass-through entities, they must represent Philips Healthcare the OEM.

(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.)*

9/22/2017

X Gordon Hosoda

Signed by: GORDON P HOSODA 583943

<u>SIGNATURE</u>	<u>9/22/17</u>	<u>DATE</u>
<u>Gordon Hosoda</u>	<u>Biomedical Engineer, Chief</u>	<u>FMS</u>
<u>NAME</u>	<u>TITLE</u>	<u>SERVICE LINE/SECTION</u>
<u>Portland VA HCS - 648</u>		
<u>FACILITY</u>		

(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.

Stacia M Nunn 457707

Digitally signed by Stacia M Nunn 457707
DN: dc=gov, dc=va, o=internal, ou=people,
0.9.2342.19200300.100.1.1=stacia.nunn@va.gov,
cn=Stacia M Nunn 457707
Date: 2017.09.23 09:52:01 -0700

CONTRACTING OFFICER'S SIGNATURE

9/23/17

DATE

Contracting Officer

NAME AND TITLE

NCO 20

FACILITY