

LIMITED SOURCES JUSTIFICATION

ORDER >SAT

FAR PART 8.405-6

Acquisition Plan Action ID: VA-19-00085705

- 1. Contracting Activity:** Department of Veterans Affairs, VISN 09, VA Medical Center
Lexington, Kentucky 596-20-1-029-0003

- 2. Description of Action:** This acquisition is conducted under the authority of the Multiple-Award Schedule Program (41 U.S.C. 251 and 40 U.S.C. 501).

Order against: ☐ FSS Contract Number: _____

Name of Proposed Contractor: Cardinal Health 200, LLC

Street Address: 3651 Birchwood Dr.

City, State, Zip: Waukegan, IL 60085-8337

Phone: 847-887-2603

3. Description of Supplies or Services:

The estimated value of the proposed action is \$ 283,933.00.

The VAMC Lexington, Kentucky has a requirement for Diasorin XL Liasion Instrument Rental.
The required delivery date is October 01, 2019 to March 31, 2020.

(4) IDENTIFY THE AUTHORITY AND SUPPORTING RATIONALE (see 8.405-6(a)(1)(i)(A), (B), and (C) or 8.405-6(b)), 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)

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

☒ 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;

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- ☐ In the interest of economy and efficiency, 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.
- ☐ Items peculiar to one manufacturer:
- ☒ 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.
- ☐ 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.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

This is a requirement for a Diasorin XL Liaison Instrument Rental for the VAMC Lexington, Kentucky. The period of performance is from 10/01/2019 to 03/31/2020. The VA Special Reference Laboratory (SRL) provides laboratory testing for the serologic and molecular diagnosis of infectious disease to any facility. The test offered are those that are too complex at the local level.

Diasorin was contacted to determine if they had any SDVOSB/VOSB vendors authorized to distribute its XL Liaison Instrument. Diasorin responded, currently there are no SDVOSB/VOSB authorized to distribute our equipment. Presently, Cardinal Health (Large Business) is Diasorin's only authorized vendor capable of providing its proprietary XL Liaison Instruments.

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

This is a requirement for a Diasorin XL Liaison Instrument Rental for the VAMC Lexington, Kentucky. The period of performance is from 10/01/2019 to 03/31/2020. The VA Special Reference Laboratory (SRL) provides laboratory testing for the serologic

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and molecular diagnosis of infectious disease to any facility. The test offered are those that are too complex at the local level.

A search of VET-Biz for both SDVOSB/VOSB vendors was conducted using NAICS and the word Diasorin XL Liaison Instrument Rental and 14 vendors replied however, due to the proprietary nature of the items being procured.

Diasorin was contacted to determine if they had any SDVOSB/VOSB vendor's authorized to distribute its XL Liaison Instrument. Diasorin responded, currently there are no SDVOSB/VOSB authorized to distribute our equipment. Presently, Cardinal Health (Large Business) is Diasorin's only authorized vendor capable of providing its proprietary XL Liaison Instruments.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Diasorin is the sole proprietor of its XL Liaison Instruments and has no SDVOSB/VOSB or Small Business vendors capable of meeting this requirement. Cardinal Health (Large Business) is its only authorized distributor of the Diasorin XL Instruments.

(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: N/A

(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.)*

		August 12, 2019
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SIGNATURE	DATE	
Vicki B. Richardson	Laboratory Manager	P&LMS
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NAME	TITLE	SERVICE LINE/SECTION
Lexington VA Health Care System		
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FACILITY		

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(10) APPROVALS IN ACCORDANCE WITH THE VHAPM Part 806.3 OFOC SOP:

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

Monica Thompson

DATE

Chief Supervisory Supply/

FACILITY

b. One Level Above the Contracting Officer (Required over the SAT but not exceeding \$700K): I certify the justification meets requirements for other than full and open competition.

DATE

NAME

Division Chief/Division II