

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 541-13-1-151-0037

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: Leica Microsystems, Inc.

Manufacturer/Contractor POC & phone number: 847-405-7028

Mfgr/Contractor Address: 2345 Waukegan Road, Bannockburn, IL 60015

Dealer/Rep address/phone number: N/A

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs
Network Contracting Office (NCO) 10
6150 Oak Tree Blvd. Suite 300
Independence, Ohio 44131

VISN:

10

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

A firm-fixed price contract for a 3d TrueVision for the Louis Stokes Cleveland VAMC .

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

1 EA Leica 3d TrueVison

1EA TruBridge

(b) ESTIMATED DOLLAR VALUE: \$74,155.00

(c) REQUIRED DELIVERY DATE: 1/15/2013

(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 TrueVision system is a stereoscopic high-definition visualization system that displays the surgical field of view in real-time on a 3D flat-panel display in the operating room. It is used for neurosurgery, ophthalmology, spine, orthopedic, ENT and any surgery that requires a Leica surgical microscope.

- ☐ A patent, copyright or proprietary data limits competition. The proprietary data is:
- ☐ 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.

The TrueVision system was created by a joint venture between Leica and TrueVision. The TrueVision 3D Video system is specifically designed to operate only on Leica Brand surgical microscopes. Per the Leica manufacturer's representative, any attempt to connect another vendors equipment to the Leica surgical microscope can lead to damage to the microscope and will void our warranty.

☐ 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.

(4) 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:

The price being offered to the Government is the same that is being offered to any other hospital public or private.

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

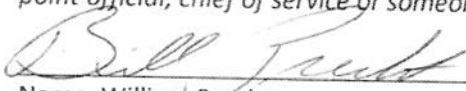
A search was conducted on NAC/GSA and VA Advantage, no other vendor was found that could deliver the equipment needed.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The equipment is available from a mandatory source. Also, the requested equipment can only be used in conjunction with the Leica microscope that we already own. The Leica microscope is proprietary and no other manufacturers equipment is compatible.

(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.)*



Name William Precht
Department Chief of Staff's Office
VISN 10/Cleveland VAMC

12/14/12
DATE

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):

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




Thomas P. Moore
Contracting Officer
NCO 10

12/17/12
DATE

HIGHER LEVEL APPROVAL: (REQUIRED \$3K and above)

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



Terry Spitzmiller
NCM
NCO 10

12/17/12
DATE