

**LIMITED SOURCES JUSTIFICATION**  
**ORDER >\$3,000**  
**FAR PART 8.405-6(g)**

2237 Transaction # or Vista Equipment Transaction #: [REDACTED]

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	Physio-Control, Inc.
Manufacturer/Contractor POC & phone number:	<span style="background-color: black; color: black;">[REDACTED]</span>
Mfgr/Contractor Address:	11811 Willows Road NE Richmond, WA 98073-9723
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  
Great Lakes Acquisition Center (GLAC)  
5000 W. National Ave.  
Milwaukee, WI 53295-1000  
**VISN:** 12

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

New firm-fixed price delivery order for the purchase of defibrillators and associated supplies. The requested items are on mandatory Federal Supply Schedule 65 II A.

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

Product No.	Description	Quantity
99577-001241	LP15 Monitor/Defib, CPR, Pace, to 360j, SPO2, CO2, Trend, BT	30
11130-000061	LifePak 15 Hard Paddles	3
21330-001176	LiIon Battery 5.7 Amp Hour Capacity	60
11140-000072	LP15 AC Power Supply	30
11140-000015	AC Power Cord	30
11577-000019	Bracket-Mounting, LP15 Power Adapter	30
99425-000023	LifePak 1000 w/Graphical Display	18
11101-000016	Electassy-AED InfantChild Reduced Energy	18
21340-000811	Hospital Data Review SW	1

(b) ESTIMATED DOLLAR VALUE: \$469,674.50

(c) REQUIRED DELIVERY DATE: January 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 Jesse Brown VA Medical Center in Chicago, IL, has a requirement for the Physio-Control, Inc. defibrillator equipment identified in Section 3 above. This requirement is sole source in order to maintain the standardization of defibrillator equipment within the medical center.

Physio-Control defibrillators are currently used across the medical center. The requested defibrillator equipment is the only equipment compatible with the medical center's existing inventory of defibrillators, defibrillator pads, batteries, and other accessories. This compatibility maximizes cost effectiveness by ensuring the interoperability of equipment and supplies while minimizing backup inventories and maintenance needs.

Maintaining standardization of defibrillators in the medical center is also a matter of patient care. The medical staff is trained and proficient in the use of the LifePak defibrillators. In order to reduce confusion and avoid potentially negative patient outcomes with having multiple types of defibrillators, the medical center must maintain its defibrillator standardization.

**(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:**

The requested equipment is on mandatory FSS contract V797D-30038. Per FAR Part 8, pricing has been determined to be fair and reasonable. Market research indicates the pricing for the requested equipment is comparable to or less than the pricing for other functionally equivalent defibrillator equipment. Further, the only the equipment from the requested manufacturer is compatible with existing defibrillator equipment in the facility. Maintaining this standardization reduces inventory costs.

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

The Requestor has conducted online market research to include using the Healthcare Product Comparison

System to determine that only the requested defibrillator equipment meets the needs of the medical center. The Contracting Officer has confirmed with the vendor that the requested equipment is on FSS contact.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

NONE

**(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:**

NONE

**(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.)*

  
SIGNATURE 12/11/12  
DATE

  
NAME Clinical Nurse Specialist ICU/CCU Committee Member  
TITLE SERVICE LINE/SECTION

Jesse Brown VA Medical Center  
FACILITY

**(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.

  
CONTRACTING OFFICER'S SIGNATURE 12/11/2012  
DATE

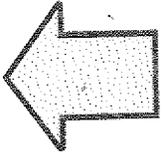
Darryl Mahaffy  
NAME AND TITLE GLAC  
FACILITY

HIGHER LEVEL APPROVAL (For orders over \$500,000):  REQUIRED  NOT REQUIRED

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

Christine Hansen  
SIGNATURE

12/12/2012  
DATE



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Christine Hansen  
VISN 12 NCM