

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

**2237 Transaction # or Vista Equipment Transaction #: 659-13-3-048-0159**

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:**

Manufacturer/Contractor: Omniceil  
Manufacturer/Contractor POC & phone number: Wendy Smith 951-206-8473  
Mfgr/Contractor Address: 1201 Charleston Road, Mountain View, CA 94043  
Dealer/Rep address/phone number: James Watson 704-621-0798

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

**(1) AGENCY AND CONTRACTING ACTIVITY:** Department of Veterans Affairs  
1601 Brenner Ave  
Salisbury, NC 28144  
**VISN:** 6

**(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:** This is a request for other than full and open competition for the procurement of Omnicell G4 upgrade components for the Pharmacy Service line located at the Salisbury VA Medical Center. A firm fixed price purchase order to Omnicell, Inc. is planned for this purchase.

**(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:**  
The Pharmacy Service line at the Salisbury VAMC utilizes Omnicell pharmaceutical/medication dispensing equipment. This equipment stores, inventories, scans, and documents the use of pharmaceutical medication including narcotics. The equipment requires an upgrade to its operating system to keep pace with technological advances and maximize its application and effectiveness. Omnicell, Inc. is the manufacturer and sole distributor for the requested G4 upgrade components. The components are on Omnicell's FSS contract V797D-30111.

**(b) ESTIMATED DOLLAR VALUE:** \$ 217,946.19

**(c) REQUIRED DELIVERY DATE:** 6/15/2013

**(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.**

☐ 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.

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

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☐ These are “direct replacements” parts/components for existing equipment:

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☒ 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.

Omnicell pharmaceutical/medication dispensing equipment is used exclusively by the Pharmacy service line at the Salisbury VA Medical Center. The operating system on the equipment needs to be upgraded from Windows XP to Windows 7 (which is the new VHA standard). The upgrade will also add a new controlled substance management system to the platform. The G4 upgrade components are specific to Omnicell equipment and there are no upgrade components available from anyone except Omnicell, Inc.

☐ 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.

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

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**(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:**

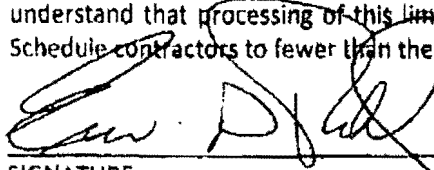
As stated in section 4 above, Omnicell pharmaceutical/medication dispensing equipment is utilized exclusively in the Pharmacy service line at the Salisbury VAMC. The upgrade to Omnicell equipment is needed to upgrade from Windows XP to Windows 7 – which is the new VHA standard platform. If the upgrade is not made, the equipment will become obsolete and inoperable. The procurement of the G4 upgrade represents best value to the government considering that the alternative would be to purchase new pharmaceutical/medication dispensing equipment which would represent a considerable increase in cost.

**(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:** Market research was conducted and the findings are that there are no other distributors or FSS contract sources for the Omnicell G4 upgrade components.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:** There are no other facts other than those already stated.

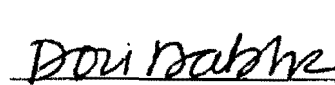
(B) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE: There are no actions to be taken to overcome barriers to restricted consideration.

(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.

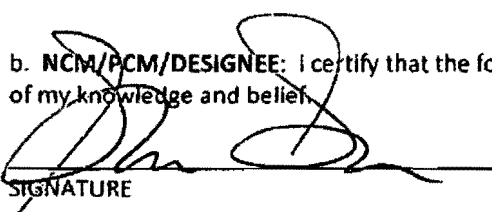
  
SIGNATURE DATE 5/21/13  
Eric Richards, PharmD. Pharmacy Inpatient Supervisor Pharmacy  
NAME TITLE SERVICE LINE/SECTION  
Salisbury VA Medical Center  
FACILITY

(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.

  
SIGNATURE DATE 5/21/2013  
Dori Dabbs  
Contracting Officer, VISN 6

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

  
SIGNATURE DATE 5/23/13  
Shauna Thomas  
VISN 6 NCM/PCM

Returned to sender with signatures on 6/4/2013

SOP Other Than Full and Open Competition  
Original Date (3/22/2011)

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