

**SINGLE SOURCE**  
**(APPLICABLE TO PURCHASES UNDER SAT \$3,000 - \$150,000)**

**1. Contracting Activity:**

NCO 12, GREAT LAKES ACQUISITION CENTER,  
115 SOUTH 84<sup>TH</sup> STREET, SUITE 101  
MILWAUKEE, WI 53214

**2. Purchase Request Number:** 695-13-3-969-0234

**3. Authority for Action:**

FAR 13.106-1(b), Soliciting from a Single Source

**4. Describe the supply or service to be acquired and the total estimated dollar value:**

The Clement J. Zablocki VA Medical Center has a brand name only sole source requirement for the following Laerdal products:

P/N	Description
945006	Manikin Cable
216-00341	SimView PC & software
216-83050	SimView Setup
216-05133	SimView Cameras
216-05233	SimView Microphones & audio accessories
210-90450	On-Site Training

Total Estimated Cost:

Required Delivery Date: September 2013

**5. List the proposed contractor (name, contact, and phone number) and describe the unique knowledge or capabilities of the proposed contractor:**

The proposed vendor for this procurement is Laerdal Medical Corporation; point-of-contact is Rose Gennaro, 800-648-151. The Milwaukee VA Medical Center currently uses Laerdal SimMan 3G patient simulators and associated equipment. The Medical Center wishes to expand its patient simulation training programs with the purchase of the aforementioned accessories and services. If another vendor's simulation equipment were purchased, it would not be compatible with the Medical Center's existing patient simulators and accessory

equipment and new simulators would need to be purchased at a significant, additional cost to the Government.

6. **Describe your market research efforts and efforts to ensure that offers are solicited from as many potential sources as is practicable:**

The requested accessories are not available on Federal Supply Schedule (FSS). In addition to Laerdal, at least one additional authorized distributor, Firehouse Medical, has been identified which can meet this requirement. This requirement will be available for competition amongst the manufacturer and authorized distributors in an attempt to get the lowest price available to the Government.

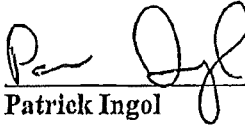
7. **State why you feel that the anticipated cost to the Government will be fair and reasonable:**

Price reasonableness will be determined based upon the vendor's open market list pricing.

8. **Other:** None.

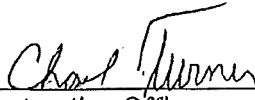
9. Certifications:

I hereby certify that the data provided above is accurate and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
Patrick Ingol  
Supply Systems Analyst

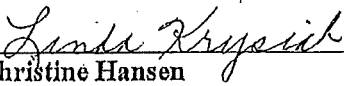
8/7/13  
Date

I hereby determine that the circumstances of this contract action deem only one source reasonably available.

  
\_\_\_\_\_  
Chad Turner  
Contracting Officer

8/7/13  
Date

I certify the justification meets requirements for other than full and open competition.

*for*   
\_\_\_\_\_  
Christine Hansen  
Network Contract Manager  
Network Contracting Office 12, Great Lakes Acquisition Center

8-7-13  
Date