

EAST HAWAII REGION NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Procurement Officer
2. FROM: HMC Imaging Department
Department/Division/Agency

Pursuant to East Hawaii Region Policy, PUR 016, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction:
Canon I900 Cardiac Ultrasonography unit equipped with a 3D TEE probe and 3D reformat software for cardiac exams

4. Vendor Name: Canon Medical
Address: 2441 Michelle Drive
Tustin, CA 92780

5. Price:
\$ 162,510.00

6. Term of Contract: From: _____ To: _____
(mm/dd/yyyy)

7. Prior Sole Source Ref No. _____

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:
This US unit is of the same manufacturer and operating platform as all other US units within the Imaging department. By choosing this vendor, we will eliminate the need for extra staff training, extra IT infrastructure to connect the unit to the network, and higher service costs.

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: This unit is required by the new cardiologists now employed at HMC to perform 3D transesophageal echocardiograms which is standard practice throughout the country. This unit will allow for 3D reformatted images of all cardiac exams which is standard practice throughout the country. This unit will allow for STRAIN imaging to be completed which is standard practice throughout the country. None of the existing US units have these capabilities.

10: Sole Source No. SS 19-0001

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: Philips was reviewed as a possible vendor but the costs were double that of the Canon equipment.

12. Direct any inquiries to:
Department: Imaging
Contact Name/Title: Lauri Redus/Regional Imaging Admin.

13 Phone Number:
9323801
Fax Number:
9351880

Agency shall ensure adherence to applicable administrative and statutory requirements.

14. I certify that the information provided above is to the best of my knowledge, true, correct and that the goods, services, or construction are available through only one source.

15 Date Notice Posted: APR 09 2019 *CF*

Submit written objections to this intent to issue a sole source contract within seven calendar days or as otherwise allowed from the above posted date to:
Regional Chief Procurement Officer
East Hawaii Region
1190 Waiuanue Ave.
Hilo, Hawaii 96720

16. Regional Chief Procurement Officer's comments:

17. APPROVED DISAPPROVED NO ACTION REQUIRED

_____ Regional Chief Procurement Officer _____ Date