

EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer
2. FROM: Lauri Redus, Regional Imaging, Clinic and POCT Administrator

Pursuant to East Hawaii Region Policy, PUR 005, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction: Laboratory Director for both waived and moderately - complex CLIA licenses for POCT in the East Hawaii Region
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4. Vendor Name: Andre Theriault Address: 7012 Hawaii Kai Dr, #802, Honolulu, HI 96825	5. Price: \$ 7,500.00/ month
6. Term of Contract: From: 06/16/2024 To: 06/15/2025 (mm/dd/yyyy)	7. Prior Sole Source Ref No. <u>N/A</u>

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities: Current Laboratory Director of all CLIA licenses to HHSC- East Hawaii Region including Hilo Medical Center, Rural Health Clinics (RHC), Critical Access Hospitals (CAH), and the Extended Care Facility . This position is required by the State of Hawaii.
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9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: Already is a vendor and license holder within the East Hawaii Region.
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10: Sole Source No. 24-0523

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because:

There are no other resources for Laboratory Director within our organization.

12. Direct any inquiries to:

Department: POCT

Contact Name/Title: Lauri Reduc/Administrator

13 Phone Number:

808 932 3801

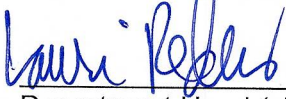
Fax Number: 808 932

3966

Expenditure may be processed with a purchase order: Yes No If no, a contract must be

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.



Lauri Reduc

Department Head (sign and print name)

5/29/2024

Date

15 Date Notice Posted: _____

Submit written objections to this intent to issue a sole source contract within five (5) calendar days or as otherwise allowed from the above posted date to:

Regional Chief Executive Officer

East Hawaii Region

1190 Waiuanuenue Ave.

Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.

APPROVED DISAPPROVED

NO ACTION REQUIRED

Regional Chief Executive Officer

Date