EAST HAWAII REGION NOTICE & REQUEST FOR SOLE SOURCE

Regional Chief Executive Officer	
FROM: Lauri Redus, Clinic Administrator	
Pursuant to East Hawaii Region Policy, PUR 005, the Department reque to purchase the following:	ests sole source approval
Description of goods, services, or construction:	
Upgrade to Vitrea 3D reformatting software for CT and MRI cardiac and brain studies, including software, installation, training, and hardware.	
Vendor Name: Canon Medical Systems	5. Price:
Address: 2441 Michelle Drive, Tustin CA	\$ <u>52,342.00</u>
6. Term of Contract: One Year From Contract Execution	7. Prior Sole Source Ref No. _N/A
Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:	
This purchase would be to update the current Vitrea CT cardiac and brain reformatting software system and to add MRI cardiac reformatting software to this existing system. Staff has been trained on this system. Switching to another vendor would result in retraining of staff and review / revision of current procedures.	
Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:	
HMC has been using the Vitrea system for reformatting of patient exams since 2013. Staff has been trained on this system. Switching to another vendor would result in retraining of staff and review / revision of current procedures.	

21-0004

10: Sole Source No.

11. Alternate source. The following other possible sources for the good investigated but do not meet our needs because:	d, service, or construction were	
A comparable vendor, GE would require reformatting software system would require the purchase of 2 additional workstations and the cost was twice as expensive.		
12. Direct any inquiries to:	13 Phone Number: <u>932-3801</u>	
Department: Imaging Contact Name/Title: Lauri Redus/ Regional Director of Imaging	Fax Number: 935-1889	
Expenditure may be processed with a purchase order: Yes No		
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 Redus Department Head (sign and print name) Date		
Reserved for RCEO/Designee Use (Only	
15	Date Notice Posted:6/3/21	
Submit written objections to this intent to issue a sole source contract otherwise allowed from the above posted date to: Regional Chief Ex East Hawaii Region 1190 Waianuenue Ave. Hilo, Hawaii 96720	Date Notice Posted: within five (5) calendar days or as	
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