

**EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE**

SS22-0002

1. TO: Regional Chief Executive Officer
2. FROM: Lauri Redus, Regional Director of Imaging

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:
Echocardiography US unit, APLIO-ISERIES-I900.000; APLIO I900 ULTRASOUND SYSTEM for Ka'u Hospital and Rural Health

4. Vendor Name: Canon Medical Systems USA, Inc. Address: 2441 Michelle Dr., Tustin, CA 92780	5. Price: \$ <u>132,775.00</u>
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6. Term of Contract: From: 01/01/2022 To: 12/31/2026 (mm/dd/yyyy)	7. Prior Sole Source Ref No. <u>N/A</u>
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8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:
All 8 US units in service are Canon systems. This unit will prevent further staff and physician training needs. This unit will provide redundancy for 3D TEE and 3D cardiac exams.

9. Essential Features:
How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: With growing echo exam volume and growing general/vascular exam volume in the US work unit, the unit is beyond its capacity to provide services. This additional unit will allow for a shared US unit to be dedicated to general/vascular exams while increasing the capacity to provide echo exams. Currently, echo exams are scheduled out 6 plus weeks.

10: Sole Source No. SS 22-0002

11. Alternate source.
The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: GE, Siemens and Philips units all have different operating systems which would require significant training and workflow disruptions.

12. Direct any inquiries to: Department: Imaging Contact Name/Title: Lauri Redus/ Regional Director of Imaging	13 Phone Number: 808-932-3801 Fax Number: _____
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Expenditure may be processed with a purchase order: Yes No If no, a contract must be executed and funds certified.
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 12/29/21
Department Head (sign and print name) Date

Reserved for RCEO/Designee Use Only

15 Date Notice Posted: 12/29/2021 by IT _____

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 Waiuanue Ave.
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.
 APPROVED DISAPPROVED NO ACTION REQUIRED _____
Regional Chief Executive Officer Date