STATE OF HAWAII NOTICE OF EXEMPTION FROM CHAPTER 103D, HRS

for exemption from Chapter 103D, HRS, for the following goods, services, or construction: Bradycardia, Trachyarrhythmia & Cardiac Resynchronization Therapy Products. Vendor: SEE ATTACHED Address: From: 12/01/05 To: 11/30/06 Cost: \$1,000,000.00 Estimated annual experiment: HHSC - Hilo Medical Center, OR Phone Number: 933-3109
erm of Contract: From: 12/01/05 To: 11/30/06 Cost: \$1,000,000.00 Estimated annual experiment: HHSC - Hilo Medical Center, OR Phone Number: 933-3109
Estimated annual experiment: HHSC - Hilo Medical Center, OR
epartment: HHSC - Hilo Medical Center, OR Phone Number: 933-3109
ddress: 1190 Waianuenue Avenue Hilo, HI 96720 Fax Number: 974-4752

SPO Form-7A (Rev. 7/1/02)

P.E. No. ____

Submit in Duplicate

STATE OF HAWAII REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

TO: Head of Purchasing Agency			
FROM: HHSC/HMC/Operating Room (Department/Division/Agency)			
Pursuant to \$ 103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following:			
Description of goods, services, or con	nstruction: thmia and Cardiac Resynchronizati	on Thorony products	
Dradycardia, rachyarrhy	timita and Gardrac Resynchronizati	on merapy products	
		,	
Name of Vendor: "SEE ATTA Address:	ACHMENT"	Cost: Estimated Annual Cost from Three (3) Vendors	
		\$1,000,000.00	
Term of Contract: From: 12/01/05	To: 11/30/06	Prior Exemption Ref. No. (if applicable)	
		to the Ctotal	
Explanation describing how procurement by competitive means is either not practicable or not advantageous to the State: HMC currently purchases from three different companies for pacemaker supplies/equipment (Medtronic USA Inc, Guidant Corporation and St. Jude Medical). When patients are scheduled the selection of vendor is based on surgeon's training and knowledge of the supplies/equipment. It is also based on the type of pacemaker equipment the patient currently has implanted for procedure that requires repair or replacement. It is not practical to limit ourselves to one vendor due to the reasons cited above. It would limit HMC and the surgeons ability to care for all types of patients.			
Details of the process or procedure to be practicable:	pe followed in selecting the vendor to ensure maxin	num fair and open competition as	
See above selection based on surgeon's knowledge/training and patients existing supplies/equipment previously implanted in the body.			

P.E. No _____

650 F . . 6 (D.... (7/1/03)

the state of any state of any state of any state of any state of the s	pirements for the exempted procurement:		
A description of the agency's internal controls and approval req	will indicate need		
A description of the agency's internal controls and approval requirements for the exempted procurement: (a. Physician involved will indicate need of reason for use of a particular product by complete ig a form. hy complete ig a form.			
a hoason for use of	a particular of		
by complete sig a for 2. Legronal mortereal	em.		
They completely to	manager will		
2 Legronal Molling	se with the form & if the product is		
a degument secret	is the product is		
and whele to se	e if the product is celebrable terms & make		
will check to a available under a	celestable to have.		
wallant "the bes	t balue pier chase.		
A list of agency personnel, by position title, who will be involve	d in the approval process and administration of the contract:		
Chris Takahashi, Surgical Services Su	pervisor		
Malia Lewis, Nurse Manager of the Ope	erating Room		
OFAR Warma Poderon	al material municipal,		
Deble Raina, regul	erating Room alerial Manager, al Material		
·	-		
	2 111 Phone Number:		
Direct questions to:	C. Tahahuh		
Chris Takahashi, RN Surgical Services	Supervisor 933-3109		
This exemption should be considered for list of exemptions attac	hed to Chapter 3-120, HAR: Yes 🗓 No 🗆 medica		
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, 4 SLY			
	7×0		
\sim	///////////////////////////////////////		
6 1	7-29.55		
$\frac{0}{2}$	Dopartment Head or Designed Date		
$\frac{2}{3}$			
$\frac{2}{2}$	Dopartment Head or Designeo Date Ron Schull A XXXX NOONING THE RESIDENCE A T		
	Dopartment Head or Designeo Date Ron Schull A NHIK MOOKINGEN ROOMHOKH MANX X		
Chief Procurement Officer's Comments: Much of U	Dopartment Head or Designeo Date Ron Schull A NHIK HOOKIN MAN ROOMING HOOKIN X		
Chief Procurement Officer's Comments: Much of Il Wellieff as "Commercial	Dopartment Head or Designeo Date Ron Schull A NHIK HOOKIN MAN ROOMING HOOKIN X		
Chief Procurement Officer's Comments: Much of He litempt as "commercial HRS 103D-102 (654)(H). An	Dopartment Head or Designeo Date Ron Schull A NHIK HOOKIN MAN ROOMING HOOKIN X		
Chief Procurement Officer's Comments: Much of Al Wellieff as "commercial HRS 103D-102 (bby) (H). An op a cutalog of products.	Dopartment Head or Designeo Date Ron Schull A NHIK HOOKIN MAN ROOMING HOOKIN X		
Chief Procurement Officer's Comments: Much of Il welled as "commercial HES 103D-102 (by)(H). An of a cutalog of products.	Dopartment Head or Designeo Date Ron Schull A NHIK HOOKIN MAN ROOMING HOOKIN X		
Chief Procurement Officer's Comments: Much of How excluded the excluded the superfit as "commenceal HRS 103D-102 (by)(H). An of a cutalog of products within 6 months.	Dopartment Head or Designed Date Ron Schull A NHIK HOOKIN MAN ROOM HOOKIN KNOWN X		
	Department Head or Designed Date Ron Schurch A ***********************************		
	Department Head or Designeo Date Ron Schukk A **********************************		
Please ensure adherence to applicable administrative requirement	Dopartment Head or Designed Date Ron Schukk A **********************************		
Please ensure adherence to applicable administrative requirement APPROVED DISAPPROVED	Department Head or Designed Date Ron Schurch A WHICK GEO Wis equipment would rescale" products under RFP for multiple wender will be initiated		

Medtronic USA, Inc. 21550 Oxnard St., Suite 400 Woodland Hills, CA 91367

St. Jude Medical 21700 Oxnard St., Suite 800 Woodland Hills, CA 91367

Guidant Corporation 4100 Hamline Avenue North St. Paul, MN 55112