EX 06-29



STATE PROCUREMENT OFFICE NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

1. TO: Chief Procurement Officer

2.FROM: HHSC/HMC/Operating Room

2 Description of goods, services or construction:

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:

Gyrus ACMI's (Circon) products/instruments for specific cystology procedures.	
4. Name of Vendor: Gyrus ACMI	5. Price:
Address: 136 Turnpike Road Southborough, MA 01772-2104	\$55,000.00
Term of Contract: Page 09/11/04 Tax 09/19/19	7. Prior Exemption Ref. No.

a. Explanation describing how procurement by competitive means is either not practicable nor advantageous to the State: Surgeons is trained and knowledgeable on the use of this specific type of supplies/instruments. These supplies/instruments ensure a safer, better outcome in the hands of surgeon.

HMC will be subject to greater liability should it require physician/surgeons to use products which they are not familiar and/or trained on and resulting in a poor outcome, would cause undue liability to the facility.

A large volume of the supplies/instruments purchased from Gyrus ACMI have unique features that are not comparable to the products manufactured by other vendors.

9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable:

There are other vendors but they do not provide the same supplies/instruments specific to the surgeon's knowledge. Hawaii Health Systems Corporation can continue to monitor the market in an attempt to find appropriate competition for this vendor but as none currently exists, we must maintain the existing level of patient services. Hawaii Health Systems Corporation will continue to monitor the supply market for product/instruments compatibility.

REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS (Cont.)

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	l, by position, who will be involved in the approve	al process ar			
Name	Position		Involven		
Ronald Schurra	East Hawaii Region, CEO	W/7 E	Approval		Administration
Julie Rukstad	East Hawaii Region, CFO	<u>\</u>		_	dministration
Christine Takahashi	Supervisor	\square	Approval	A	dministration
Dana Deranja	Operating Room Supervisor		Approval	\triangle A	dministration
Arthur Sampaga	Surgical Services Supervisor		Approval	X A	dministration
		<u></u>	Approval		dministration
18. Direct inquiries to:	Department: Operating Room Contact Name: Dana Deranja Hone Number: 974-7041 ax Number: 974-7060 atil ensure adherence to applicable administrative				Signature of the state of the s
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•	15 .Da	ite Notice Po	osted 9-		<u> </u>
written objections to this notice allowed from the above posted	r is in the process of reviewing this request for exect to issue an exemption from Chapter 103D, HRS date to: Chief Procurement Officer State Procurement Office P.G. Box 119 Honolulu, Hawaii 96810-0119	emption fror , within seve	n Chapter 10 n calendar d	3D, H ays or	RS. Submit as otherwise
Chief Procurement Officer's co	onnients:		·/··	······	
APPROV	IED)	~ a 1	1 Q. /	Λ/	
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