EX 06-37



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

1. TO: Head of Purchasing Agency						
2.FROM: MMMC Operating Room						
Department/Division/Agency Pursuant to §103D-102(b)(4), HRS, and Chapter 3-120, HAR, the De	pourment requests a procurement exemption to	purchase the following.				
3 Description of goods, services or construction:						
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Implants, sinus stent, otologic packing, ENT dressings, single use surgical supplies, services etc., to be included.						
- Annual Control of the Control of t						
4. Name of Vendor: XOMED-MEDTRONICS		5. Price: \$70,000.00				
Address: 6756 South Point Drive North Jacksonville, FL 32216		4.0,000.00				
6.	No other	7 Prior Exemption Ref. No.				
Tion. One real	To:					
8. Explanation describing how procurement by competit						
Supplies order from XOMED/Medtronics are compatible with the Nerve Integrety monitor (NIM), Xomed Power Systems						
2000 and Endoscrub 2, equipment used by the ENT surgeons. Currently the surgeons using these products have been trained on this equipment and by using compatible products provides continuity and quality of care to patients.						
g. Details of the process or procedures to be followed in	selecting the vendor to ensure maxim	um fair and open competition				
as practicable:						
The term of the exemption will be for a one (1) year period at which time the hospital will re-evaluate the services and assess other options at which time a determination can be made if services should be continued, or if any other vendor can provide						
such services for the the hospital. Based on available information and research the best procurement practice will be						
completed .						
		41.49				
10. A description of the agency's internal controls and approval requirements for the exempted procurement: This exemption shall be from HRS, Section 103-302 all other guidelines, rules and policies under Chapter 103D shall be upheld. HHSC Polices and procedures will be followed and periodic reviews of contract action will be completed.						
upheld. HHSC Polices and procedures will be folio	wed and periodic reviews of contract a	iction will be completed.				

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11. P.E. No. _____

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

12. A list of agency perso	and because who we	Il be imposed in the co		-T T	tion of the constant
Name	Position	n be involved in the ap	provui process an		nent in Process
Wesley Lo		cutive Office	\square	Approval	Administration
Patrick Saka		ancial Office		Approval	Administration
Lorraine Borsum		f Surgical Services	_ -	Approval	Administration
(A)HAIRC HOISUN	Tanector o	1 July Ical Services		Approval	Administration
		••	片	Approval	Administration
			<u></u>	Approval	Administration
				Approvar	[] /\dittimsiration
13. Direct inquiries to:	Department: Contract Contact Name: Nancy Phone Number: 243-30 Fax Number: 242-277	Delima 191	/ 		
14 This exemption shou	ald be considered for lis	st of exemptions atta	ched to Chapter	3-120, HAI	R: YES NO 🖺
Ageno	y shall ensure adherence	to applicable administ	rative and statutory	y requiremen	ıts
15. I certify that the in	formation provided (above is, to the bes	t of my knowle	dge, true i	and correct.
Department Head	- cnol	(En	10/19.	los	
Department Head	Pat Saka		Date		
		ana epopolicaesa	Se thinks	KAKEN DA	
			16 .Date Notice Po	osted	.20.06
The Head of the Purchasin Submit written objections otherwise allowed from the	to this notice to issue an o	ss of reviewing this rec exemption from Chapte Head of Purchasing A HHSC 3675 Kilauea Ave. Honolulu, Hawaii 96	er 103D, HRS, wit Agency	n from Chap hin seven ca	ter 103D, HRS. lendar days or as
Head of Purchasing Agenc	y's comments;				
17.	20.09	20a	N 0		
APPROVED [DISAPPROVED	Head of Purcha	ising Agency	U Balc	10/30/06

SPO-07 (Rev. 09/30/2005)