

**HAWAII HEALTH SYSTEMS CORPORATION  
NOTICE & REQUEST FOR SOLE SOURCE**

**SS-006**

1. TO: Chief Procurement Officer

2. FROM: A. A. Stransky  
Department/Division/Agency

Pursuant to §103D-306, HRS, and Subchapter 9, Chapter 3-122, HAR, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction:

**Blood and blood products for use by HHSC hospitals.**

4. Vendor Name: **Blood Bank of Hawaii**  
Address: 2043 Dillingham Blvd., Honolulu, HI 96816-2306

5. Price: \$11,016,000.00

6. Term of Contract: From: 3/23/2012 To: 3/22/2017

7. Prior Sole Source Ref No. SS-004

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:  
**The State of Hawaii has only one source for blood and blood products; the non-profit and state-wide Blood Bank of Hawaii.**

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:  
**HHSC hospitals must have immediate access to reliable, minimal inventories of whole blood, blood products and services such as immunohematology testing, irradiation, and leukoreduction. Only one source exists in the State of Hawaii; the Blood Bank of Hawaii.**

10: Sole Source No. SS-004

**PUR Form 001 (Spo 01) 11/06**

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: N/A

12. Direct any inquiries to:  
Department: Corporate Contracts  
Contact Name/Title: Alison Stransky, Corp. Contracts Manager

13. Phone Number:  
808-733-9074  
Email: astransky@hhsc.org

Expenditure may be processed with a purchase order:  Yes  No If no, a contract must be executed  
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.

Department Head (sign and print name)

Date

*[Signature]*  
2/22/14

15 Date Notice Posted: 3-24-16

Submit written objections to this intent to issue a sole source contract within seven calendar days or as otherwise allowed from the above posted date to: Chief Procurement Officer  
HHSC  
3675 Kilauea Ave.  
Honolulu, Hawaii 96816

16. Chief Procurement Officer comments:

*Critical for patient safety.*

17.  APPROVED  DISAPPROVED  
 NO ACTION REQUIRED

*Edna M. A.* 2/29/16  
Chief Procurement Officer Date