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:

<table>
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<tr>
<th>Blood and blood products for use by HHSC hospitals.</th>
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4. Vendor Name: **Blood Bank of Hawaii**
   Address: 2043 Dillingham Blvd., Honolulu, HI 96816-2306
5. Price: $11,016,000.00

   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**

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
   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.

13. **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  

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

Chief Procurement Officer comments:

Critical for patient safety.

☐ APPROVED ☐ DISAPPROVED
☐ NO ACTION REQUIRED

Chief Procurement Officer Date