

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

SS-008

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
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6. Term of Contract: From: <u>3/23/2012</u> To: <u>3/22/2018</u>	7. Prior Sole Source Ref No. <u>SS-006</u>
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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-008

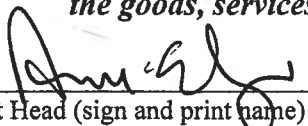
PUR Form 001 (Spo 01) 11/06

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: <u>Corporate Contracts</u> Contact Name/Title: <u>Alison Stransky, Corp. Contracts Manager</u>	13 Phone Number: <u>808-733-9074</u> Email: <u>astransky@hhsc.org</u>
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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)

3/9/17
Date

Reserved for CPO/Delegee Use Only

15 Date Notice Posted: 3-10-17

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 care.

17. APPROVED DISAPPROVED

NO ACTION REQUIRED

E. J. [Signature] 3/17/17

Chief Procurement Officer Date