

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

1. TO: Chief Procurement Officer  
 2. FROM: **A.A. Stransky re: HHSC Contract No. FY10-0212**  
 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:  
**\$1,776,000.00**  
**Sup 1 \$2,500,000.00**  
**Total \$4,276,000.00**

6. Term of Contract: (mm/dd/yyyy) From: **03-15-2010** To: **3-14-2012**

7. Prior Sole Source Ref  
**#SS 6-06**  
**Approved by Board**  
**2006**

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, 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 related services such as immunohematology testing, irradiation, and leukoreduction. Only one source exists in the State of Hawaii; Blood Bank of Hawaii.**

10: Sole Source No. 11-003

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: **There are no alternate sources for blood and blood products for the State of Hawaii. If HHSC were located on the mainland, and enjoyed contiguous geography with other states it could be possible to seek an alternative source for blood and blood products, but due to its geographical isolation, and the critical aspect of timely delivery of these products, there are no alternate sources.**

12 Direct any inquiries to: Department: <b>Corporate Contracts</b> Contact Name/Title: <b>A.A. Stransky, Contracts Manager</b>	13 Phone Number: <u>808. 733-9074</u>
--	--

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.

*Diana K. Segawa* 3/11/11  
 Department Head (sign and print name) Date

Reserved for CPPO Delegation Use Only

15 Date Notice Posted: \_\_\_\_\_

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:

17.  APPROVED  DISAPPROVED \_\_\_\_\_  
 NO ACTION REQUIRED Chief Procurement Officer Date