S.S. No: ____

Submit in Duplicate

SPO Form-I (Rev. 7/1/02)

STATE OF HAWAII REQUEST FOR SOLE SOURCE

TO: Chief Procurement Officer FROM: Pharmacy - Hilo Medical Center (Department/Division/Agency)				
Pursuant to \$103D-306, HRS, and Subchapter 9, Chapter 3-122, HAR, the Department to purchase the following: Description of goods, services, or construction: 1. Overwrap bags, large	partment requests sole source			
2. Overwrap bags, small 3. Media matched foil + amber cellophane 4. Print foil- 4 wide 5. Robot envelopes 6. Robot thermal labels	es true 486°			
Name of Vendor: McKesson Automation Address: 700 Waterfront Drive Pittsburgh, PA 15222	Cost: Approx \$3100/mon			
Term of Contract: From: 4/21/05 To: 4/20/06	Prior Sole Source & Greene No.:			
The goods, services, or construction has the following unique features, characteristics, or capabilities: These materials are specific for use with McKesson Robot RX. Required for bar code drug packing and in drug distribution for patients.				
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REQUEST FOR SOLE SOURCE (Cont.)

How the unique features, characteristics or capabilities are essential for the agency to accomplish its work:			
These materials are essential for restocking Robot RX with medications.			
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The following other possible sources for the go our needs because:		struction were investig	rated but do not meet
No other source with similar pro	ducts.		
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		,	
Direct questions to: Nelson Nako	1,11,371.0	Phone:808	974-4791
I soutifu that the information monided above	e is to the heat of	ilient	
I certify that the information provided above goods, services, or construct			
goods, services, or construction are available through only one source			
_	XXX	0	4-2605
	Responstance of the	Explanation of the control of the co	Date
	HMC	**	
	Title (If other	than Department Head)	
	•		*
Chief Procurement Officer's comments:	dave ap	proved the	request
To sole source in accordinace with gullouly			
adjava to me by	Im Dre	skill so a	am
his asbrence, sell	Allober	- 09/05)	05
Please ensure adherence to applicable administrat	ivo and statutory req	uirements.	
Expenditure may be processed through a purchas executed and funds certified.	e order: Yes 🖰 N	o D. If no, a contract	must be Roberson
APPROVED DISAPPROVED	Kelley	leberton	Date (
	Head of Purch	MOENTHIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	09/05/05
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SPO Form -1 (Rev. 7/1/02)