



**STATE PROCUREMENT OFFICE  
NOTICE OF AMENDMENT TO SOLE SOURCE CONTRACT**

1. TO: Head of Purchasing Agency  
2. FROM: Alice Hall, Director of Contract Management  
Department/Division/Agency

3. Name of Contractor: Blood Bank of Hawaii

4. Sole Source Reference Number: SS05-08

5. Contract Number:

6. Description of goods, services, or construction:  
Blood collection, dispensing services and purchase of blood products to Hilo Medical Center

7. Approval to amend is submitted in order to:

Revise the scope of services for the contract as follows:

Amend date of contract to 4/20/05 to 4/19/06. Request did not state dollar amount because it varies from month to month. One year period is approximately \$350,000.

Increase contract price by 10 % or more:

Original Contract Price:  
\$350,000.00

Amended Contract Price: \$350,000.00

8. Reason: This / These amendment(s) are necessary because:

Amending Sole Source request to reflect term of contract is 4/20/05 to 4/19/06.

9. Direct questions to: Alice Hall

Phone: 733-4168

Agency shall ensure adherence to applicable administrative and statutory requirements.

10. Pursuant to § 103D-306, HRS, and § 3-122-82, HAR, I certify that the information provided above is, to the best of my knowledge, true and correct

*Alice M Hall*

*3-23-06*

Department Head

Date

11. Date Notice Posted:

12. Submit written objections to this notice of amendment to Sole Source Contract within seven calendar days or as otherwise allowed from the above posted date to:

Head of Purchasing Agency  
3675 Kilauea Ave.  
Honolulu, Hawaii 96816

Head of Purchasing Agency's Comments:

13.  APPROVED  DISAPPROVED

Head of Purchasing Agency Date

APR 19 2006 9:09AM

Submit to Department

55 05-08  
Amended

### STATE OF HAWAII REQUEST FOR SOLE SOURCE

**TO:** Chief Procurement Officer  
**FROM:** Gayle S.H. Sato, Hilo Medical Center Laboratory, Chief Technologist  
(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:

<p><b>Description of goods, services, or construction:</b></p> <p>Blood and blood products</p>
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<p><b>Name of Vendor:</b> Blood Bank of Hawaii <b>Address:</b> 2043 Dillingham Blvd. Honolulu, Hawaii 96819</p>	<p><b>Cost:</b> varies each month Annual NTE \$350,000.</p>
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<p><b>Term of Contract:</b> From: 6/4/20/05 To: 04/19/06</p>	<p><b>Price/Sole Source Reference No.:</b></p>
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<p><b>The goods, services, or construction has the following unique features, characteristics, or capabilities:</b></p> <p>Blood Bank of Hawaii, Honolulu, is the only supplier in Hawaii which collects and dispenses blood and blood products and delivers in a timely manner.</p>
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APR 19 2006 9:09AM

NO. 4818 P. 2

Submit in Daytime

**REQUEST FOR SOLE SOURCE (Cont.)**

How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:

Blood and blood products are used for patient treatment and essential for patients' lives in various diseases or trauma cases.

The following other possible sources for the goods, services, or construction were investigated but do not meet our needs because:

N/A

Direct questions to: Gayle S.H. Sato Phone: 808-274-6898

*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.*

 4-18-05  
 Department Head or Designee Date

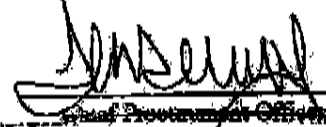
Title (If other than Department Head)

Chief Procurement Officer's comments:

Please ensure adherence to applicable administrative and statutory requirements.

Expenditure may be processed through a purchase order: Yes  No . If no, a contract must be executed and funds certified.

APPROVED  DISAPPROVED

 04/20/05  
 Chief Procurement Officer Date  
 HMSC cep