



STATE PROCUREMENT OFFICE
NOTICE & REQUEST FOR SOLE SOURCE

13 OCT 11 A10:41

STATE PROCUREMENT OFFICE
STATE OF HAWAII

TO: Chief Procurement Officer
FROM: HEALTH/HRA/CDPHND-TB CONTROL BRANCH
Name of Requesting Department

Pursuant to HRS §103D-306 and HAR chapter 3-122, Subchapter 9, the Department requests sole source approval to purchase the following:

1. Describe the goods, services, or construction to be procured.
To purchase the following X-ray services on the Island of Molokai per prescribed authorization from TB Chest Clinic Physician (Procedure codes 71010, 71015, 71020, 71021, 71022, and 71023).

Table with 2 columns and 2 rows. Row 1: Vendor/Contractor/Service Provider Name: Molokai General Hospital; Amount of Request: \$5,000.00. Row 2: Term of contract (shall not exceed 12 months), if applicable: From: 9/24/2013 10/11/13 To: 9/23/2014 10/10/14; Prior SPO-001, Sole Source (SS) No.: 13-014B (dtd 9/14/2012)

6. Describe in detail the following:
a. The unique features, characteristics, or capabilities of the goods, service or construction.
The vendor must be able to provide digital CXRs services for both children and adults (no reading of images is required) and be able to transmit those images digitally through a Virtual Private Network (VPN) to the Department's TB Program located on the Island of Oahu. So the TB Physician is able to provide timely action and service in ruling out active TB and minimize cost associated with physical retrieval and mailing of hard copy X-rays to Maui and the delay in ruling out TB or initiating appropriate drug treatment therapy in an active case. In the event that the vendor is unable to provide digital transmission they shall have the capabilities to provide images per industry approved standards on another type of digital media that program is able to read.
b. How the unique features, characteristics or capabilities of the goods, service or construction are essential for the department
This service is critical as the view of individual's chest cavity is the only way in which a accurate diagnosis for disease can be made after a positive mantoux (skin) test. Individual requires this screening per HAR 164 in order to obtain a TB clearance certificate for entrance into public school, post-secondary school, placement into shelters and nursing facilities, work in healthcare institutions, and foodhandling.

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7. Describe the efforts and results in determining that this is the only vendor/contractor/service provider who can provide the

goods, services or construction  
 The Maui PHN Supervisor has tried to look for interested vendors on Maui and had discussions to determine if any of Maui CXR vendors would be interested in providing services on Molokai; however, given small population size and need for services, Maui vendors are not interested in opening this type of business on Molokai (cost outweigh returns).

8. Alternate source. Describe the other possible sources for the goods, services, or construction that were investigated but did not meet the department's needs.

Per TB PHN Staff that service the residents on the island of Molokai. Molokai General Hospital remains only provider of services on the island and have been since the other vendor closed its business. Should our program staff on Molokai informed Oahu TB Control Branch on island of Oahu about another vendor planning to open digital radiological imaging on Molokai, the Hospital continues to be only source of this important services.

9. Identify the primary responsible staff person(s) conducting and managing this procurement. (Appropriate delegated procurement authority and completion of mandatory training required.)

\*Point of contact (Place asterisk after name of person to contact for additional information).

Name	Division/Agency	Phone Number	E-mail Address
Murakami, Trudy*	CDD-TB Branch	832-5737	trudy.murakami@doh.hawaii.gov

Department shall ensure adherence to applicable administrative and statutory requirements, including HAR chapter 3-122, Subchapter 15, Cost or Pricing Data if required.

**All requirements/approvals and internal controls for this expenditure is the responsibility of the department.  
 I certify that the information provided is to the best of my knowledge, true and correct.**



Department Head Signature

10/10/13  
 Date

**For Chief Procurement Officer Use Only**

Date Notice Posted: 10/11/13

Submit written objection to this notice to issue a sole source contract within seven calendar days or as otherwise allowed from date notice posted to:

[state.procurement.office@hawaii.gov](mailto:state.procurement.office@hawaii.gov)

Chief Procurement Officer (CPO) Comments:

Request has been withdrawn by the department.

Approved

Disapproved

No Action Required

*Arms. J. J.*      10/29/2013  
Chief Procurement Officer Signature      Date