

EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer
2. FROM: Lauri Redus

Pursuant to East Hawaii Region Policy, PUR 005, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction:
Cryoablation generator energizes probes to freeze a tumor and kill it. We utilize the Boston Scientific probes and therefore must use the corresponding cryoablation generator.

| | |
|---|--|
| 4. Vendor Name: Boston Scientific Address: 300 Boston Scientific Way, Marlborough, MA 01752-1291 | 5. Price: \$49,995.00 plus 3 year EssentialCare plan \$13,500.00 Total: <u>\$63,495.00</u> |
| 6. Term of Contract: From: <u>02-01-2025</u> To: <u>01-31-2028</u> (mm/dd/yyyy) | 7. Prior Sole Source Ref No. <u>N/A</u> |

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:

This Cryoablation generator is the only one compatible with approved, in stock probes. Boston Scientific makes the most efficient, accurate cryoablation probes.

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

Enables Cryoablation of tumors capabilities. Cryoablation is a safe, less invasive way to kill tumors—both malignant and benign.

10: Sole Source No. #25-0223

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: There is no other vendor available for this product line and since we have been using this equipment in a previous capacity, we have a considerable degree of physician preference.

12. **Direct any inquiries to:**

Department: Lauri Redus

Contact Name/Title: Regional Imaging Administrator

13 Phone Number: 8089323801

Fax Number: 8089323966

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.***

Lauri Redus *Lauri Redus*

Department Head (sign and print name)

01/06/2025

Date

Reserved for RCEO/Designee Use Only

15 Date Notice Posted: 01-07-2025

Submit written objections to this intent to issue a sole source contract within five (5) calendar days or as otherwise allowed from the above posted date to: Regional Chief Executive Officer

East Hawaii Region
1190 Waianuenue Ave.
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.

☐ APPROVED ☐ DISAPPROVED

☐ NO ACTION REQUIRED

Regional Chief Executive Officer

Date