

**EAST HAWAII REGION**  
**NOTICE & REQUEST FOR SOLE SOURCE**

- 1. TO: Regional Chief Executive Officer
- 2. FROM: Lauri Redus, Regional Imaging Administrator

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:  
 Replacement with newest model of the five oldest Ultrasound units; software upgrades to the newest four Ultrasound units. This overall upgrade plan puts all 9 Ultrasound units on the same operating platform thereby improving the efficiency of the US technologists, increasing patient throughput and enhancing overall US exam quality.

4. Vendor Name: Canon Medical Systems  Address:	5. Price: <u>\$ 1,063,000.00</u>
6. Term of Contract: From: 10/2025 To: <u>9/2030</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:  
 All 9 US units are Canon. To maintain the same vendor insures that there is no additional training needed for the technologists, that image quality is standardized across both US and Echo departments and that the functionality of both departments is not interrupted.

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:  
 This purchase maintains the same operating platform, reporting templates, scanning capabilities and staff knowledge and experience for all US staff members.

10: Sole Source No. \_\_\_\_\_

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because:  
To acquire a similar fleet of US equipment from a different vendor would cost a minimum of \$3 million, add significant training requirements and reduce the efficiencies of the both the US and Echo departments for approximately one year.

12. **Direct any inquiries to:**  
Department: Imaging  
Contact Name/Title: Lauri Redus

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  
Department Head (sign and print name)

\_\_\_\_\_  
9/17/25  
Date

**Reserved for RCEO/Designee Use Only**

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

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 Waiuanue Avenue.  
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.  
 APPROVED  DISAPPROVED  
 NO ACTION REQUIRED

\_\_\_\_\_  
Regional Chief Executive Officer Date