## MSSISSIPPI STATE DEPARTMENT OF HEALTH Notice of Proposed Sole Source Purchase #0301-46 RFx # 3150001818

The Mississippi State Department of Health anticipates purchasing the item(s) listed below as a sole source purchase. Anyone objecting to this purchase shall follow the procedures outlined below.

Commodity or commodities to be purchased (make, model, description):

- Make: HemoCue America
- Model: HB 201+Cuvettes 4X50, #111716
- Description: MicroCuvettes for use with HemoCue Hemoglobin Analyzers

Explanation of the need to be fulfilled by this item(s) and why it is the only one that can meet the specific needs of the department:

- The MicroCuevettes used in conjunction with the HemoCue Analyzers (already in place in our county health departments and clinics statewide) are used to test only hemoglobin (which is a lab value used to assist in the diagnosis of anemia). Anemia screening is a required component of care for approximately four health and nutrition programs in the Mississippi State Department of Health.
- The MicroCuvettes used with the existing analyzers are specific to this machine and are sole source from this same manufacturer as the analyzers.

Name of company/individual selling the item and why that source is the only possible source that can provide the required item(s):

 HemoCue America is the sole manufacturer of this product and sells only direct to Public Health customers.

Estimated cost of item(s) and an explanation why the amount to be expended is considered reasonable:

- Cost: \$168.00/Bx Est. Qty 1500 Bx for one-year period Total \$252,000.00/one-year period plus shipping
- Mississippi State Department of Health receives approximately 44% discount from retail pricing.

Explanation of the efforts taken by the department to determine this is the only source and the efforts used to obtain the best possible price:

- HemoCue America is the manufacturer and sole vendor of this product to Public Health customers
- All applicable discounts were explored and applied.

Any person or entity that objects and proposes that the commodity listed is not sole source and can be provided by another person or entity shall submit a written notice to: Jennifer Dotson, Mississippi State

Department of Health Purchasing Department, 570 E. Woodrow Wilson, Room 134 Underwood Building, Jackson, MS 39216 or P. O. Box 1700, Jackson, MS 39215-1700.

Responses may be hand delivered, via regular mail, overnight delivery or by e-mail: <a href="mailto:jennifer.dotson@msdh.ms.gov">jennifer.dotson@msdh.ms.gov</a>. The envelope or e-mail should reference the sole source number.

The notice shall contain a detailed explanation of why the commodity is not a sole source procurement. Appropriate documentation shall also be submitted if applicable. The enclosed form (OSS) may be used if you so desire.

If after a review of the submitted notice and documents, Mississippi State Department of Health determines that the commodity in the proposed sole source request can be provided by another person or entity, then Mississippi State Department of Health will withdraw the sole source request publication from the procurement portal website and submit the procurement of the commodity to an advertised competitive bid or selection process.

If Mississippi State Department of Health determines after review that there is only one (1) source for the required commodity, the Mississippi State Department of Health will appeal to the Public Procurement Review Board. Mississippi State Department of Health will have the burden of proving that the commodity is only provided by one (1) source.

Notices/objections, etc. will be accepted at any time prior to: Friday, November 16, 2018 at 3:00 p.m. CST



# OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT OBJECTION TO SOLE SOURCE DETERMINATION (0SS)

### **VENDOR FORM**

### INFORMATION ABOUT THE VENDOR/INDIVIDUAL SUBMITTING OSS FORM

Vendor/Representative Name				
Vendor/Representative Name:				
Phone/Email/Fax Contact:				
Date Form Submitted:	RFIN#: <u>(RF</u> x#)			
INFORMATION ABOUT THE PURC	HASING AGENCY			
Agency:				
Proposed Commodity Provider Name: _				
Type of Commodity:				
Provide a detailed explanation of why the elieve that you, your company, or anothe	commodity is not a sole source commodity; including why you er entity can provide the commodity required by the Agency			
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#### HemoCue America

Company Address 250 S. Kraemer Blvd. - Mailstop: B1.SW.11

Brea, CA 92821

US

Created Date

10/25/2018

**Expiration Date** 

12/31/2019

Quote Number

00000506

Prepared By

Steve Kavanaugh 615-727-3146

Phone Email

steven.j.kavanaugh@hemocue.com

Bill To Name

MISSISSIPPI STATE DEPT OF HLTH

Bill To

PO BOX 1700

JACKSON, MS 39215

USA

Contact Name

Jennifer Dotson

Email

jennifer.dotson@msdh.ms.gov

Ship To Name MISSISSIPPI STATE DEPT OF HLTH

Product	Date	List Price	Sales Price	Quantity	Total Price
HB 201+ ANALYZER	10/25/2018	\$400.00	\$400.00	1.00	\$400.00
HB 201+ CUVETTES 4X50	10/25/2018	\$168.00	\$168.00	1.00	\$168.00
		Subtotal	\$568.00		
		Discount	0.00%		
		Total Price	\$568.00		
		Grand Total	\$568.00		

Quote Acceptance Information

Signature

Name

Title

Date