

# Notice of Intent to Certify Sole Source

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**To:** Interested Parties

**From:** Stacy Baldwin  
Agency Procurement Officer

**Date:** March 7, 2016

**Re:** Sole Source Certification Number **SS5018** for **Maximus Rotalix Ceramic Tube**

**Contact Email Address:** [solesource@umc.edu](mailto:solesource@umc.edu)

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## Sole Source Certification Award Details

Regarding UMMC Sole Source Certification Number **SS5018** for **Maximus Rotalix Ceramic Tube**, please be advised that UMMC intends to award the purchase of the **Maximus Rotalix Ceramic Tube** to **Philips Healthcare** as the sole source provider of the **Maximus Rotalix Ceramic Tube**.

UMMC issues this notice in accordance with Mississippi state law, policy, and procedures for sole source procurements.

### Sole Source Criteria

1. Where the compatibility of equipment, accessories, or replacement parts is the paramount consideration (and manufacturer is the sole supplier).
2. Where a sole supplier's item is needed for trial use or testing.
3. Where a sole supplier's item is to be required when no other item will service the needs of UMMC.

### Schedule

<b>Task</b>	<b>Date</b>
First Advertisement Date	March 7, 2016
Second Advertisement Date	March 14, 2016

Response Deadline from Objectors	March 24, 2016, at 3:00 p.m. Central Time
Notice of Award/No Award Posted	Not before April 21, 2016

## Project Details

**1. Describe the commodity that the agency is seeking to procure:**

The University of Mississippi Medical Center (UMMC) seeks to purchase a Maximus Rotalix Ceramic (MRC) Tube. The MRC is an X-ray tube that plays a major functional piece of the imaging modality for Cardiac Catherization Laboratories. These tubes achieve optimum image quality at a low X-ray doses during invasive cardiac procedures.

**2. Explain why the commodity is the only one (1) that can meet the needs of the agency:**

UMMC currently owns a Philips Allura FD20 X-ray system, and the MRC tube provided by Philips is proprietary in nature to this system.

**3. Explain why the source is the only person or entity that can provide the required commodity:**

Philips Healthcare manufactures and distributes the Philips Allura FD 20 System and proprietary components. They are not available from any other distributor. See supporting letter from **Philips Healthcare**, Attachment A.

**4. Explain why the amount to be expended for the commodity is reasonable:**

The estimated amount to be expended is for the purchase of the **Maximus Rotalix Ceramic Tube** is \$ 140,000. This amount is within the expected price range for these products.

**5. Describe the efforts that the agency went through to obtain the best possible price for the commodity:**

Through market intelligence, UMMC was able to negotiate best pricing for these products. All applicable discounts were explored and applied.

## Submission Instructions and Format of Response from Objecting Parties

Interested parties who have reason to believe that the **Maximus Rotalix Ceramic Tube** (hereafter, "Products") should not be certified as a sole source should provide information in the Vendor Form for the State to use in determining whether or not to proceed with awarding the sole source to **Philips Healthcare**. The Vendor Form may be found at <http://www.dfa.state.ms.us/Purchasing/documents/ObjectiontoSoleSourceDetermination.pdf>.

Objections must include the certification in Attachment B.

Comments will be accepted at any time prior to Thursday, March 24, 2016, at 3:00 p.m. (Central Time) to [solesource@umc.edu](mailto:solesource@umc.edu). Responses may be delivered via email to [solesource@umc.edu](mailto:solesource@umc.edu). UMMC WILL NOT BE RESPONSIBLE FOR DELAYS IN THE DELIVERY OF RESPONSES. It is solely the responsibility of the Interested Parties that responses reach UMMC on time. Responses received after the deadline and responses that lack all required information will be rejected. UMMC reserves the right to inspect Interested Party's commodity for comparison purposes.

If you have any questions concerning the information above or if we can be of further assistance, please contact [solesource@umc.edu](mailto:solesource@umc.edu).

Attachment A: Vendor Correspondence

Attachment B: Objection Certification

# PHILIPS

Philips Healthcare

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February 18, 2016

Attn: Andrea Williford, MSN RN  
Strategic Sourcing Manager  
University of Mississippi Medical Center

Re: Sole Source Justification

Dear: Ms. Williford

Please accept this letter of justification in going sole source with Philips Healthcare for your MRC 200 0407 ROT-GS X-ray tube equipment and labor for initial troubleshooting and replacement.

Philips Healthcare is the Original Equipment Manufacturer (OEM) of our equipment. As the OEM, Philips personnel have access to all aspects of the system design, manufacture, and operation, ensuring that any issue that may arise is addressed by the correct department and at the appropriate level. Philips can provide back up and successively higher levels of technical and clinical support, remote service, all the way to factory support, if needed. In the event higher level trouble shooting is required. Philips may utilize proprietary diagnostic software.

You can be assured that our Field Service Engineers (FSEs) will provide you with quality service, parts that are OEM certified (new or like new), and are compatible with your equipment. Our FSEs are equipped with leading-edge proprietary tools, the latest training, and the industry's most advanced support infrastructure.

If you have any further questions, please contact me at 425-482-8768. Thank you.

PHILIPS HEALTHCARE



Sarah Fujita  
Contracts Manager

Attachment B

**SUBMITTED IN RESPONSE TO  
Sole Source Certification No. SS5018  
Accepted until March 24, 2016, at 3:00 p.m.**

I certify that the information contained in this objection is true and accurate to the best of my knowledge. I understand that UMMC will investigate all statements made in this objection and that any false or misleading information provided may result in adverse action.

\_\_\_\_\_  
Objector Name  
Objector's title

\_\_\_\_\_  
Date