MSSISSIPPI STATE DEPARTMENT OF HEALTH
Notice of Proposed Sole Source Purchase #0301-12
RFx # 3150000522

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):
The Mississippi Public Health Laboratory (MPHL) currently possess a Bio-Rad Geenius Test System and performs the HIV 1/2 confirmatory testing on this platform. The MPHL would like to purchase reagents that are FDA approved to perform HIV 1/2 confirmatory testing on human patients using the Geenius System.

- 72461 Geenius HIV 1/2 Supplemental Assay (20 tests) - 84 Kits/year

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 reagents for the Geenius 1/2 Supplemental Assay is the only kit approved for use on the Geenius System. In accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA'88) FDA approved assays must be performed as indicated on the manufacturer's test package insert without deviations.

Name of company/individual selling the item and why that source is the only possible source that can provide the required item(s):
The reagents for the Geenius HIV 1/2 Supplemental Assay are manufactured only by Bio-Rad. Bio-Rad does not use distributors in the clinical market and sales directly to laboratories.

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

- Estimated Cost: $60,480 per year (84 kits per year)
- Estimated Cost: $241,920 for 4 years
- The MPHL receives discounted public health pricing that is firm through June 30, 2020.

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:

- Bio-Rad is the sole manufacturer and sole vendor of these products and sells directly to laboratories.
- No other test reagents are FDA approved to perform HIV ½ Supplemental testing to differentiate between HIV-1 and HIV-2 on human patients using the Geenius.
- All applicable discounts were explored and applied. As a public health laboratory, the MPHL receives discounted public health pricing that is firm through June 30, 2020.

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: jennifer.dotson@msdh.ms.gov. 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: __Thursday, June 9_, 2016 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: _____

Responsible Contact: _____

Phone/Email/Fax Contact: _____

Date Form Submitted: _____ RFIN#: (RFx#) _____

INFORMATION ABOUT THE PURCHASING AGENCY

Agency: _____

Proposed Commodity Provider Name: _____

Type of Commodity: _____

Provide a detailed explanation of why the commodity is not a sole source commodity; including why you believe that you, your company, or another entity can provide the commodity required by the Agency.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____