Proposed Sole Source Purchase Form

I. GENERAL INFORMATION:

<table>
<thead>
<tr>
<th>Date of Request</th>
<th>December 14, 2017</th>
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</thead>
<tbody>
<tr>
<td>Request Submitted by</td>
<td>Sandra Sanchez</td>
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<tr>
<td>Department</td>
<td>Purchasing</td>
</tr>
<tr>
<td>Request Submitted by</td>
<td>Fred Walker</td>
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<tr>
<td>Department</td>
<td>Various Departments</td>
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<tr>
<td>Proposed Vendor</td>
<td>Nanosonics, Inc.</td>
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<tr>
<td>Estimated Amount</td>
<td>$250,000</td>
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<tr>
<td>UNM Hospitals Purchasing Director</td>
<td>Jeffrey C. Gilmore</td>
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</tbody>
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Provide a basic description of goods/services to be provided:

To purchase nanosonic s consumable products to support the Trophon ERP high-level disinfection system for Ultrasound probes used at various departments.

Why is this purchase needed?

To disinfect ultrasound probes on the Trophon ERP disinfection system after each use.
II. BASIS FOR SOLE SOURCE PROCUREMENT:

- PROPRIETARY: Item, technology, or service is proprietary and available ONLY from the proposed vendor.

Nanosonics is the manufacturer of the consumable products that support the Trophon device. The consumable products are used in cleaning the endovaginal ultrasound probes.

- COMPLIABILITY: Desired purchase must be compatible with existing item, technology or service.

- RENEWAL: Support, maintenance, software subscription, technology or other IP must be renewed from vendor.

- Other Basis for Sole Source: Please describe below:
III. SUPPLEMENTAL DETAILS.

Describe the unique capabilities of the proposed vendor's goods, services, or personnel performing the work and why this constitutes the only source. Describe any risks that could not be overcome without the purchase.

Consumable products support the efficient method used to clean the Ultrasound probes.

Identify other vendors or sources and the reason they were found to be unsatisfactory for providing the goods, services, or personnel performing the work.

None.

List the other vendors who were contacted. Please describe the specs/qualifications/criteria that the other vendors were unable to satisfy.

No other vendors provide consumables products for the Trophon devices.

IV. DEPARTMENT APPROVAL.

By signing below, the department certifies that the information submitted on this form has been reviewed and this purchase has departmental approval. The final determination of Sole Source approval shall be made by the Purchasing Department.

Requestor: [Signature] Date: 12-28-17

Administrator: [Signature] Date: _________

Director of Purchasing: [Signature] Date: 12-28-17