PROPOSED SOLE SOURCE PURCHASE
DEPARTMENT REQUESTOR FORM

Pursuant to New Mexico Procurement law, the UNM Hospitals Purchasing Department will post your completed form on the UNM Sunshine Portal for 30 days prior to purchase of the goods/services.

I. GENERAL INFORMATION. Please Provide Complete Information:

<table>
<thead>
<tr>
<th>Date of Request</th>
<th>3/23/2018</th>
<th>Requisition Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Submitted by</td>
<td>Bradley Ross</td>
<td>Title</td>
</tr>
<tr>
<td>Department</td>
<td>Surgical Services</td>
<td>Email</td>
</tr>
<tr>
<td>Proposed Vendor</td>
<td>Leica</td>
<td>Estimated Dollar Amt</td>
</tr>
</tbody>
</table>

Provide a basic description of goods/services to be provided:
Additional Microscopes for the purpose of standardizing microscopes in surgical services

Intended use of/reason for purchase:
Supplementation of existing equipment

II. BASIS FOR IDENTIFYING VENDOR AS SOLE SOURCE PROCUREMENT. Choose Applicable Box(es) and Provide Detailed Information:

☐ PROPRIETARY. Item, technology, or service is proprietary and available ONLY from the proposed vendor.
Currently leica has a proprietary flouroscopy function that is key to research in the area of Cranial Maxillofacial Surgery tumor resections. We are currently standardizing to this technology for our neuro surgeons.

☐ COMPATIBLE. Desired purchase must be compatible with existing item, technology or service.

☐ RENEWAL. Support, maintenance, software subscription, technology or other intellectual property must be

UNMH Proposed Sole Source Form – Rev 7/30/14
renewed ONLY from proposed vendor.

**OTHER. Other basis for Sole Source not described above.**
Without the fluoroscopy functions provided by this microscope we are unable to progress in our research to treat complex tumors in neurosurgery.

**III. SUPPLEMENTAL DETAILS. Please Provide Additional Information As Requested Below:**

Describe the unique capabilities of the proposed vendor's goods, services, or personnel performing the work and substantial risks that could not be overcome without purchase.

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

**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: 3/23/2018

Administrator: [Signature]
Date: 3/23/18

Purchasing Director: [Signature]
Date: 4/4/18