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>9/24/2018</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>Phone</td>
<td>306-8124</td>
<td></td>
</tr>
<tr>
<td>Proposed Vendor</td>
<td>United Shockwave Services LTD</td>
<td>Estimated Dollar Amt</td>
</tr>
</tbody>
</table>

Provide a basic description of goods/services to be provided:

Provide laser services to unmh for surgical cases requiring laser services

Intended use of/reason for purchase:

Provide laser services to unmh for surgical cases requiring laser services i.e. (Urology, ENT, etc.)

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.

United Shockwave Services is the only company providing these services in Albuquerque currently.

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

☐ RENEWAL. Support, maintenance, software subscription, technology or other intellectual property must be renewed ONLY from proposed vendor.

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III. SUPPLEMENTAL DETAILS. Please provide additional information as requested.

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 “Solo Source” approval shall be made by the Purchasing Department.

Requestor: [Signature]
Date: [Signature]

Administrator: [Signature]
Date: [Signature]

Purchasing Director: [Signature]
Date: [Signature]

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