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>2/6/2019</th>
<th>Requisition Number (if applicable)</th>
<th>Products# 2019007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Submitted by</td>
<td>Frances Lathrop</td>
<td>Title</td>
<td>Sr. Director Cardiology</td>
</tr>
<tr>
<td>Department</td>
<td>Cardiac Cath Lab</td>
<td>Email</td>
<td><a href="mailto:flathrop@salud.unm.edu">flathrop@salud.unm.edu</a></td>
</tr>
<tr>
<td>Proposed Vendor</td>
<td>BD Bard</td>
<td>Estimated Dollar Amt</td>
<td>70,000.00</td>
</tr>
</tbody>
</table>

Provide a basic description of goods/services to be provided:
Magnetic AV Fistula System

Intended use of/reason for purchase:
Av Fistula

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.

C9755. The reimbursement for this procedure is right around $9700

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

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

OTHER. Other basis for Sole Source not described above.
Approved in Products Standards 2/6/2019 sole source per Purchasing.

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.

Uses magnetic technology

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

All others do not use the Magnetic technology

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: __Frances Lethrop___________________________________________________________________ Date: 02-06-19

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