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>3/22/2019</th>
<th>Requisition Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Submitted by</td>
<td>Bradley Ross</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>Surgical Services</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:baross@salud.unm.edu">baross@salud.unm.edu</a></td>
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<tr>
<td>Phone</td>
<td>306-8124</td>
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Provide a basic description of goods/services to be provided:

Implant System Used for SI Join Fusion

Intended use of/reason for purchase:

Implant System Used for SI Join Fusion in Orthopedic Surgical Cases

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

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

  The Fusion Implant is the only triangular non-screw implant on the market for stabilizing and fusing the SI-Joint.

- [ ] 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

Date: 3/25/19

Purchasing Director: [Signature]

Date: 3/22/2019

Administrator: [Signature]

Date: 1/22/2019

Requestor: [Signature]

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

I. DEPARTMENT APPROVAL

SERVICES/GOODS IDENTIFIED

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

SUBSTANTIAL RISKS THAT COULD NOT BE OVERCOME WITHOUT PURCHASE

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

III. SUPPLEMENTAL DETAILS

Please provide additional information as requested.

OTHER, OTHER BASIS FOR SOLE SOURCE NOT DESCRIBED ABOVE

Renewed ONLY FROM PROPOSED VENDOR