



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/Maine CDC/HETL		
Department Contract Administrator or Grant Coordinator:	Chris Moiles		
(If applicable) Department Reference #:	CD0-22-54CAP05		
Amount: (Contract/Amendment/Grant)	\$ 284,059.75	Advantage CT / RQS #:	RQS 10A 20211206*638
CONTRACT	Proposed Start Date:	12/6/2021	Proposed End Date: 6/30/2022
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	TECAN U.S. Inc. Morrisville, NC		
Brief Description of Goods/Services/Grant:	Purchase of 1 high throughput automated whole genome library sample preparation machine called DreamPrep NSG		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

*Please respond to ALL of the questions in the following sections.*

**PART III: SUPPLEMENTAL INFORMATION**

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The DreamPrep NGS instrument is an automated sample preparation, library preparation and quantification platform which will allow HETL to test mosquitos for ~100,000 virus such as EEE, SLE, WNV, Zika, Dengue, and Chikungunya and test ticks for ~100,000 virus such Powassan virus, DTV, Heartland virus, and Bourbon virus. This technology is high throughput, allowing HETL to prep 96 mosquito pools or 96 individual ticks at a time.

The funding for these instruments comes from the ELC COVID sequencing grant which states: "Procure equipment to expand NGS, bioinformatics, and other AMD activities." "May included but is not limited to sequencing instruments, liquid handling automation, or other equipment needed to carry out sequencing workflows."

Results from this testing will directly inform wildlife biologists and infectious disease epidemiologists about the spread of vectorborne disease throughout the state of Maine.

Note: this machine complements the Oxford Nanopore Technology Gridion sequencers we are purchasing.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Utah Public Health lab uses this instrument for the COVID-19 sequencing sample and library preparation.

This instrument is a catch-all system which includes:

- 1) Turn-key workflow solution, including full integration of NGS specific hardware (INHECO thermocycler, proprietary POGO® technology for efficient reagent usage, Infinite plate reader for library quantitation, 384-plex library throughput).
- 2) Accessibility to all NGS applications via complimentary scripting of the full suite of Tecan Genomics (T-GN) chemistries allows for a true walk-away solution.
- 3) T-GN chemistries have unique utility in bacterial and viral applications, through proprietary technologies:
  - a) SPIA® for detection of rare transcripts and co-infections from limited and degraded samples.
  - b) AnyDeplete® for the fully customizable removal of unwanted background transcripts; available for bacteria, viruses, vector-borne pathogens, etc., including mosquitoes, ticks, and other hosts.
  - c) SPET® for probe-based targeted enrichment, pathogen identification.
  - d) NuQuant® for integrated library quantitation.
  - e) Specific T-GN workflows included with the DreamPrep NGS are Celero DNA-Seq, RNA-Seq with AnyDeplete® (Universal Plus Total, Universal Plus mRNA-Seq, Revelo), Allegro DNA Interrogation. Open platform for third-party applications supported for any additional scripting needs.

Because HETL does not have experience in automation, a system such as this which is "prepackaged" can easily be integrated into our workflow. Specifically, this vendor has premade scripts and protocols for conducting viral metagenomics in vectorborne disease (analysis of ~100,000 virus in a single sample); which complements the Gridion sequencing platform we are looking to purchase.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

**PART III: SUPPLEMENTAL INFORMATION**

The grant NAO states: "The intent of this section is to increase the workforce in public health laboratories for sequencing and genomic epidemiology." HETL is the sole public health laboratory in the state and as such these funds have been allocated by federal CDC directly to the public health lab.

The manufacturer has given HETL a 38% discount.

4. Describe the plan for future competition for the goods or services.

The Department does not intend to competitively bid this service.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

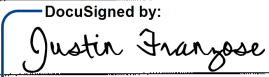
No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee): 

Typed Name: Click or tap here to enter text. Date: 1/3/22

Signature of DAFS Procurement Official: 

Typed Name: Click or tap here to enter text. Date: 1/3/22