

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/Maine CDC		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Shawn Belanger		
(If applicable) Department Reference #:	CD0-20-54SA71		
Estimated Contract or Grant Amount:	\$ 12,587.50	Advantage CT / RQS #:	
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	5/22/2020	Proposed End Date: 5/21/2021
Vendor/Provider/Grantee Name, City, State:	Illumina, INC. 5200 Illumina Way, San Diego, CA		
Brief Description of Goods/Services/Grant:	Maintenance Service Agreement for laboratory instrumentation for equipment Illumina serial number M05343.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
X	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>This one-year Maintenance Service Agreement (SA) is for the Illumina instrument. This SA ensures that the instrument is in good working order, provides a yearly preventative maintenance visit, and immediate service should the instrument be rendered inoperable.</p> <p>Maine Health and Environmental Testing Laboratory (HETL) has determined these services critical to the nature of the work regarding the identification of infectious diseases. This work allows physicians and public health</p>

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PART III: SUPPLEMENTAL QUESTIONS

workers to make timely and crucial decisions for their patients with an unknown illness and to assist in outbreak detection and disease tracking. The SA allows us to meet all accreditation requirements set forth by the Clinical Laboratory Inspection Amendments, by maintaining proper instrument functionality.

Additionally:

- a) The use of the Illumina equipment (Serial Number M05343) is mandated in several Federal CDC/FDA standard operating procedures for the identification of samples or clinical specimens. HETL follows these federal CDC/FDA guidelines.
- b) The federal CDC/FDA is the governing body that sets the standards and regulations. HETL follows these federal CDC guidelines.
- c) While the federal CDC/FDA determines what standard operating procedures to follow, it is up to HETL to purchase and maintain all equipment that is needed to perform said tests.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The instrument covered under this SA is manufactured by Illumina. The instrument has proprietary components that are serviceable only by the representatives of Illumina. Any service conducted by non- Illumina representatives may have an adverse effect on the instrument and will null and void any guarantees regarding the system.

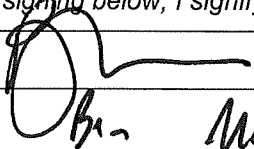
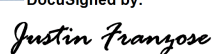
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

- a) The federal CDC/CLIA in many cases sets the rules and guidelines in the form of Standard Operating Procedures. In order to provide diagnostic testing to the State of Maine HETL must follow the guidelines instituted by the federal CDC/CLIA. Therefore, HETL has purchased and currently maintains the equipment required to run CDC/CLIA approved diagnostic tests.
- b) HETL has asked manufacturers for discounts due to its status as a nonprofit, governmental organization (public health laboratory).
- c) HETL has received a 5% discount.

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

The department does not intend to RFP this service at this time.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	3/26/20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	4/2/2020