DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW

Department Office/Division/Program:	DHHS/Maine CDC/HETL Morgan Easler/Trevor Rivard				
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Stephanie Wood				
(If applicable) Department Reference #:	CD0-27-54CSA33				
Agency Department Code:	10A	Advantage CT / RQS #:	20260602000000001866		
Amount: (Contract/Amendment/Grant)	$29,113.02				
CONTRACT	Proposed/Original Start Date:	**7/22/2026**	Proposed/Most Recent End Date:	**7/21/2028**	
AMENDMENT	New Effective Date:		New End Date (if Applicable):		
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Dynex Technologies Chantilly, VA 20151				
Brief Description of Goods/Services/Grant:	Two-year service agreement for The Dynex DSX, an automated serological assay processing instrument currently utilized to perform enzyme immunoassay (EIA) and enzyme-linked immunosorbent assays (ELISA). Testing of patient specimens for HIV-1 antibodies/HIV-1 p24 antigen/HIV-2 antibodies, Anti-Hepatitis C IgG antibodies, and the QuantiFERON TB Gold Plus (IGRA) for the detection of tuberculosis infection are performed on this instrument.				

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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.

This agreement is required to provide the necessary preventive maintenance for the Dynex DSX, S/N 1DXC3472, to ensure the unit stays in good working order. It is required under the Clinical Laboratory Improvement Amendments (CLIA) federal regulations to ensure that patient results are accurate and reliable. The agreement will also ensure that any necessary repairs will be carried out in a timely manner so that reports to clinicians are not delayed. Delayed results can affect patient diagnosis and treatment.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Dynex is the sole manufacturer of the instrument listed in the attached quotation and has not issued a letter of assurance nor provided a manufacturer's training certification to any third party (or its employees, subcontractors, or agents) for the service of its manufactured instruments.

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

The vendor has provided a fair and reasonable quoted price for a 2-year term.

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

The service of this instrument is proprietary so any repairs or updates must be performed by the manufacturer or contracted field service technician deemed qualified by the manufacturer.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS			
Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Todd Haber, Acting Deputy Commissioner of Finance	Date:	6/8/2026
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: Michael McNeil 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	6/24/2026

NOI 0620260474 6/24-6/30