



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 \$5,000 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, MECDC, HETL, clinical microbiology / Morgan Easler / Trevor Rivard	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lyndsay Frank	
(If applicable) Department Reference #:		CD0-26-54CAP26	
Amount: (Contract/Amendment/Grant)	\$36,988.40	Advantage CT / RQS #:	RQS 10A 20250708000000000045
CONTRACT	Proposed Start Date:	<b>7/28/2025</b>	Proposed End Date: 12/31/2025
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:		QIAGEN LLC Carol Stream, IL	
Brief Description of Goods/Services/Grant:		Purchase of new QIAGEN QIAcube Connect extraction instrument	

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 checked="" 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 QIAGEN QIAcube Connect is a low-throughput total nucleic acid extraction instrument that produces RNA and DNA products from specimen material that can be utilized in real-time PCR and sequencing assays. The addition of a new QIAcube Connect instrument to virology lab will allow for increased throughput when responding to an increase of incidence of infectious disease in Maine and serve as a back-up if the current equipment must be removed from service for repair.

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

There are 17 standard operating procedures used in the virology BSL-3 lab that have been implemented using QIAGEN reagent kits that are specifically tailored to function with this automated platform. These include assays designed by Federal CDC that are used for diagnostic and surveillance testing of influenza, SARS-CoV-2 (COVID-19) and mosquito-borne viruses including Zika, Chikungunya and Dengue. The QIAcube Connect is one of a limited number of extraction instruments approved for use by Federal CDC with the protocols they share with public health partners. Our lab has consolidated workflows to use total nucleic acid extraction technology that is available from QIAGEN and approved for use by Federal CDC as well as meeting our licensing requirements. This facilitates an efficient means to perform testing on a variety of samples for many different target analytes while maintaining small equipment footprints and easier inventory management for reagents and consumables.

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

Funding for the purchase of the QIAcube Connect comes from a federal Influenza A/H5 grant, budget line 013-10A-2164-19, H5-F2025. The vendor has provided an 11% Public Health Laboratory discount from the list price of \$41,560.

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

The Department does not intend to RFP this item as this is the only vendor which manufactures this equipment and the associated reagents and consumables. Please see attached vendor sole source documentation.

**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) – 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**

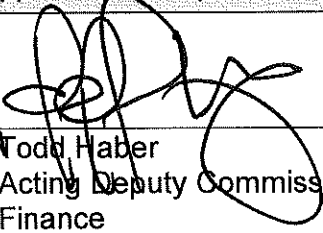
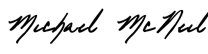
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

Procurement Justification Form (PJF)

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Todd Haber Acting Deputy Commissioner of Finance	Date:	22 July 25
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	7/29/2025

NOI 0720250739