SOLE SOURCE INFORMATION FORM TO ACCOMPANY LEGISLATION (LIMIT YOUR RESPONSE TO THIS SHEET)

| 1. | verification of Sole Source: |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (X) sole manufacturer/distributor |
| | () sole distributor authorized for this territory |
| | () patented product purchased from owner/developer |
| | () sole company offering this unique service |
| | () other |
| 2. | Describe efforts to determine that the company was a sole source: |
| | This is the only rapid HIV test (FDA approved and CLIA waived) that is available for oral fluid testing. It will also serve as the secondary/supplemental test for preliminary positive HIV tests. |
| 3. | Describe any effort to bid for alternate item (service or product) that is not provided by a sole source that would meet this need: |
| | This is a proprietary item and Orasure is the sole manufacturer. Orasure is the only company that can distribute it to Columbus Public Health. |
| 4. | Indicate how the price or fee structure was determined: |
| | Discount pricing negotiated |
| | |
| A DDI | DATE DATE |
| APPI | ROVED BY: Director of Finance |