



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 25-1990	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$26,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 09/02/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,000.00
	CURRENT TERM TOTAL COST: \$26,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: ARxIUM, Inc.	VENDOR #: 24540	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT:	VENDOR CONTACT PHONE: 847-512-0472	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: Jonathan.klimek@dupagecounty.gov
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #: 7527	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period September 2, 2025 through September 1, 2026, for a contract total not to exceed \$26,000.00, sole source.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
ARxIUM, Inc. requires that their supplies be utilized in their equipment. If the supplies are not purchased through ARxIUM, Inc. all warranties and service agreements may be voided.

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
SOLE SOURCE PER DUPAGE ORDINANCE. SECTION 2-350 (MUST FILL OUT SECTION 4)

DECISION MEMO REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	<p>Select an item from the following dropdown menu to justify why this is a sole source procurement.</p> <p>SOLE PROVIDER OF ITEMS THAT ARE COMPATIBLE WITH EXISTING EQUIPMENT, INVENTORY, SYSTEMS, PROGRAMS OR SE</p>
NECESSITY AND UNIQUE FEATURES	<p>Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.</p> <p>The ARxIUM, Inc. contract is specific to the medication dispensing machine located in the Pharmacy Department at the DuPage Care Center.</p> <p>Certain Consumables are specific to the FastPak system and proprietary to ARxIUM. No other consumables have been approved by ARxIUM for use with the system. Similar consumables products cannot be used as replacements, as ARxIUM cannot guarantee the quality and/or capabilities. Additionally, use of consumable products not approved by ARxIUM would void the warranty or service contract.</p>
MARKET TESTING	<p>List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.</p>
AVAILABILITY	<p>Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.</p>

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn: Gina Dewey	Email: gdewey@arxium.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 1000 Asbury Drive, Suite 4	City: Buffalo Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60089	State: IL	Zip: 60187
Phone: 847-808-2600	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn:	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 52226 Network Place	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 2, 2025	Contract End Date (PO25): September 1, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Supplies for the FastPak Elite Medication Dispensing Machine	FY25	1200	2085	52200		5,000.00	5,000.00
2	1	EA		Supplies for the FastPak Elite Medication Dispensing Machine	FY26	1200	2085	52200		21,000.00	21,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 26,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period September 2, 2025 through September 1, 2026, for a contract total not to exceed \$26,000.00, sole source.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. September 2, 2025 HS Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.