



**Vendor:**

H00332732  
 Simbionix USA Corporation  
 dba Surgical Science North America  
 23500 Mercantile Road  
 Suite F  
 Beachwood OH 44122

PO Number:	<b>P0045633</b>
Issue Date:	<b>03/30/26</b>
Request No:	
Fiscal Year:	<b>26</b>

<p><b>Billing Address:</b> Horry Georgetown Technical College                  Attn: Accounts Payable                  PO Box 261966                  Conway, SC 29528</p> <p><b>Or Email To:</b> AccountsPayable@hgtc.edu</p> <p style="text-align: center;"><b>PO NUMBER MUST BE ON YOUR INVOICE</b></p>	<p><b>Ship to:</b> Grand Strand Campus, Surgical Tech                  Horry-Georgetown Tech College                  743 Hemlock Ave                  Myrtle Beach SC 29577</p> <p><b>Requestor:</b> Erin Ivey</p>
--	---

<p><b>HGTC Shipping and Receiving Hours ALL CAMPUSES</b>                  8AM - 4PM: Mon-Thurs 8AM - Noon: Friday</p>	<p>Terms NET 30</p>
---	---------------------

Description	Quantity	Unit Cost	Total Cost
THIS IS A SOLE SOURCE ORDER Quote from Surgical Science Attached Term of Agreement: 4/1/2026 - 3/30/2029  Three Years Platinum Service Agreement For Lapsim ST S/n 235 & 236 Equipment Located in Surgical Tech at GS Campus Includes software upgrades, technical support, parts replacement, repair service, and authorized manufacturer support.	3.00 YR	13,193.2500	39,579.75

Email: mark.lund@surgicalscience.com	<b>TOTAL:</b> 39,579.75
--------------------------------------	-------------------------

<p>Account Codes</p> <p>26900-80001-7560-12051                      \$39,579.75</p>	<p>PRICING IS DEEMED TO BE FAIR AND REASONABLE</p>
<p>Purchasing Agent: <u>Dianna Cecala</u></p>	



**REQUEST FOR MAJOR EQUIPMENT  
OR SERVICE OVER \$25,000**

If State Contract is not available, then:

- \$25,000 - \$50,000 – Must Be Advertised for Quotes
- Greater than \$50,000 – Requires an Advertised bid (IFB) or request for proposal (RFP). Contact Procurement.

Department Name: Surgical Technology

Requester Name: Erin Ivey

Department Head (up to \$1,000): *Rigina K. Brown*

Academic Dean/Director (\$1,001 - \$2,500): *Samantha Oldford*

Vice President (over \$2,500): *Levi a J...*

President (over \$10,000): *M. Jore*

Cabinet Chair: *A.A.*

**Vendor Information: (If new, attached W9)**

Name: Surgical Science North America, Inc. *H00301390*

Address: 23500 Mercantile Rd, Suite F

City/State/Zip Beachwood, OH 44122

Phone Number/E-mail OrdersNA@surgicalscience.com 1-800-918-1670

*P0045633*

QUANTITY	UNIT OF MEASURE	DESCRIPTION	UNIT COST	TOTAL
2	ea	LapSim ST 3-Year Platinum Service Agreement - S/N 235 & 236	19789.88	39579.75
		Includes software updates, technical support, parts replacement, repair service, and authorized manufacturer support.		
		<i>This is a sole source</i>		
		<b>Be Sure to Include Shipping &amp; Tax</b>		<b>39579.75</b>

**PURPOSE OF REQUEST:** Renewal of the 3-Year Platinum Service Agreement for two existing LapSim ST simulators used in Surgical Technology lab and mock surgery training. Manufacturer service coverage is required for software updates, technical support, and repairs to ensure continuous operation and accreditation-aligned student skills training.

Supports HGTC student success and workforce readiness goals by maintaining reliable simulation technology required for

**STRATEGIC GOALS & OUTCOMES:** competency-based surgical skills training and accredited program outcomes.

**ACCOUNTING USE ONLY**

FOAPAL *26900-80001-7560-10-12051* FOAPAL \_\_\_\_\_

FOAPAL \_\_\_\_\_ *3-17-26* FOAPAL \_\_\_\_\_

*JP*

Source of Funds: DEPT. \_\_\_\_\_ GRANT \_\_\_\_\_ INSTITUTIONAL \_\_\_\_\_ SEFAC \_\_\_\_\_

**Proposal Expiration Date:** March 10, 2026

**Quote Number:** Service Agreement - Febraury-10-2026 - 235 LapSim ST 236 LapSim ST

**Contact:** Erin Ivey

**Service Contract Acceptance**

**Service Agreement List Price**

- 1.) LapSim ST S/N 235 LapSim ST, One Year Platinum Service Agreement \$7,539.00 USD
- 2.) LapSim ST S/N 236 LapSim ST, One Year Platinum Service Agreement \$7,539.00 USD

**Service Agreement Discount Bundle Prices**

**Option 1 - One Year Platinum Service Agreement**

Terms: One Year  
List Price: ~~15,078.00 USD~~  
Discount Multi System Bundle Price: 14,625.66 USD

**- Option 2 – Two Years Platinum Service Agreement**

Terms: Two Year  
List Price: ~~30,156.00 USD~~  
Discount Multi Year Bundle Price: ~~29,251.32 USD~~  
Discount Multi Year/Multi System Bundle Price: 27,743.52 USD

**- Option 3 – Three years Platinum Service Agreement**

Terms: Three Year  
List Price: ~~42,234.00 USD~~  
Discount Multi Year Bundle Price: ~~41,625.28 USD~~  
Discount Multi Year/Multi System Bundle Price: **39,579.75 USD**

**Customer/Location:**

Horry -Georgetown Technical College  
Facility/Institution  
2050 Hwy 501 E  
Address  
Conway SC 29526  
City / State / Postal Code  
Horry  
Country

**Customer Contact:**

Erin Ivey  
Name  
Program Director  
Title  
843-477-2077  
Contact Phone Number  
erin.ivey@hgtc.edu  
Email address

This Service Contract describes specific terms and conditions of Surgical Science extended technical, service, and repair support available to the customer beyond the one-year warranty service provided. The contract applies only to the Surgical Science system and serial number referenced above and within the contract period defined above. Additional Service Contracts may be purchased to extend the coverage up to 36 months past the system's warranty period.

**Customer Representative**

Dianna Cecala 3/30/2026  
Signature Date

**Surgical Science North America Representative**

\_\_\_\_\_  
Surgical Science North America Date

Dianna Cecala  
Full Name (please print)

\_\_\_\_\_  
Full Name (please print)

Procurement Manager  
Title (please print)

\_\_\_\_\_  
Title (please print)

**Sole Source  
Written Determination**

**Agency Identification:** Horry-Georgetown Technical College #SS-0299

**Description of the agency need that this procurement fulfills:** *(See instructions on last page for guidance)*

The Surgical Technology program utilizes two existing LapSim ST simulation systems as required components of laboratory and mock surgical training for camera assistance and minimally invasive procedural competencies. These systems are actively integrated into required student training modules and skills assessments. To maintain operational readiness, instructional continuity, software functionality, and repair support, an active manufacturer service agreement is required. Without continued service coverage, the systems cannot be reliably maintained for accreditation-aligned instructional use.

**Describe the Market Based on Research Performed:** *(See instructions on last page for guidance)*

Market research shows that service, repair, software updates, and technical support for proprietary virtual reality surgical simulation systems are manufacturer-restricted and not supported by third-party service providers. The LapSim ST systems are proprietary platforms with manufacturer-controlled software, hardware components, and update mechanisms. No authorized third-party vendors or independent service organizations are approved to provide software updates, replacement parts, or certified repair services for these systems. Comparable simulation service providers do not service LapSim ST units or provide compatible support coverage.

**Sole Source Vendor Name:** Surgical Science North America, Inc.

**Based upon the following determination, Agency proposes to acquire the supplies, construction, information technology, and/or services described herein from the vendor named above per SC Code Ann § 11-35-1560 and SC Regulation 19-445.2105, Sole Source Procurement.**

**Description of supplies, construction, information technology, and/or services vendor will provide under the contract:** *(See instructions on last page for guidance.)*

Platinum Service Agreement coverage for two existing LapSim ST systems including manufacturer technical support, software version updates for installed modules, parts replacement, repair services, remote diagnostics, and authorized on-site technical service when required. Coverage applies to LapSim ST serial numbers 235 and 236 for the contracted service period.

**Explain why the described solution is the only solution that meets the agency's need and how no other identified solutions were sufficient.** *(See instructions on last page for guidance)*

The LapSim ST simulation systems are proprietary products manufactured and supported exclusively by Surgical Science. Only the manufacturer provides authorized software updates, licensed module support, certified replacement parts, and repair services. Third-party vendors are not authorized to access proprietary software systems, provide certified repairs, or supply compatible replacement components. Because these simulators are currently installed and required for accredited instructional use, maintaining manufacturer service coverage is necessary to ensure continued operation, instructional reliability, and compliance with program training requirements. No alternative service provider can deliver authorized support for these systems.

**Sole Source  
Written Determination**

*Note: Determination is not complete without required signatures and dates*


**Required Signatures:**

Prepared by: Erin Ivey CST, AAs, FAST

Date: 02 / 09 / 2026

Printed Name: Erin Ivey

Title: Program Director

Approved by: 

Approval Date: 3 / 30 / 2026 Title:

Printed Name: Harold Hawley

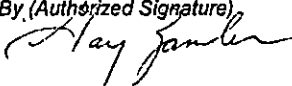
Title: VP Finance and Administration

## OPEN TRADE REPRESENTATION

(S.C. Code Ann. §§ 11-35-5300)

The following representation, which is required by Section 11-35-5300(A), is a material inducement for the State to award a contract to you.

I, the official named below, certify I am duly authorized to execute this certification on behalf of the vendor identified below, and, as of the date of my signature, the vendor identified below is not currently engaged in the boycott of a person or an entity based in or doing business with a jurisdiction with whom South Carolina can enjoy open trade, as defined in SC Code Section 11-35-5300.

<i>Vendor Name (Printed)</i> Simbionix USA Corp	<i>State Vendor No.</i> 111439550
<i>By (Authorized Signature)</i> 	<i>Date Executed</i> 03/30/2026
<i>Printed Name and Title of Person Signing</i> Gary Zamler - GM North America	<i>[Not used]</i>

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <p style="text-align: center;"><b>Symbionix USA Corporation</b></p>	
	<b>2</b>	Business name/disregarded entity name, if different from above. <p style="text-align: center;"><b>dba Surgical Science North America</b></p>	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions . . . . . <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. <b>23500 Mercantile Road, Suite F</b>	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code <b>Beachwood, OH 44122</b>	
	<b>7</b>	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>										
or										
<b>Employer identification number</b>										
0	2		-	0	5	3	0	9	4	0

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>12/4/2024</b>
------------------	--------------------------	-----------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they