

**GUAM MEMORIAL HOSPITAL AUTHORITY**  
**850 GOV. CARLOS G. CAMACHO ROAD**  
**TAMUNING, GUAM 96913**  
**PHONE: 671-647-2165 EMAIL: [materials.mgmt@gmha.org](mailto:materials.mgmt@gmha.org)**

**FAX TRANSMITTAL SHEET**

**TO:** Prospective Bidder

**FROM:** Hospital Material Management Administrator

**DATE:** December 10, 2024

**SUBJECT:** **GMHA IFB-017-2025** O.R. Supplies  
**GMHA IFB 018-2025** Radiology Supplies  
**GMHA IFB 019-2025** Hemodialysis Supplies  
**GMHA IFB 020-2025** Laboratory Supplies  
**Amendment 2**

**PAGES:** 2 including cover sheet

**NOTES:**

An acknowledgement via a return email would be appreciated as soon as possible.

**DATE / VENDOR ACKNOWLEDGEMENT**

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# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDÁT ESPETÁT MIMURIÁT GUĀHĀN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



### AMENDMENT #2

**GMHA IFB 017-2025: O.R. Supplies**  
**GMHA IFB 018-2025: Radiology Supplies**  
**GMHA IFB 019-2025: Hemodialysis Supplies**  
**GMHA IFB 020-2025: Laboratory Supplies**

This amendment is in response to a request submitted by JMI-Edison.

**Question:** We are writing to formally request for a 120-day delivery period for this bid project. Global supply chain disruptions presented challenges in procurement, necessitating this extension.

**Response:** We cannot accept a 120-day delivery time-frame. Our hospital and patient care needs require timely deliver. Required delivery time will be 45-60 days ARO.

Please acknowledge receipt of this amendment by signing and sending back to Materials Management by Fax at 649-3640 or email to [materials.mgmt@gmha.org](mailto:materials.mgmt@gmha.org).

If you have any questions, please feel free to address your letter to Lillian Perez-Posadas MN, RN, and fax to the Materials Management Office at 649-3640 or email to the [materials.mgmt@gmha.org](mailto:materials.mgmt@gmha.org).

Sincerely;

DOLORES PANGELINAN  
Hospital Materials Management Department

ACKNOWLEDGMENT:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE