

**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)**

**TRANSMITTAL SHEET**

**TO:** Prospective Bidders  
**FROM:** Hospital Materials Management Administrator  
**DATE:** October 24, 2024  
**SUBJECT:** **IFB-001-2025 Purchase and Installation of Ten (10) Hemodialysis  
Machines with Reverse Osmosis Machines**  
**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 GUÅHÅN

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



October 23, 2024

**AMENDMENT #1  
FOR  
GMHA IFB 001-2025**

**Purchase and Installation of Ten (10) Hemodialysis Machines with Reverse Osmosis Machines**

This amendment is being issued to response to a clarification submitted by JMI-Edison.

1. Submission of any/all clarifications deadline was 5:00 pm, Monday, October 21, 2024 extended to 5:00 pm, Monday, October 28, 2024
2. Response to any/all clarifications deadline was 5:00 pm, Wednesday, October 23, 2024 extended to 5:00 pm, Wednesday, October 30, 2024
3. Bid Submission was 1:00 pm, Thursday, October 31, 2024 Materials Mgmt. Office extended to 1:00 pm, Monday, November 4, 2024
4. Bid Opening was 1:15 pm, Thursday, October 31, 2024, FM Conference Room extended to 1:15 pm, Monday, November 4, 2024
5. Question: Delivery Period Adjustment: We request that the delivery period be adjusted to 120 days ARO (After Receipt of Order)

Response: Pending response.

If you have any questions, please feel free to address your letter to Lillian Perez-Posadas, MN, RN, and email to [materials.mgmt@qmha.org](mailto:materials.mgmt@qmha.org)

Sincerely,

Dolores Pangelinan  
Hospital Materials Management Administrator,  
Acting

Acknowledgment of Receipt: Return acknowledgment to fax number 649-3640

\_\_\_\_\_  
Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date