



Sophie Lines <viamed.sophie.lines@gmail.com>

Fwd: Fw: Request for Quotation-FOAM TRACH TIES MED PEDS/ADULT 9IN-17IN (Posey/8197M)-Ref # JV289/2026

1 message

Main Account <viamedinbox@gmail.com>
To: Sophie Lines <sophie.lines@vmsecure.me.uk>

5 March 2026 at 09:11

----- Forwarded message -----

From: info@nabdmedicals.com <info@nabdmedicals.com>
Date: Thu, 5 Mar 2026 at 07:30
Subject: Fw: Request for Quotation-FOAM TRACH TIES MED PEDS/ADULT 9IN-17IN (Posey/8197M)-Ref # JV289/2026
To: info@viamed.co.uk <info@viamed.co.uk>

Reminder...

Thanks & Regards

Muhammed Javad
Key Account Manager
NABD Medical Trading

Doha-Qatar

- Mob: +974 5111 9695**
- Landline: +974 4049 4877**
- Email: info@nabdmedicals.com**
- Email: sales@nabdmedicals.com**

From: info@nabdmedicals.com <info@nabdmedicals.com>
Sent: Wednesday, March 4, 2026 11:57 AM
To: info@viamed.co.uk <info@viamed.co.uk>
Subject: Request for Quotation-FOAM TRACH TIES MED PEDS/ADULT 9IN-17IN (Posey/8197M)-Ref # JV289/2026

We would like to request a quotation for the items listed below, along with a substantial discount. Kindly confirm the following additional requirements in your quotation:

Description of the item	Target Quantity	UOM	Model and Manufacturer	Line amount	Promised Date
FOAM TRACH TIES MED PEDS/ADULT 9IN-17IN (Posey/8197M)	2,700	Each	Manufacturer POSEY Manufacturer Part Number 8197M		

Kindly confirm whether the following additional requirements have been included in your quotation

- 1. Specification of the item**
- 2. Freight charges to Qatar**
- 3. Size and weight of the entire packaging**
- 4. Offer validity**
- 5. Photographs of the items**
- 6. Maximum warranty period**
- 7. Estimated Time of arrival (ETA)**
- 8. Country of origin**
- 9. Mode of shipment**
- 10. Please specify the item is brand new / used**
- 11. A valid, up-to-date authorization from the manufacturer or supplier is mandatory and must confirm the supplier's authority to distribute the specified items**
- 12. State the total shelf life; a minimum of two-thirds must remain upon receipt of goods.**

We appreciate your prompt attention to this request and look forward to your response.

Billing address:

Nabd Medical Trading,

Doha, Qatar, C Ring Road

Zone 26, Street 882

Building 30, floor 4

P.O Box 16926

Thanks & Regards

**Muhammed Javad
Key Account Manager**

NABD Medical Trading

Doha-Qatar

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