

PROFORMA INVOICE

<p><u>SENT BY</u> Name : Address : City/Postal Code : Country : Telephone/Fax : Sender's Contact :</p>	<p><u>SENT TO</u> Name : University Children's Hospital Zürich – Eleonore Foundation Div. of Clinical Chemistry and Biochemistry Address : Steinwiesstrasse 75 City/Postal Code : CH-8032 Zürich Country : Switzerland Telephone: +41 44 266 7737 UID / VAT-No.: CHE-105.834.378 MWST Receiver's Contact :</p>		
FULL DESCRIPTION OF GOODS [HS Code 30029010]	QUANTITY	ORIGIN COUNTRY	TOTAL VALUE AND CURRENCY
<input type="checkbox"/> Human Serum/ Plasma			
<input type="checkbox"/> Human Urine			
<input type="checkbox"/> Human CSF (Cerebrospinal Fluid)			
<input type="checkbox"/> Other			
TOTAL VALUE AND CURRENCY :			5.00 CHF
<p>Value for customs purposes only: No commercial value.</p>			

NUMBER AND KIND OF PACKAGES :

GROSS WEIGHT :

NET WEIGHT :

Shipped Date :

Ship Via :

Place and date :

Name :

Signature :