Pro-forma Invoice

Ultimate Destination Practice Jochen Hüter / Invitalab Stresemannallee 4 b 41460 Neuss Germany	No. of Pkgs 1	
Date of Exportation	**Airway bill No**	
Shipper/Exporter	**Consignee** Practice Jochen Hüter / Invitalab Stresemannallee 4b 41460 Neuss Germany	**Importer** Practice Jochen Hüter / Invitalab Stresemannallee 4b 41460 Neuss Germany
Shippers Reference	Recipient Customs ID/EIN#	Importer EORI DE1582453

Country of Manufacture	Description of goods	Weight (KGS)	QTY.	Unit Value	Commodity Value
	Exempt human specimen, non-infectious whole human blood sample for diagnostic allergy testing. **HS code/tariff number 3002 9010 000**	0.5			
Austria US	Packaged in IATA compliant containers: Plastic test tubes/vials		☐ 1		
US	Intelsius Pathoshield 4 Bay absorbent liner		1		
UK	Intelsius Pathoshield watertight plastic pouch		1		
CHN	Intelsius Pathoshield 7 cardboard outer packaging Uline insulated box liner		2		
	Total Weight	**0.5 kg**	**Value for Customs purposes** FOB **X** CIF C&F		**$2.00**

Terms of Sale:

Please check one

Declared Currency CAN$	Total Invoice Value: $2.00

SIGNATURE OF SHIPPER / EXPORTER:

I declare that all the information contained in this invoice is true and correct.

Title ____ Name Printed _____

Signed _____ Dated ___/___/__

Updated 2 November 2023