PROFORMA INVOICE

 **Date:**  .. / …. / …..

**Shipper:** Company name:

Attn: ….

Address:

Post Code:

City

Country:

**Consignee:** ViroClinics BioSciences BV

Attn: Mrs. Charissa Slieker

Tel: 31886 68 47 00

Marconistraat 16

Rotterdam Science Tower

ROTTERDAM, 3029 AK

The Netherlands

 **Contents:**

**Human Serum**   **UN3373 Human Serum Samples**

 **Quantity: \_\_\_\_ mL x \_\_\_\_ vials**

 **Non Infectious specimens from a normal, non risk population.**

 **For Laboratory Testing Only.**

**Human material containing no animal material**

**and not of tissue culture origin**.

**No Commercial Value - For Customs Purposes Only $10 USD**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Signature and Job Title