

Pro Forma Invoice: For Customs Use Only FM167-1 (Invitae Preimplantation Genetic Testing)

SHIP FROM:		Page:		1 of 1		
Site Name:		Date:				
Address:		Invoice #	:			
City/State/ZIP:		Tax ID #:				
Country:						
Phone:						
BILL TO:		SHIP T	O:			
For customs use only		Attn: Client Services - Invitae				
Harmonized Code: 0511.99.4050 Not for resale		1400 16th Street				
		San Francisco, CA 94103				
		USA Phone: (800) 436-3037				
SHIPMENT INFO	RMATION					
P.O. #:		Mode of Tran	sportation:	N/A		
P.O. Date:		Transportatio	-	N/A		
Letter of Credit #:	N/A	Number of Pa		,		
Currency:	US Dollars	Est. Gross We	÷			
Payment Terms:	N/A	Est. Net Weig	ht:			
Est. Ship Date:		Carrier:				
ADDITIONAL INF	ORMATION FOR CUSTOMS					
Reason for Export:	Research and Development					
Port of Loading:		Port of Discha	arge:			
Country of Origin:		AWB/	-			
DESCRIPTION		LIOM			ταν γατ	LINE TOTAL
DESCRIPTION	c) Evampt Nan Infactious Diagnactic Specimen with	UOM	UNIT PRIC	ΞΕ ΟΤΥ	TAX VAT	LINE TOTAL
	s) - Exempt, Non-Infectious Diagnostic Specimen with	UOM EA	UNIT PRIC 10.00	ΞΕ ΟΤΥ	TAX VAT	LINE TOTAL
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HEADQUARTERS | 1400 16th Street, San Francisco, CA 94103 | ONLINE | www.invitae.com | CONTACT | www.invitae.com/contact | p: 800-436-3037 | f: 415-276-4164 © 2018 Invitae Corporation. All Rights Reserved.