

SHIP FROM:	
Site Name:	
Address:	
City/State/ZIP:	
Country:	
Phone:	

 Page: 1 of 1
 Date: _____
 Invoice #: _____
 Tax ID #: _____

BILL TO:	
For customs use only	
Harmonized Code: 0511.99.4050	
Not for resale	

SHIP TO:	
Attn: Client Services - Invitae	
1400 16th Street	
San Francisco, CA 94103	
USA	
Phone: (800) 436-3037	


SHIPMENT INFORMATION			
P.O. #:		Mode of Transportation:	N/A
P.O. Date:		Transportation Terms:	N/A
Letter of Credit #:	N/A	Number of Packages:	
Currency:	US Dollars	Est. Gross Weight:	
Payment Terms:	N/A	Est. Net Weight:	
Est. Ship Date:		Carrier:	

ADDITIONAL INFORMATION FOR CUSTOMS			
Reason for Export:	Research and Development		
Port of Loading:		Port of Discharge:	
Country of Origin:		AWB/	

DESCRIPTION	UOM	UNIT PRICE	QTY	TAX VAT	LINE TOTAL
0.5 mL MicroPCR tube(s) - Exempt, Non-Infectious Diagnostic Specimen with Dry Ice	EA	10.00			
Packed in compliance with IATA Exempt Human Specimen					
URGENT MEDICAL LABORATORY SHIPMENT. Substance of human origin, containing no animal material, and not of tissue culture origin. Human material that was neither inoculated with, nor exposed to, infectious agents of agricultural concern, including zoonotic agents. No further processing.					
Please expedite custom clearance of this medical package.					
NO COMMERCIAL VALUE					

SPECIAL NOTES, TERMS OF SALE	
DOES NOT CONTAIN ANIMAL PRODUCTS. NO COMMERCIAL VALUE. VALUE STATED FOR CUSTOM PURPOSES ONLY.	
Diversion contrary to U.S. law prohibited	

Subtotal	
Subject to Tax	
Tax/VAT Rate	
Tax/VAT	
Shipping & Handling	
Insurance	
[Other]	
[Other]	
[Other]	
TOTAL	

I DECLARE THAT THE INFORMATION MENTIONED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
Signature: 	Date: _____