

# PRO FORMA INVOICE

<b><u>DATE:</u></b>		<b><u>WAYBILL NUMBER</u></b>	
<b><u>SHIPPER:</u></b>		<b><u>CONSIGNEE:</u></b> Center for Nephrology and Metabolic Disorders A.-Schweitzer-Ring 32 D-02943 Weisswasser Germany	
<b><u>QUANTITY</u></b>	<b><u>DESCRIPTION OF GOODS</u></b>	<b><u>UNIT VALUE</u></b>	<b><u>TOTAL</u></b>
1 box	Human DNA for diagnostic purposes only. Non-hazardous, non-infectious, non-radioactive and non-zoonotic.	\$1.00	\$1.00
TOTAL VALUE FOR CUSTOM PURPOSES ONLY <u>CERTIFIED TRUE AND CORRECT</u>			\$1.00
<b><u>COUNTRY OF ORIGIN:</u></b>		<b><u>SHIPPERS SIGNATURE AND TITLE:</u></b>	

The gray boxes in this form have to be filled with your specific data.