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| **PROFORMA INVOICE**  **Date: DD-MM-YYYY**    **Consignee:** CHIP, Department of Infectious Diseases  Øster Allé 56, **6.sal**,  2100 København Ø  Denmark  **Att: Annette Hauberg Fischer**  **Phone: +45 3545 5786**  **Fax: +45 3545 5758**  **E-mail: Annette.hauberg.fischer@regionh.dk**  **Shipper:**  This shipment contains  “**Biological Substance Category B**”  **Human Plasma/PBMCs**  **For laboratory testing only**  **For drug level evaluation in a clinical study**.  It contains \_\_\_\_\_\_\_\_\_\_\_\_ tubes/vials with total amount of \_\_\_\_\_\_\_\_\_ml.  These goods are for the use of the above-mentioned consignee and are not for re-sale, only for medical research purposes. They are of no commercial value, but for customs purposes a value of $10.00 may be attributed.  I declare the above information to be true and correct to the best of my knowledge.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |