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| **PROFORMA INVOICE****Date: DD-MM-YYYY** **Consignee:** CHIP, Department of Infectious DiseasesØster Allé 56, **6.sal**,2100 København ØDenmark **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |