

**COMMERCIAL INVOICE FORM FOR CANADIAN SHIPMENTS** Please Print and Return Three Copies

SHIPPED FROM   
 TAX ID/VAT NO.   
 CONTACT NAME   
 TELEPHONE NO.   
 E-MAIL

DATE   
 \*AIR WAYBILL #

PURCHASE ORDER NO.: N/A  
 PAYMENT TERMS: N/A  
 REASON FOR EXPORT:

INVOICE NO.: N/A  
 PURCHASE ORDER NO. : N/A  
 PAYMENT TERMS: N/A  
 INCOTERMS: -----  
 REASON FOR EXPORT: OTHER

**\*IF USING AN AUTOFILL FUNCTION,  
 PLEASE REMEMBER TO UPDATE THE  
 AIR WAYBILL WITH THE LATEST  
 NUMBER EACH TIME.**

COMPANY NAME/ADDRESS

SHIPPED TO:  
 TAX ID/VAT NO.:  
 CONTACT NAME: Ward Watkins  
 TELEPHONE NO.: 770-446-5483 X2868  
 E-MAIL: wwatkins@metamatrix.com  
 COMPANY NAME/ADDRESS:  
 Metamatrix Clinical Laboratory  
 3425 Corporate Way  
 Duluth, GA 30096  
 USA

SOLD TO:  
 SAME AS SHIPPED TO

NON-RELATED

No. of Packages	No. of Units	Unit of Measure	Description of Goods (Including Harmonized Tariff No.)	Country of Origin	Value Unit	Total Value
1	1	1	Non-infectious and non-contagious human specimen for nutritional and metabolic status.	CAN	10.00	\$10.00

Total No. of Packages

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Total Weight (indicate LBS or KGS)

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Special Instructions:

Subtotal:	\$10.00	\$10.00
Insurance:		\$0.00
Freight:		\$0.00
Packing:		\$0.00
Handling:		\$0.00
Other:		\$10.00
Invoice Total:		
Currency Code:		

Declaration Statement(s):

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_