

# INTERNATIONAL COMMERCIAL INVOICE

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

Airway Bill Number: \_\_\_\_\_

**Shipper:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consignee:**

Raul Louzao  
Duke Human Vaccine Institute  
Immunology Quality Assessment Center  
GSRB II Room 4054  
103 Research Drive  
Durham, North Carolina 27710

**Tel:** \_\_\_\_\_

USA Email: Raul.Louzao@duke.edu

**Fax:** \_\_\_\_\_

**Tel:** (919) 684-5861

**Email:** \_\_\_\_\_

**Fax:** (919) 681-8251

**CDC Import Permit Number:** \_\_\_\_\_

**Contents:** Biological Substance Category B, packed on dry ice. Human Peripheral Blood Mononuclear Cells (PBMC) packed in compliance with IATA packing instruction 650. These samples are for "In Vitro" laboratory testing purposes only.

Immunology Quality Assessment (IQA) – Peripheral Blood Mononuclear Cell (PBMC) Cryopreservation Proficiency Testing Program.

**Quantity:** \_\_\_\_\_ vial(s) each containing \_\_\_\_\_ mL

**Number of Pieces :** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg

**Value:** No commercial Value- For Customs Purposes \$10.00 USD

I declare the information contained in this commercial invoice to be true and correct.

**Shipper's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Shipper's Signature:** \_\_\_\_\_

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