

PROFORMA INVOICE

<u>SENT BY</u> Name : Address : City/Postal Code : Country : Telephone/Fax : Sender's Contact :		<u>SENT TO</u> Name : University Children's Hospital Zürich Division of Clinical Chemistry and Biochemistry Address : Steinwiesstrasse 75 City/Postal Code : 8032 Zürich Country : Switzerland Telephone/Fax : +41 44 266 7737/ +41 44 266 7169 Receiver's Contact :	
FULL DESCRIPTION OF GOODS	QUANTITY	ORIGIN COUNTRY	TOTAL VALUE AND CURRENCY
<input type="checkbox"/> Human Serum/ Plasma			
<input type="checkbox"/> Human Urine			
<input type="checkbox"/> Human CSF (Cerebrospinal Fluid)			
<input type="checkbox"/> Other			
TOTAL VALUE AND CURRENCY :			5.00 CHF
Value for customs purposes only: No commercial value.			

NUMBER AND KIND OF PACKAGES :

GROSS WEIGHT :

NET WEIGHT :

Shipped Date :

Ship Via :

Place and date :

Name :

Signature :