

Invoice

Date: _____

FROM / EXPORTER

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

Telephone Number: _____

TO / RECIPIENT

Biocomp Laboratories, Inc.
3707 Parkmoor Village Drive, Suite 104
Colorado Springs, CO 80917-5203
USA
719-548-1600

DESCRIPTION

Human Blood Serum Specimen(s) For Clinical Diagnostic Testing

- UN 3373 – BIOLOGICAL SUBSTANCE, CATEGORY B

Notes: This is a non-infectious, non-hazardous specimen for testing purposes and so far as is known, is taken from a healthy human.

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

Signature: _____ Date: _____