

# PROFORMA INVOICE

<b><u>SENT BY</u></b> <b>Name :</b> <b>Address :</b> <b>City/Postal Code :</b> <b>Country :</b> <b>Telephone/Fax :</b> <b>Sender's Contact :</b>		<b><u>SENT TO</u></b> <b>Name :</b> University Children's Hospital Zürich Division of Clinical Chemistry and Biochemistry <b>Address :</b> Steinwiesstrasse 75 <b>City/Postal Code :</b> 8032 Zürich <b>Country :</b> Switzerland <b>Telephone/Fax :</b> +41 44 266 7737/ +41 44 266 7169 <b>Receiver's Contact :</b>	
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			
<b>TOTAL VALUE AND CURRENCY :</b>			<b>5.00 CHF</b>
<b>Value for customs purposes only:</b> <b>No commercial value.</b>			

**NUMBER AND KIND OF PACKAGES :**

**GROSS WEIGHT :**

**NET WEIGHT :**

**Shipped Date :**

**Ship Via :**

**Place and date :**

**Name :**

**Signature :** .....