COMMERCIAL INVOICE

This invoice must be completed in English.

EXPORTER:

Tax ID#: SELECT DOWN ARROW FOR OPTIONS

Contact Name:

Telephone No.:

E-Mail:

Company Name/Address:

Country/Territory:

Ship Date:

Air Waybill No. / Tracking No.:

Invoice No.:

Purchase Order No.:

Payment Terms: DDP - DELIVERED DUTY PAID

Bill of Lading:

Purpose of Shipment: OTHER (PLEASE SPECIFY)

SHIPMENT OF DNA SAMPLES FOR DIAGNOSTIC USE

CONSIGNEE: DNA DIAGNOSTICS CENTER

Contact Name: DNA DIAGNOSTICS CENTER

Telephone No.: (513) 881-7806

E-Mail: SHIPPING@DNACENTER.COM

Company Name/Address:

DNA DIAGNOSTICS CENTER

1 DDC WAY

FAIRFIELD, OH 45014

Country/Territory: UNITED STATES

SOLD TO / IMPORTER (if different from Consignee):

☑ **Same as CONSIGNEE:**

Tax ID#: SELECT DOWN ARROW FOR OPTIONS

Company Name/Address:

Country/Territory:

f there is a designated broker for this shipment, please provide contact information.

Name of Broker **Tel. No.** **Contact Name**

Duties and Taxes Payable by ☐ **Exporter** ☒ **Consignee** ☐ **Other** **If Other, please specify**

No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value
1		1	EA	Exempt Human Specimen Under IATA 3.6.2.2.3.1. Tissue fluid swab, non-infectious, for testing purposes only	3005.90.5000	UNITED STATES	1.00	0.00
								0.00
							0.00	0.00
							0.00	0.00

Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:	DDP=Delivered Duty Paid
1	0	0					

Subtotal:	0.00
Insurance:	0.00
Freight:	0.00
Packing:	0.00
Handling:	0.00
Other:	0.00
Invoice Total:	0.00
Currency Code:	USD

Special Instructions:

Declaration Statement(s):

I hereby certify that the information provided in this invoice is true and correct. The goods described herein are of United States origin and are intended solely for diagnostic use.

These items are non-hazardous, non-commercial samples and are not intended for resale.

Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:

Signature / Title / Date: