

This invoice must be completed in English.

COMMERCIAL INVOICE

Page _____ of _____

EXPORTER: Tax ID#: 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: Bill of Lading: DDP - DELIVERED DUTY PAID Purpose of Shipment: SHIPMENT OF DNA SAMPLES FOR DIAGNOSTIC USE
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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 (if different from Consignee): <input type="checkbox"/> Same as CONSIGNEE: Tax ID#: Company Name/Address: Country/Territory:
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If 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
			EA	Non-Infectious Human Blood for Diagnostic Use	3002.90.52	UNITED STATES		

Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:	Subtotal:	
							Insurance:	

Special Instructions: _____
 Freight: _____
 Packing: _____

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: _____
 Invoice Total: _____
 Currency Code: _____ USD

Signature / Title / Date: _____