

COMMERCIAL INVOICE

DATE OF EXPORTATION	INTERNATIONAL AIR WAYBILL NUMBER
INVOICE NUMBER	EXPORT REFERENCES
SHIPPER / EXPORTER	INVOICE DATE
	CONSIGNEE Paul Smith Praxis Genomics 6115 Peachtree Dunwoody Rd Suite 220 Atlanta GA 30328 US 678-837-4022
SHIPPER'S TAX NUMBER	CONSIGNEE OR IMPORTER'S TAX NUMBER
SHIPPER'S EMAIL CONTACT	CONSIGNEE'S EMAIL CONTACT psmith@praxisgenomics.com
PURPOSE OF SHIPMENT (CIRCLE ONE) SOLD NOT SOLD GIFT OTHER (SPECIFY) _____ PERSONAL EFFECTS RETURN AND REPAIR SAMPLE	IMPORTER N/A
RETURN REASON TYPE RETURN OTHER REASON _____	IMPORTER'S EMAIL CONTACT N/A

ORIGIN OF MANUFACTURE	FULL DESCRIPTION OF GOODS	QTY	UNIT VALUE	TOTAL VALUE
	[Sample Type/s], Non-Infectious Diagnostic Specimen.			
TERMS OF SALE : DDP		CURRENCY		
[Sample Type/s] Non-Infectious Diagnostic Specimen. Packed in compliance with IATA UN3373 Biological Substance, Category B. Substance of human origin, containing no animal material. NO COMMERCIAL VALUE, VALUE IS FOR CUSTOMS PURPOSES ONLY		TOTAL FREIGHT CHARGES		0.00
		TOTAL INSURANCE CHARGES		0.00
		OTHER COSTS		0.00
		TAX AMOUNT		0.00
		TOTAL INVOICE VALUE		
		TOTAL NUMBER OF PACKAGES		
		TOTAL WEIGHT		

I DECLARE ALL THE INFORMATION CONTAINED IN THIS INVOICE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
(SIGNATURE REQUIREMENTS MAY VARY PER COUNTRY)

DATE _____

NAME _____ SIGNATURE _____

TITLE _____