

INTERNATIONAL COMMERCIAL INVOICE

Date: _____

Airway Bill Number: _____

Shipper:

Tel: _____

Fax: _____

Email: _____

Consignee:

Raul Louzao
Duke Human Vaccine Institute
Immunology Quality Assessment Center
GSRB II Room 4054
103 Research Drive
Durham, North Carolina 27710

USA Email: Raul.Louzao@duke.edu

Tel: (919) 684-5861

Fax: (919) 681-8251

CDC Import Permit Number: _____

Contents: Biological Substance Category B, packed on dry ice. Human Peripheral Blood Mononuclear Cells (PBMC) packed in compliance with IATA packing instruction 650. These samples are for "*In Vitro*" laboratory testing purposes only.

Immunology Quality Assessment (IQA) – Peripheral Blood Mononuclear Cell (PBMC) Cryopreservation Proficiency Testing Program.

Quantity: _____ vial(s) each containing _____ mL

Number of Pieces : _____

Weight: _____ kg

Value: No commercial Value- For Customs Purposes \$10.00 USD

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

Shipper's Name: _____

Job Title: _____

Shipper's Signature: _____

Date: _____