



METABOLON®

Where **knowing** comes to **life™**

COMMERCIAL INVOICE FORM

All international shipments must be accompanied by Air Waybill & triplicate (3) copies of Commercial Invoice. **(Please complete in English.)**

Ship Date: _____ Carrier: _____ AWB/Tracking No: _____

SHIPPER

Name: _____

Company: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: _____

REASON FOR EXPORT

Biological Specimen for
Clinical Laboratory Testing

DESTINATION

Metabolon, Inc.
617 Davis Drive, Suite 400
Morrisville, North Carolina 27560
United States
Attention: Clinical Lab Sample Receiving
919.595.2770
Tax ID: 04-3518046

Country of Origin	Description of Goods	HTS Code	Unit of Measure	Total Units	Unit Value (USD)	Total (USD)
	Human Plasma sealed in polypropylene vial, 0.2 mL	3002.10.0210	Vial (1 vial = 1 unit)		1.00	
	Dry Ice UN 1845	2811.21.0000	kg		0.00	0.00

Biological Substances, Category B UN3373 Class 6.2 PL 650

Exempt Human Specimen (no known infectious or hazardous pathogens)

ALL ITEMS ARE NOT FOR RESALE. VALUE IS FOR CUSTOMS PURPOSES ONLY.

Enclosed specimens are of human origin only, not of tissue culture, and are for laboratory use only.

Shipper Signature: _____ Date: _____

Print Name & Title: _____