

Diagnostic Specimen Commercial Invoice EXEMPT HUMAN SPECIMEN



Shipper: _____
 Company Name: _____
 Contact Name: _____
 Address: _____
 City/Postal Code: _____
 Country: _____
 Tel/Fax No: _____
 FDA Establishment License: _____ N/A

Ultimate Consignee:

Company Name: ZRT Laboratory, LLC
 Contact Name: Dr David Zava
 Address: 8605 SW Creekside PI
 City/Postal Code: Beaverton, OR 97008
 Country: USA
 Tel/Fax No: 866-600-1636
 FDA Establishment License: CLIA #38D0960950

Importer of Record (if different from Consignee):

Company Name: _____
 Contact Name: _____
 Address: _____
 City/Postal Code: _____
 Country: _____
 Tel/Fax No: _____
 FDA Establishment License: _____
 IRS Number: _____

Number of Cartons	Itemized Detailed Description	Qty	Unit(s) of Measure	Unit Value (USD)	Subtotal (USD)
_____ Total Pieces	<p style="text-align: center;">Exempt human specimens to be used for clinical testing purposes. Packaged in accordance with US Postal and IATA packing instructions. The contents above do not contain any animal products nor are they of tissue culture origin. The goods referenced above are Non-Hazardous, Non-Infectious and are NOT subject to TSCA or FDA.</p> <p style="text-align: center;">Total Weight: _____</p> <p>The saliva, dried blood spot and dried urine specimens are collected and shipped in compliance with the US Postal regulations and are considered non-infectious and non-biohazard per DMM 601.10.17.</p>				

Total \$ Value _____

I/We hereby certify that the information on this invoice is true and correct and the contents of this shipment are as stated above.

Signature: _____ Country of Origin (export): _____
 Date of Export: _____
 Title: _____ Airwaybill #: _____