

COMMERCIAL INVOICE

Export Reference: _____ Study: _____
 Date of Export: _____
 Country of Export: _____
 Country of Ultimate Destination: **CANADA**

Shipper/Exporter:

Consignee:

Study: _____
 Population Health Research Institute
 237 Barton Street East, Hamilton, Ontario Canada L8L 2X2
CRLB Research Lab, Parking Garage Location, Access from Copeland St.
 Tel: 1-905-521-2100 ext. 44408/40460

COURIER AND AWB#:

Full Description of Goods:

**EXEMPT HUMAN SPECIMEN
For Analysis Only**

# Vials _____	human blood; in 2 mL plastic storage vials	HS TARIFF CODE: 3002.12.0019
# Vials _____	human urine, in 2 mL plastic storage vials	HS TARIFF CODE: 3002.90.0090
# Dried blood cards _____	human blood; 2 blood spots/card	HS TARIFF CODE: 3002.90.0090

Packaging:

**Refrigerated Vapour Shipper with Plastic Shipping Case
Not Restricted, Special Provision A152**

Shipper Dimensions: 60 cm high x 46 cm diameter	
Shipper Weight (fully charged, with packing case)	20.5 kg
Frozen Specimen Weight	<u>4.5 kg</u>
Total Shipper (1)	25 kg

of Vapour Shippers: _____

of Insulated Shipping Systems: _____

Total Weight Shipped: _____ kg

Total Value: \$40 CDN

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

Name – Printed, Signature, Date