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# PROFORMA INVOICE

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Your contact:

Date: (YYYY-MM-DD)

**Proforma invoice**

for export declaration at customs

Patient ID: (assigned by patient's registry)

Patient ID: (assigned by registry's registry)

Donor ID:

GRID:

**Invoice address:**

Address:

ZIP:

City:

Country:

Transplant centre/ consignee:

The manufacturer (collection centre) of this product is:

No. of units: 1

Description of goods:

Customs tariff number:

Net weight: <2kg

Shipping date: (YYYY-MM-DD)

**We certify that this shipment has no commercial value and is not for resale. This product concerns a directed donation for a specific patient.**

Please do not irradiate. Immediate delivery required!

We are classified as an approved exporter, i.e. we have been authorized by the local main customs office to use a simplified clearance procedure for exporting goods.

We declare that the above information is true and correct to the best of our knowledge.