

Swiss Rabies Center  
Institute of Virology and Immunology  
Länggass-Strasse 122 / PO Box  
CH-3001 Bern

S W I T Z E R L A N D

Phone: +41 31 684 23 78  
Date:

## Proforma Invoice

Number/Volume of Samples:

Total Gross Weight:

Total Net Weight:

Carrier:

Full description of contents: - **Serum of**

**Diagnostic Specimen(s), Not Restricted, Packed In  
Compliance With IATA Packing Instruction 650**

Value: CHF 10.-

**Reason for export:** For diagnostic purposes

I declare that the above information is true and correct to the best of my knowledge.

Name:

Signature: