

This manual intends to help you in filling in the correct information - the provided data is just an example




SENT BY Company / Name	Maximilian Tester
Address	Teststreet 3 II.
City, Postal Code	FL-3004 Miami
Country	USA
Tel./Fax No.	+1 455 000 111
VAT Registration No.	
SENT TO Company / Name	ArminLabs GmbH / Mrs. Foag; Mr. Dr. Schwarzbach
Address	Zirbelstraße 58, 2nd floor
City	Augsburg
Postal Code	86154
Country	GERMANY
Tel./Fax No.	Tel.: 0049 821 780 931 50 Fax: 0049 821 780 931 52
VAT Registration No.	DE815543871

Please enter your name and address details

PROFORMA INVOICE

Shipment Waybill: 47 0321 7753
 This number can be found above the barcode on the Shipment Waybill included in the provided DHL bag

Total Gross Weight: 0,5 kg
 Total Net Weight: 0,5 kg

 Please weigh all materials that are being shipped and enter the weight twice

Description	Customs Commodity Code	Country of Origin	Qty	Unit Value	Sub Total Value and Currency
Biological substance UN 3373 Category B No. of packages: 3		USA	1	2.00 USD	6.00 USD

Enter the number of testkits sent in this bag
 For bigger bags (for more than 2 testkits) please contact us

Enter your the country you ship from

= 2.00 USD x No. of packages
 example:
 2.00 USD x 3 = 6.00 USD
 Total value:
 just enter the above amount again

Total Value and Currency: 6.00 USD

REASON FOR EXPORT
Medical Express - exempt human specimens for laboratory inspection

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

Signature: 
 Name: Maximilian Tester

Date: 12.05.2015

Please sign, enter your name in letters and provide today's date



I hereby confirm that the completion of this notification has been done to the best of my knowledge and that the authorized signatory is liable for the accuracy of the declarations contained herein. I acknowledge that we will be liable for damages resulting from any misstatement or omission of shipping information and will fully indemnify Deutsche Post DHL against any liabilities, fines, costs, expenses caused by misrepresentations.

Please enter your name

Shipper / Account holder:

Company name: ArminLabs / Maximilian Tester	Name:	This number can be found above the barcode on the Shipment Waybill included in the provided DHL bag
Company address:		
Telephone:	Mail:	

I hereby confirm that the shipment with **Waybill Number:** **47 0321 7753**

- a) **is not** classified as hazardous material, dangerous goods or prohibited article as per ADR/IATA/IMDG or any national or international regulation, e.g. Title 49 CFR
- b) is exempt from transport requirements due to
Special provision: as per: (Please provide appropriate national or international regulation)
- b) **is** classified as hazardous material, dangerous goods or prohibited article as per ADR/IATA/IMDG or any other nation or international regulation, e.g. Title 49 CFR:

UN number: 3373
 Proper shipping name: Biological Substance
 Class: Cat. B
 Packing Group: Medical Express
 Net quantity: 1 (Please provide net qty per inner package, for decision if transport under ADR LQ is possible)

- c) **is** classified as Lithium batteries in compliance with section II of
 - packing instruction 967, less than or equal to 4 cells or 2 batteries (lithium ion battery)
 - packing instruction 970, less than or equal to 4 cells or 2 batteries (lithium metal battery)

Authorization for amendments TDI

I hereby empower qualified and authorized employees of Deutsche Post DHL to

- Amend the entry of the content description field** of the above mentioned Waybill to the following:
- Remove dg contents and/or remove/obliterate wrong DG label.**

Disposal* (may be subject to surcharge):
 I hereby empower Deutsche Post DHL to dispose my package in accordance with existing law.
 (Please be aware that shipments will not be kept longer than 5 days. If we do not receive this statement with 5 business days the shipment will be disposed)

Pick up*
 I confirm that the shipment will be picked up by
 (Please be aware that shipments will not be kept longer than 5 days. If we do not receive this statement with 5 business days the shipment will be disposed)

Name of authorized signatory:
Ms Andrea Foag
 Title / Function:
Office
 Place, Date of Declaration
Augsburg, 12.05.2015

Authorized Signature & Company Stamp

ArminLabs GmbH
 Zirbelstraße 58/3rd floor
 GER - 86154 Augsburg
 www.arminlabs.com

[Handwritten Signature]

* Please note that all incoming shipments will be returned to the shipper, if possible.