# COMMERCIAL INVOICE

| Date of Exportation | Export References (order no., invoice no., etc.) |
|---|---|
| Shipper/Exporter (complete name and address) | Consignee (complete name and address )<br>Repeat Diagnostics<br>Suite 309<br>267 West Esplanade<br>North Vancouver, BC V7M 1A5<br>Canada<br>Attn: Sandy MacCormac tel 604-985-2609<br>fax 778-340-1144 |
| Country of Export<br>USA | Importer - If other than Consignee (complete name and address)<br>Repeat Diagnostics Customs Broker is :<br>**FedEx EXPRESSCLEAR** |
| Country of Origin of Goods<br>USA | |
| Country of Ultimate Destination<br>Canada | |

**International Air Waybill No.**

| Marks/Nos. | No. of Pkgs. | Type of Packaging | Full Description of Goods | Qty. | Unit of Measure | Weight | Unit Value | Total Value |
|---|---|---|---|---|---|---|---|---|
| | 1 | Box | Fresh Cells Human WBC | 1 | | 2.50 | 20.00 | 20.00 |
| | | | Non-infectious/Non-hazardous/Non-toxic/Non-volatile | | | | | 0.00 |
| | | | Non Commercial Value | | | | | 0.00 |
| | | | | | | | | 0.00 |
| | | | | | | | | 0.00 |
| | | | | | | | | 0.00 |
| **TOTAL** | 1 | | | | | 2.5 Kgs | | $20.00 |

Return to: _____

These commodities are licensed for the Ultimate Destination shown.
Diversion contrary to United States law is prohibited.

**Check One**

F.O.B.
C&F
C.I.F.

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

_____
Signature of Shipper

_____ _____
(Type name and title) Date