

Proforma/- Customs Invoice

Date/DATO 1) 09.04.2025

Sender/SENDER 2)		Sender/UTTAKER 5)	
Name/NAVN		Name/NAVN	Skånes Universitetssjukhus, Klinisk kemi
Address/ADRESSE		Address/ADRESSE	Jan Waldenströmsgate 77, Med.service
Postal Code & City/POSTNR & STED	Kirkegata 2	Postal Code & City/POSTNR & STED	5-205 02 Malmö
Country/LAND	7600 Levanger	Country/LAND	Sverige
Phone/TLFNR	Norge	Phone/TLFNR	040-336624
Org.nr/VAT.nr	+47 74098137	Org.nr/VAT.nr	
	983974791		

Total gross weight 4)		Total net weight 5)	
1,7 kg			

Quantity / ANTALL 6)	HS-number/toll TOLLJARIF NR 7)	Net weight/ Netto vekt 8)	Full description of goods/ Nøyaktig varebeskrivelse 9)	Value & currency/ Verdi & valuta pr stk 10)
1,0		1,7 kg	Biologisk materiale på tørris (1,3 kg)	
			Total value and currency/ Total verdi & myntenhhet 11)	

Reason for export/ ÅRSÅK FOR EKSPORT 12)	
Gift /GAVE	Return after repair/RETUR ETTER REPARASJON
For repair/TIL REPARASJON	Return for credit/RETUR FOR KREDITT
For repair under guarantee/GARANTIREPARASJON	Other/ANNET: Biologisk materiale

The exporter of the products covered by this document (Aut. nr these products are of EEA preferential origin.	13) declares that, except where otherwise clearly indicated,
Signature/SIGNATUR	

Place/STED	Date/DATO	Signature/SIGNATUR	Name in capital letters /STORBOKSTAVET
Levanger	090425		