Invoice for Confirmatory Typing RBTS

Swiss Transfusion SRC Waldeggstrasse 51, CH-3097 Liebefeld Tel. +41 (0)31 380 81 81 tx-coordination@blutspende.ch from

Regional Blood Transfusion Service Address **VAT Number Invoice Details** GRID: Patient ID Date of blood draw Destination (country) Description **Amount** 0.0% Donor expenses visit RBTS 0.00 Shipping costs (if not Ontime Courier) 8.1% 0.00 Admin, blood collection, IDM (CHF 550 8.1% 0.00 Cost for Malaria tests if needed (Cin 8.1% 0.00 (blood collection, testing, shipment to propical insultute or other specialised laboratory) CT termination (CHF 40 8.1% 0.00 otal excl. VAT 0.00 0.00 Total incl. VAT **CHF** 0.00 Please provide your bank details: IBAN no. BIC Name of bank City I confirm that I have received and verified the donor expenses.

Nr: 1456 Name: FOR_Invoice_CT

Date, signature:

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