



QUOTATION/PRO-FORMA INVOICE SQ033143

10801 University Blvd  
Manassas, VA 20110-2209  
USA  
T: 703-365-2700  
F: 703-365-2750  
E: sales@atcc.org

Quote Date: 6/27/2024  
Page: 1 of 3  
Customer ID#: 115426A  
Reference No: PRA-405D  
Payment Term:  
Delivery Terms: EXW-Manassas  
Shipping Via: GTS

Invoice ID#: 115426A  
Instituto Nacional de Salud  
AV DEFENSORES DEL MORRO  
09, Chorrillos Lima  
PER

Delivery ID#: 115426A  
Instituto Nacional de Salud  
AVDENFENS DEL MORRO NO  
2268  
9, Chorrillos Lima  
PER



Contact Name:  
Contact Phone:

ATTN: Patricia Gaspar  
Phone: 011 511 7480000

Header Notes: Please sign the last page of the Proforma Invoice to authorize the shipment of your order.

Duties and taxes are not included. Please check with your government to ensure no additional import permits/requirements are needed for the receipt of your order. If permits are required, please forward a copy to ATCC/Sales. Shipped via a freight forwarder and airport pickup is required for products. Products will not be delivered directly to your door. Flight details will be forwarded once the order is shipped. You will be responsible for the order clearing customs.

INTERMEDIATE CONSIGNEE:  
INSTITUTO NACIONAL DE SALUD  
CHORRILLOS - LIMA - PERU  
CONTACT: SR. PELAYO DIAZ DIAZ  
PHONE: 511 7480000  
EMAIL: pdiaz@ins.gob.pe

Prepayment is required before the order can be shipped. ATCC accepts  
1) Visa, Mastercard, and American Express. The account number, expiration date, and the name as it appears on the card and signature is also required.  
2) US currency by check drawn on any US bank or international money order, made payable to American Type Culture Collection. Mail to:  
American Type Culture Collection,  
Lockbox Number - 0076349, P.O. Box 716349,  
Philadelphia, PA 19171-6349  
3) Money wire transfer:  
International money wire transfer - Account #4564560290, Routing # 121000248, SWIFT Code WFBUS6S,  
at Wells Fargo Bank, N.A.  
420 Montgomery  
San Francisco, CA 94104

This order requires a certificate of origin. The document fee is \$33.00

Line#	Item#	Description	Quantity	UM	Net Price	Amount
01	PRA-405D	Plasmodium falciparum; Strain: 3D7; Genomic DNA End user: WATANABE, SONIA PILAR SUGUIMOTO	2.00	ea	353.00	706.00
		Non-Taxable:	706.00		Line Total:	706.00
		Taxable Total:	0.00		Total Tax:	0.00
					Document Fees:	33.00
					Shipping & Handling:	1,080.00
					Special Handling:	0.00
					USD Grand Total:	1,819.00

Nota: Cumple con lo solicitado en las especificaciones técnicas.

*[Signature]*  
Sonia Pilar Sugimoto Watanabe  
Responsable Técnico  
Contrato N°PE501082699-2023  
00109542800



ATCC

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Manassas, VA 20110-2209  
USA

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Page: 2 of 3

Remit to address: American Type Culture Collection, P.O. BOX 716349, PHILADELPHIA, PA 19171-6349

To ensure proper credit to your account, please reference your ATCC account and invoice number on your payment.  
ATCC accepts credit cards as a method of payment on the ATCC website <http://www.atcc.org>

ATCC Terms and Conditions Apply. Terms and Conditions are supplied with the shipment and are available on the ATCC website <http://www.atcc.org>

Nota: Consulte con las especificaciones técnicas  
según lo solicitado

  
.....  
Sonia Pilar Suguimoto Watanabe  
Responsable Técnico  
Contrato N°PE501082699-2023  
DNI: 09542800



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Manassas, VA 20110-2209  
USA

# QUOTATION/PRO-FORMA INVOICE SQ033143

Telephone: 703-365-2700  
Fax: 703-365-2750  
Email: sales@atcc.org

Non-Taxable: 706.00  
Taxable Total: 0.00

Line Total: 706.00  
Total Tax: 0.00  
Document Fee: 33.00  
Shipping & Handling: 1,080.00  
Special Handling: 0.00  
**USD Grand Total: 1,819.00**

**IMPORTANT:** Please reference your Account number [115426A] and Quote number [SQ033143] on all correspondence and banking transactions  
QUOTE EXPIRES **8/30/2024**

Purchaser MUST complete the information below:

Please return this form to ATCC to authorize the shipment. **Do not** send Credit Card Information via Email to ensure compliance with the Payment Card Industry Data Security Standard. Please Fax the form to 703-365-2750. Customers are responsible for any duties and taxes required for this order. The charge for shipping and handling does not include duties and taxes charged by local customs. Incoterms 2010 apply.

Sign below to authorize shipment:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

Credit Card Information:

Visa Master Card AMEX Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Sonia Pilar Sugimoto Watanabe  
Responsable Técnico  
Contrato N°PE501082699-2023

DM: 09542800

Nota: Consulte con las especificaciones técnicas según lo solicitado