

ACCREDITATION INVOICE

Address:
EFI Accreditation Office
Attn. Sonja Geelhoed
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TO:

Immunogenetica e Immunologia dei Trapianti

S.C. Genetica Medica P.O. R. Binaghi - ASL Cagliari Via Is Guadazzonis, 3 09126 Cagliari ITALY

ACCREDITATION NUMBER	INSPECTION DATE	INVOICE NUMBER	Our indentification number:	INVOICE DATE
07-IT-003.997		9924	421 691 361 000 16	06-05-2025

Description		Amount
Annual accreditation fee		1,350.00
	Total amount in Euro's	1,350.00

Payment:

We kindly request that you transfer the amount with specification of the Accreditation number and Invoice number to:

Bank:

Name:

ABN-AMRO bank

Address:

Leiden

The Netherlands

IBAN:

NL 73 AB NA 04 30 49 2715

SWIFT:

AB NA NL 2A

Sincerely yours,

Sonja Geelhoed

Manager EFI Accreditation Office