



SHIPPING DOCUMENTS

CHEMTECH

CHAIN OF CUSTODY RECORD

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 • Fax (908) 789-8922
www.chemtech.net

CHEMTECH PROJECT NO. **P5044**
QUOTE NO.
COC Number **2041750**

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: **TRIS PHARMA, INC**
ADDRESS: **2033 ROUTE 130**
CITY: **MONMOUTH JUNCTION** STATE: **NJ** ZIP: **08852**
ATTENTION: **NIKKI TIERNEY**
PHONE: **732.823.4938** FAX: **N/A**

CLIENT PROJECT INFORMATION

PROJECT NAME: **QUARTERLY**
PROJECT NO.: LOCATION:
PROJECT MANAGER: **NIKKI TIERNEY**
e-mail: **NMTIERNEY@trispharma.com**
PHONE: **SAME** FAX: **N/A**

CLIENT BILLING INFORMATION

BILL TO: PO#: **211765**
ADDRESS:
CITY: **SAME** STATE: ZIP:
ATTENTION: PHONE:

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: **10** DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS DAYS

DATA DELIVERABLE INFORMATION

☒ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)
☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other
☐ EDD FORMAT

1 **BOD 5**
2 **TSS**
3 **METALS GRP 3**
4 **COB**
5 **VOCMS GRP 1**
6 **NON-POLAR METALS**
7
8
9

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES						COMMENTS
			COMP	GRAB	DATE	TIME		E	E	B	C	A	C	
1.DSN-001	OUTFALL DSN-001	NW		X	11/27/24	9:07AM	7	X	X	X	X	X	X	
2.DSN-002	OUTFALL DSN-002	NW		X	11/27/24	8:32AM	7	X	X	X	X	X	X	
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER: 1. N. Tierney	DATE/TIME: 11/27/24 9:41AM	RECEIVED BY: [Signature] 1210	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.1 °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY:	Comments:
RELINQUISHED BY SAMPLER: 3. [Signature]	DATE/TIME: 11-27-24	RECEIVED BY: [Signature]	

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other
CHEMTECH: ☐ Picked Up ☐ Field Sampling

Shipment Complete
☐ YES ☐ NO



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Laboratory Certification

Certified By	License No.
CAS EPA CLP Contract	68HERH20D0011
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255424 Rev 1
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	T104704488

LOGIN REPORT/SAMPLE TRANSFER

Order ID : P5044 TRIS02

Order Date : 11/27/2024 12:16:00 PM

Project Mgr :

Client Name : Tris Pharma, Inc.

Project Name : Quarterly

Report Type : Results Only

Client Contact : Nichole Nikki Ferrari

Receive DateTime : 11/27/2024 ~~12:00:00~~ AM

EDD Type : EXCEL NOCLEANUP

Invoice Name : Tris Pharma, Inc.

Purchase Order :

Hard Copy Date :

Invoice Contact : Nichole Nikki Ferrari

Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
P5044-01	OUTFALL-DSN-001	Water	11/27/2024	09:07					
					VOCMS Group1		624.1	10 Bus. Days	
P5044-02	OUTFALL-DSN-002	Water	11/27/2024	08:32					
					VOCMS Group1		624.1	10 Bus. Days	

Relinquished By :

Date / Time : 11-27-24 1745

Received By :

Date / Time : 12/02/24 8:20

Storage Area : VOA Refridgerator Room

* Samples in (SM) Fridge @ 1745.