SHIPPING DOCUMENTS

Alliance TECHNICAL GROUP

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

ALLIANCE PROJECT NO. Q1429
QUOTE NO.
COC Number 2046144

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: TRS Pharma, INC
ADDRESS: 2033 ROUTE 130
CITY: Monmouth Junction STATE: NJ ZIP: 0885
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@trspharma.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

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 + Raw Data) ☐ NYS ASP A ☐ NYS ASP B
☐ Other _____
☐ EDD FORMAT _____

ANALYSIS

1: BOD 5
2: TSS
3: METALS GRP 3
4: COD
5: VOCMS GRP 1
6: NON-POLAR MATERIA
7:
8:
9:

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP	SAMPLE TYPE GRAB	SAMPLE COLLECTION DATE	SAMPLE COLLECTION TIME	# OF BOTTLES	PRESERVATIVES 1	2	3	4	5	6	7	8	9
1. DSN-001	OUTFALL DSN-001	WW		X	2/25/25	9:15am	7	X	X	X	X	X	X			
2. DSN-002	OUTFALL DSN-002	WW		X	2/25/25	9:49am	7	X	X	X	X	X	X			
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																

PRESERVATIVES: E E B C A C

COMMENTS

← Specify Preservatives
A-HCl D-NaOH
B-HN03 E-ICE
C-H2SO4 F-OTHER

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:
1. JA	2/25/25 10:32am	1. 1320 2.25.25
2.		2.
3.	2-25-25 1455	3.

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 2.5 °C
Comments:

Page _____ of

CLIENT: ☐ Hand Delivered ☐ Other _____

Shipment Complete ☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY

284 Sheffield Street, Mountainside NJ 07092 (908)-789-8900 Fax : 908 789 8922

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

QA Control Code: A2070148

Alliance TECHNICAL GROUP
284 Sheffield Street, Mountainside, New Jersey 07092, Phone : 908 789 8900,
Fax : 908 789 8922

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q1429 TRIS02
Client Name : Tris Pharma, Inc.
Client Contact : Nichole Nikki Ferrari
Invoice Name : Tris Pharma, Inc.
Invoice Contact : Nichole Nikki Ferrari

Order Date : 2/25/2025 1:50:00 PM
Project Name : Quarterly
Receive DateTime : 2/25/2025 2:55:00 PM
Purchase Order :

Project Mgr :
Report Type : Results Only
EDD Type : EXCEL NOCLEANUP
Hard Copy Date :
Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q1429-01	OUTFALL-DSN-001	Water	02/25/2025	09:15					
					VOCMS Group1		624.1		10 Bus. Days
Q1429-02	OUTFALL-DSN-002	Water	02/25/2025	09:49					
					VOCMS Group1		624.1		10 Bus. Days

Relinquished By :
Date / Time : 2-25-25 1530

Received By :
Date / Time : 02/25/25

Storage Area : VOA Refridgerator Room