

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: Tris Pharma, INC
ADDRESS: 2033 ROUTE 130
CITY: Monmouth Junction STATE: NJ ZIP: 0885
ATTENTION: Nikki Tierney
PHONE: 732-823-4938 FAX: N/A

PROJECT NAME: QUARTERLY
PROJECT NO.: _____ LOCATION: _____
PROJECT MANAGER: Nikki Tierney
e-mail: nm-tierney@trispharma.com
PHONE: SAME FAX: N/A

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

ANALYSIS

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

BOD 5
TSS
METALS GRP 3
COD
VOCMS GRP 1
NON-POLAR MATERIAL

PRESERVATIVES

COMMENTS

ALLIANCE 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	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.																

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

RELINQUISHED BY SAMPLER: 1. JAA DATE/TIME: 2/25/25 10:32am RECEIVED BY: [Signature] 1320
RELINQUISHED BY SAMPLER: 2. [Signature] DATE/TIME: _____ RECEIVED BY: _____
RELINQUISHED BY SAMPLER: 3. [Signature] DATE/TIME: 2-25-25 RECEIVED BY: _____

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