



SHIPPING DOCUMENTS

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: 732-823-4398 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#: 213644
ADDRESS: SAME
CITY: 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

1. BOD-5 2. TSS 3. Metals GRP 3 4. COD 5. VOCS GRP 1 6. Non-Polar Material 7. 8. 9.

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. <u>DSN-001</u>	<u>OUTFALL DSN-001</u>	<u>WW</u>		<u>X</u>	<u>8/19/25</u>	<u>9:59AM</u>	<u>7</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>				
2. <u>DSN-002</u>	<u>OUTFALL DSN-002</u>	<u>WW</u>		<u>X</u>	<u>8/19/25</u>	<u>9:15AM</u>	<u>7</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>				
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. <u>Nikki Tierney</u>	DATE/TIME: <u>8/19/25 11:11AM</u>	RECEIVED BY: <u>[Signature]</u> <u>8-19-25</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>5.0</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY:	Comments:
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>8-19-25</u>	RECEIVED BY:	

Page ____ of CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO

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	TX-C25-00189
Virginia	460312

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q2902	TRIS02	Order Date : 8/19/2025 12:17:00 PM	Project Mgr :
Client Name : Tris Pharma, Inc.		Project Name : Quarterly	Report Type : Results Only
Client Contact : Nichole Nikki Ferrari		Receive DateTime : 8/19/2025 09:29 PM	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
Q2902-01	OUTFALL-DSN-001	Water	08/19/2025	09:59					
					VOCMS Group1		624.1	10 Bus. Days	
Q2902-02	Q2902-1MS	Water	08/19/2025	09:59					
					VOCMS Group1		624.1	10 Bus. Days	
Q2902-03	Q2902-1MSD	Water	08/19/2025	09:59					
					VOCMS Group1		624.1	10 Bus. Days	
Q2902-04	OUTFALL-DSN-002	Water	08/19/2025	09:15					
					VOCMS Group1		624.1	10 Bus. Days	

Relinquished By : 

Date / Time : 8/20/25 0810

Received on 8/19/25 @ 1725
Placed in SM-REF 2

Received By : 

Date / Time : 8/20/25 810

Storage Area : VOA Refridgerator Room