

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. VOCMS 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. DSN-001	OUTFALL DSN-001	WW		X	8/19/25	9:59 AM	7	X	X	X	X	X	X				
2. DSN-002	OUTFALL DSN-002	WW		X	8/19/25	9:15 AM	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. <u>Nikki Tierney</u>	DATE/TIME: <u>8/19/25 11:11 AM</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: 2.	Comments:
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>8-19-25</u>	RECEIVED BY: 3.	

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO