



SHIPPING DOCUMENTS



284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax: (908) 788-9222
www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q 3120

COC Number:

CLIENT INFORMATION

PROJECT INFORMATION

BILLING INFORMATION

COMPANY: Tris Pharma, Inc
ADDRESS: 2033 ROYCE 130
CITY: Monmouth Junction STATE: NJ ZIP: 08852
ATTENTION: Nikki Tierney
PHONE: 737-823-4938 FAX:

PROJECT NAME: Annual
PROJECT #: LOCATION:
PROJECT MANAGER: Nikki Tierney
E-MAIL: NMTierney@trispharma.com
PHONE: SAME FAX:

BILL TO: PO# 21765
ADDRESS:
CITY: SAME STATE: ZIP:
ATTENTION: PHONE:

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

ANALYSIS

FAX: DAYS*
HARD COPY: DAYS*
EDD 10 DAYS*
* TO BE APPROVED BY ALLIANCE
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS

☒ RESULTS ONLY ☐ USEPA CLP
☐ RESULTS + QC ☐ New York State ASP "B"
☐ New Jersey REDUCED ☐ New York State ASP "A"
☐ New Jersey CLP ☐ Other
☐ EDD Format

ANALYSIS								
1	2	3	4	5	6	7	8	9

PRESERVATIVES

COMMENTS

CHEMTECH
SAMPLE
ID

PROJECT
SAMPLE IDENTIFICATION

SAMPLE
MATRIX

SAMPLE
TYPE

SAMPLE
COLLECTION

of Bottles

COMP

GRAB

DATE

TIME

A

1

2

3

4

5

6

7

8

9

Specify Preservatives
A-HCl B-HNO3
C-H2SO4 D-NaOH
E-ICE F-Other

1.DSN001	Outfall DSN-001	NN		X	9/16/25	10:58AM	2	X										
2.DSN002	Outfall DSN-002	NN		X	9/16/25	10:42AM	2	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. [Signature]	DATE/TIME 9/16/25 12:24	RECEIVED BY 1. [Signature] 1345 9-16-25
RELINQUISHED BY 2. [Signature]	DATE/TIME	RECEIVED BY 2. [Signature]
RELINQUISHED BY 3. [Signature]	DATE/TIME 9-16-25	RECEIVED FOR LAB BY 3. [Signature]

Conditions of bottles or coolers at receipt: ☐ Compliant ☐ Non Compliant ☐ Cooler Temp 4.4 C
MeOH extraction requires an additional 4oz. Jar for percent solid
Comments: ☐ Ice in Cooler?

SHIPPED VIA: CLIENT: ☐ Hand Delivered ☐ Overnight
ALLIANCE: ☐ Picked Up ☐ Overnight

Shipment Complete
☐ YES ☐ NO

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

Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312



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

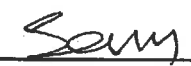
LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q3120	TRIS02	Order Date : 9/16/2025 1:56:00 PM	Project Mgr :
Client Name : Tris Pharma, Inc.		Project Name : Annual	Report Type : Results Only
Client Contact : Nichole Nikki Ferrari		Receive DateTime : 9/16/2025 2:30:00 PM	EDD Type : EXCEL NOCLEANUP
Invoice Name : Tris Pharma, Inc.		Purchase Order : 16:04 AD	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
Q3120-01	OUTFALL-DSN-001	Water	09/16/2025	10:55					
					VOCMS Group1		624.1	10 Bus. Days	
Q3120-02	OUTFALL-DSN-002	Water	09/16/2025	10:42					
					VOCMS Group1		624.1	10 Bus. Days	

Relinquished By: 

Date / Time : 9-16-25 1627

Received By: 

Date / Time : 09/16/25

Storage Area : VOA Refridgerator Room