



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: 732-823-4938 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

1	2	3	4	5	6	7	8	9

PRESERVATIVES

COMMENTS

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

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles										
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
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	DATE/TIME	RECEIVED BY	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp 4.4 C
1. [Signature]	9/16/25 12:24	1. [Signature]	<input type="checkbox"/> MeOH extraction requires an additional 4oz. Jar for percent solid
RELINQUISHED BY	DATE/TIME	RECEIVED BY	Comments:
2. [Signature]		2. [Signature]	
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY	SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight
3. [Signature]	9-16-25	3. [Signature]	ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight
			Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO

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