SHIPPING DOCUMENTS

Alliance TECHNICAL GROUP

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 • Fax (908) 789-8922
www.chemtech.net

ALLIANCE PROJECT NO.
QUOTE NO. Q 3676
COC Number 2046958

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: 732-823-4938 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:

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

ANALYSIS

1: BOD5
2: TSS
3: Metals Group 3
4: COD
5: VOCMS Group 1
6: NON-POLAR MTBE
7:
8:
9:

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP	SAMPLE TYPE GRAB	SAMPLE COLLECTION DATE	SAMPLE COLLECTION TIME	# OF BOTTLES	PRESERVATIVES 1	2	3	4	5	6	7	8	9	COMMENTS
								E	E	B	C	A	C				← Specify Preservatives A-HCl D-NaOH B-HN03 E-ICE C-H2SO4 F-OTHER
1. DSN001	Outfall DSN-001	WW		X	11/18/25	9:36AM	7	X	X	X	X	X	X				
2. DSN002	Outfall DSN-002	WW		X	11/18/25	11:04AM	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:	DATE/TIME:	RECEIVED BY:
1.	1037 11/19/25	1.
2.	DATE/TIME:	2.
3.	1140 11/19/25	3.

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.7°C °C
Comments:

Page _____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete ☐ YES ☐ NO

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

284 Sheffield Street, Mountainside NJ 07092 (908)-789-8900 Fax : 908 789 8922

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

QA Control Code: A2070148

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

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q3676 TRIS02
Client Name : Tris Pharma, Inc.
Client Contact : Nichole Nikki Ferrari
Invoice Name : Tris Pharma, Inc.
Invoice Contact : Nichole Nikki Ferrari

Order Date : 11/19/2025 11:31:00 AM
Project Name : Quarterly
Receive DateTime : 11/19/2025 ~~2:00:00 PM~~ 11:40 AM
Purchase Order :

Project Mgr :
Report Type : Results Only
EDD Type : EXCEL NOCLEANUP
Hard Copy Date :
Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q3676-01	OUTFALL-DSN-001	Water	11/~~19~~18/2025	09:36					
					VOCMS Group1		624.1		10 Bus. Days
Q3676-02	Q3676-~~1MS~~ 01MS	Water	11/~~19~~18/2025	09:36					
					VOCMS Group1		624.1		10 Bus. Days
Q3676-03	Q3676-~~1MSD~~ 01MSD	Water	11/~~19~~18/2025	09:36					
					VOCMS Group1		624.1		10 Bus. Days
Q3676-04	OUTFALL-DSN-002	Water	11/~~19~~18/2025	~~10:00~~ 11:04					
					VOCMS Group1		624.1		10 Bus. Days

Relinguished By :
Date / Time : 11/19/25 1300

Received By :
Date / Time : 11/19/25 13:20

Storage Area : VOA Refridgerator Room