

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

BOD5
TSS
Metals Group B
COD
VOCMS GROUP 1
NON-HALOMETHANES

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				← Specify Preservatives	
1. DSN001	Outfall DSN-001	WW		X	11/18/25	9:36AM	7	X	X	X	X	X	X				A-HCl	D-NaOH
2. DSN002	Outfall DSN-002	WW		X	11/18/25	11:04AM	7	X	X	X	X	X	X				B-HNO3	E-ICE
3.																	C-H2SO4	F-OTHER
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: 1037 11/19/25	RECEIVED BY: 1. [Signature]	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.7°C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3. [Signature]	DATE/TIME: 1140 11/19/25	RECEIVED BY: 3.	Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO