

## **SUB DATA PACKAGE**

**PROJECT NAME: NYU CLINICAL LAB WATER TESTING 2025 - H252243895**

**NYU LANGONE HEALTH  
560 First Avenue 4th Floor TH-418**

**New York, NY - 10016  
Phone No: 646-501-0733**

**ORDER ID: P4642  
ATTENTION: Marie-Ange Exilhomme**



## Cover Page

**Order ID :** P4642

**Project ID :** NYU Clinical Lab Water Testing 2025 - H252243895

**Client :** NYU Langone Health

### Lab Sample Number

P4642-01  
P4642-02  
P4642-03  
P4642-04  
P4642-05  
P4642-06  
P4642-07  
P4642-08  
P4642-09

### Client Sample Number

TH-401A-SINK-1  
TH-401A-SINK-2  
CC-10TH-FL  
CC-3RD-FL  
7N-SKIRBALL  
TH-430-DI-1  
TH-430-DI-2  
TH-430-DI-3  
TH-404-DI-4

I certify that the data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hard copy data package has been authorized by the laboratory manager or his designee, as verified by the following signature.

Signature : \_\_\_\_\_

Date: 11/19/2024

NYDOH CERTIFICATION NO - 11376

NJDEP CERTIFICATION NO - 20012



Atlas Environmental Lab, Corp  
255 West 36th Street, Suite# 1503  
New York, NY 10018  
Phone: (212) 563-0400 Fax: (212) 563-0401  
www.atlasenvironmentallab.com

## Report of Bacteriological Examination (Heterotrophic Plate Count)

**Client:** Alliance Technical Group  
**Collected/Submitted by:** Client  
**Project Name/No.:** NYU Clinical Lab Water Testing 2025 / H25224389 / P4642  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP1024068  
**Date Received:** 10/30/2024  
**Time Received:** 14:25  
**Report Date:** 11/1/2024

| Sample ID#  | Sample Collected   | Location/Description | Incubation in/out                | HPC (cfu/ml) |
|-------------|--------------------|----------------------|----------------------------------|--------------|
| Client ID#  | Date/Time          |                      | Date/Time                        |              |
| 01          | 10/30/2024 @ 11:30 | TH-401A-SINK-1       | Incubated in: 10/30/2024 @ 14:55 | 3            |
| HP1024068-1 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |
| 02          | 10/30/2024 @ 11:30 | TH-401A-SINK-2       | Incubated in: 10/30/2024 @ 14:55 | 8            |
| HP1024068-2 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |
| 03          | 10/30/2024 @ 12:00 | CC-10th -FL          | Incubated in: 10/30/2024 @ 14:55 | 5            |
| HP1024068-3 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |
| 04          | 10/30/2024 @ 12:15 | CC-3rd-FL            | Incubated in: 10/30/2024 @ 14:55 | 4            |
| HP1024068-4 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |
| 05          | 10/30/2024 @ 12:15 | 7N-SKIRBALL          | Incubated in: 10/30/2024 @ 14:55 | 2            |
| HP1024068-5 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |
| 06          | 10/30/2024 @ 12:15 | TH-430-DI-1          | Incubated in: 10/30/2024 @ 14:55 | 4            |
| HP1024068-6 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |



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## Report of Bacteriological Examination (Heterotrophic Plate Count)

**Client:** Alliance Technical Group  
**Collected/Submitted by:** Client  
**Project Name/No.:** NYU Clinical Lab Water Testing 2025 / H25224389 / P4642  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP1024068  
**Date Received:** 10/30/2024  
**Time Received:** 2:25PM  
**Report Date:** 11/1/2024

| Sample ID#  | Sample Collected   | Location/Description | Incubation in/out                | HPC (cfu/ml) |
|-------------|--------------------|----------------------|----------------------------------|--------------|
| Client ID#  | Date/Time          |                      | Date/Time                        |              |
| 07          | 10/30/2024 @ 12:15 | TH-430-DI-2          | Incubated in: 10/30/2024 @ 14:55 | 2            |
| HP1024068-7 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |
| 08          | 10/30/2024 @ 12:15 | TH-430-DI-3          | Incubated in: 10/30/2024 @ 14:55 | 11           |
| HP1024068-8 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |
| 09          | 10/30/2024 @ 12:15 | TH-404-DI-4          | Incubated in: 10/30/2024 @ 14:55 | 16           |
| HP1024068-9 |                    |                      | Incubated out: 11/1/2024 @ 14:55 |              |

AL

Method: Potable: SM 20, 21-23 9215 B (-04); Non Potable: SM 18-21 9215 B  
ELAP Method 9136

Analyst: AD

Approved by: *Stephanie Pineda*

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Results relate only to the items tested.  
NYS-ELAP#11999

## CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: NYU Langone Health Pathology

ADDRESS: 560 First Ave. TH 401-A

CITY: New York STATE: NY ZIP: 10016

ATTENTION: Marie-Ange Exilhomme

PHONE: 646-501-0733 FAX: 646-501-0498

## CLIENT PROJECT INFORMATION

PROJECT NAME: NYU Clinical Lab H<sub>2</sub>O testing

PROJECT NO.: LOCATION:

PROJECT MANAGER:

e-mail:

PHONE:

FAX:

## CLIENT BILLING INFORMATION

BILL TO: NYULH Tisch PO# H252243895

ADDRESS: P.O. Box 427

CITY: Elmsford STATE: NY ZIP: 10523

ATTENTION: PHONE:

## ANALYSIS

## DATA TURNAROUND INFORMATION

FAX (RUSH) \_\_\_\_\_ DAYS\*

HARDCOPY (DATA PACKAGE): \_\_\_\_\_ DAYS\*

EDD: \_\_\_\_\_ DAYS\*

\*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS DAYS

## 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 \_\_\_\_\_

HPC

1 2 3 4 5 6 7 8 9

## PRESERVATIVES

## COMMENTS

| CHEMTECH<br>SAMPLE<br>ID     | PROJECT<br>SAMPLE IDENTIFICATION              | SAMPLE<br>MATRIX        | SAMPLE<br>TYPE |      | SAMPLE<br>COLLECTION |       | # OF BOTTLES | PRESERVATIVES |   |   |   |   |   |   |   |   | COMMENTS |
|------------------------------|-----------------------------------------------|-------------------------|----------------|------|----------------------|-------|--------------|---------------|---|---|---|---|---|---|---|---|----------|
|                              |                                               |                         | COMP           | GRAB | DATE                 | TIME  |              | 1             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |          |
| 1. Sink #2<br>TH401A         | TH401A Cytology Sink #2                       | TAP<br>H <sub>2</sub> O |                |      | 10/30/24             | 11:30 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 2. Sink #2<br>TH401A         | TH401A Cytology Sink #2                       | TAP<br>H <sub>2</sub> O |                |      | 10/30/24             | 11:30 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 3. CC 10 <sup>th</sup> floor | Cancer Center Cytology 10 <sup>th</sup> floor | TAP<br>H <sub>2</sub> O |                |      | 10/30/24             | 12:00 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 4. CC 3 <sup>rd</sup> floor  | Cancer Center Cytology 3 <sup>rd</sup> floor  | TAP<br>H <sub>2</sub> O |                |      | 10/30/24             | 12:15 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 5. 7n                        | SKirball F&P Cytology                         | TAP<br>H <sub>2</sub> O |                |      | 10/30/24             | 12:15 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 6. TH430DI#1                 | TH430 Histology DI #1                         | DI#1                    |                |      | 10/30/24             | 12:15 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 7. TH430DI#2                 | TH430 Histology DI #2                         | DI#2                    |                |      | 10/30/24             | 12:15 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 8. TH430DI#3                 | TH430 Histology DI #3                         | DI#3                    |                |      | 10/30/24             | 12:15 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 9. TH404DI#4                 | TH404 IHC DI #4                               | DI#4                    |                |      | 10/30/24             | 12:15 | 1            | ✓             |   |   |   |   |   |   |   |   |          |
| 10.                          |                                               |                         |                |      |                      |       |              |               |   |   |   |   |   |   |   |   |          |

## SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

|                                                   |                                    |                                                        |                                                                                                                                                                      |
|---------------------------------------------------|------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELINQUISHED BY SAMPLER:<br>1. <i>[Signature]</i> | DATE/TIME:<br>10:33 AM<br>10-30-24 | RECEIVED BY:<br>1. <i>[Signature]</i> 1335<br>10-30-24 | Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP _____ °C |
| RELINQUISHED BY SAMPLER:<br>2. <i>[Signature]</i> | DATE/TIME:<br>15:30<br>10-30-24    | RECEIVED BY:<br>2. <i>[Signature]</i>                  | Comments: _____                                                                                                                                                      |
| RELINQUISHED BY SAMPLER:<br>3. <i>[Signature]</i> | DATE/TIME:<br>15:30<br>10-30-24    | RECEIVED BY:<br>3. <i>[Signature]</i>                  | Comments: _____                                                                                                                                                      |

Page \_\_\_\_ of \_\_\_\_

CLIENT: ☐ Hand Delivered ☐ Other \_\_\_\_\_  
CHEMTECH: ☐ Picked Up ☐ Field SamplingShipment Complete  
☐ YES ☐ NO