

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 H₂O 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 SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1. Sink #2 TH401A	TH401A Cytology Sink #2	TAP H ₂ O			10/30/24	11:30	1	✓									
2. Sink #2 TH401A	TH401A Cytology Sink #2	TAP H ₂ O			10/30/24	11:30	1	✓									
3. CC 10 th floor	Cancer Center Cytology 10 th floor	TAP H ₂ O			10/30/24	12:00	1	✓									
4. CC 3 rd floor	Cancer Center Cytology 3 rd floor	TAP H ₂ O			10/30/24	12:15	1	✓									
5. 7n	SKirball F&P Cytology	TAP H ₂ 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:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
1. <i>[Signature]</i>	1:33 PM 10-30-24	1. <i>[Signature]</i>	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <i>[Signature]</i>	1:50 PM 10-30-24	3.	

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