

## **DATA PACKAGE**

### **SUB - DATA**

**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 : P5049**

**ATTENTION : Marie-Ange Exilhomme**



## Cover Page

**Order ID :** P5049

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

**Client :** NYU Langone Health

### Lab Sample Number

P5049-01  
P5049-02  
P5049-03  
P5049-04  
P5049-05  
P5049-06  
P5049-07  
P5049-08  
P5049-09

### 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: 12/13/2024

NYDOH CERTIFICATION NO - 11376

NJDEP CERTIFICATION NO - 20012



## 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 / P5049  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP1124050  
**Date Received:** 11/27/2024  
**Time Received:** 14:20  
**Report Date:** 11/29/2024

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	11/27/2024 @ 11:30	TH-401A-SINK-1	Incubated in: 11/27/2024 @ 14:50	4
HP1124050-1			Incubated out: 11/29/2024 @ 14:50	
02	11/27/2024 @ 11:30	TH-401A-SINK-2	Incubated in: 11/27/2024 @ 14:50	<1
HP1124050-2			Incubated out: 11/29/2024 @ 14:50	
03	11/27/2024 @ 12:00	CC-10TH-FL	Incubated in: 11/27/2024 @ 14:50	3
HP1124050-3			Incubated out: 11/29/2024 @ 14:50	
04	11/27/2024 @ 12:00	CC-3RD-FL	Incubated in: 11/27/2024 @ 14:50	8
HP1124050-4			Incubated out: 11/29/2024 @ 14:50	
05	11/27/2024 @ 12:15	7N-SKIRBALL	Incubated in: 11/27/2024 @ 14:50	2
HP1124050-5			Incubated out: 11/29/2024 @ 14:50	
06	11/27/2024 @ 12:15	TH-430-DI-1	Incubated in: 11/27/2024 @ 14:50	28
HP1124050-6			Incubated out: 11/29/2024 @ 14:50	



Atlas Environmental Lab, Corp  
255 West 36th Street, Suite# 1503  
New York, NY 10018  
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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 / P5049  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP1124050  
**Date Received:** 11/27/2024  
**Time Received:** 14:20  
**Report Date:** 11/29/2024

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
07	11/27/2024 @12:15	TH-430-DI-2	Incubated in: 11/27/2024 @ 14:50	3
HP1124050-7			Incubated out: 11/29/2024 @ 14:50	
08	11/27/2024 @12:15	TH-430-DI-3	Incubated in: 11/27/2024 @ 14:50	<1
HP1124050-8			Incubated out: 11/29/2024 @ 14:50	
09	11/27/2024 @12:15	TH-404-DI-4	Incubated in: 11/27/2024 @ 14:50	1
HP1124050-9			Incubated out: 11/29/2024 @ 14:50	

AO

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

Analyst: MP

Approved by: *Stephanie Pineda*

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

# CHEMTECH

## CHAIN OF CUSTODY RECORD

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

CHEMTECH PROJECT NO. **P5049**  
QUOTE NO.  
COC Number **2041903**

### CLIENT INFORMATION

#### REPORT TO BE SENT TO:

COMPANY: **NYU Langone Health Pathology**  
ADDRESS: **500 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:  
PROJECT NO.: LOCATION:  
PROJECT MANAGER:  
e-mail:  
PHONE: FAX:

### CLIENT BILLING INFORMATION

BILL TO: **Nyulth Tisch** PO#: **252243895**  
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										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1. Sink #1 TH 4014	TH 4014 Cytology Sink #1	TAP H2O			11-27-24	11:30	1	✓									
2. Sink #2 TH 4014	TH 4014 Cytology Sink #2	TAP H2O			11-27-24	11:30	1	✓									
3. CC 10th Floor	Cancer Center Cytology 10th Floor	TAP H2O			11-27-24	12:00	1	✓									
4. CC 3rd Floor	Cancer Center Cytology 3rd Floor	TAP H2O			11-27-24	12:00	1	✓									
5. 7n	Skirball FGP Cytology	TAP H2O			11-27-24	12:15	1	✓									
6. TH430 DI #1	TH 430 Histology DI #1	DI #1			11-27-24	12:15	1	✓									
7. TH430 DI #2	TH 430 Histology DI #2	DI #2			11-27-24	12:15	1	✓									
8. TH430 DI #3	TH 430 Histology DI #3	DI #3			11-27-24	12:15	1	✓									
9. TH430 DI #4	TH 430 Histology DI #4	DI #4			11-27-24	12:15	1	✓									
10.																	

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

RELINQUISHED BY SAMPLER: 1.	DATE/TIME: 11-27-24 13:40	RECEIVED BY: 1340 11-27-24	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: 2.	DATE/TIME:	RECEIVED BY:	Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME: 11-27-24	RECEIVED BY:	Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other \_\_\_\_\_  
CHEMTECH: ☐ Picked Up ☐ Field Sampling

Shipment Complete  
☐ YES ☐ NO