

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 : P5397

ATTENTION : Marie-Ange Exilhomme



Cover Page

Order ID : P5397

Project ID : NYU Clinical Lab Water Testing 2025 - H252243895

Client : NYU Langone Health

Lab Sample Number

P5397-01
P5397-02
P5397-03
P5397-04
P5397-05
P5397-06
P5397-07
P5397-08
P5397-09

Client Sample Number

TH401A-CYTOLOGY-SINK-1
TH401A-CYTOLOGY-SINK-2
CANCER-CENTER-CYTOLOGY-10TI
CANCER-CENTER-CYTOLOGY-3RD
SKIRBALL-FGP-CYTOLOGY
TH430-HISTOLOGY-DI-1
TH430-HISTOLOGY-DI-2
TH430-HISTOLOGY-DI-3
TH404-IHC-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: 1/15/2025

NYDOH CERTIFICATION NO - 11376

NJDEP CERTIFICATION NO - 20012



Report of Bacteriological Examination (Heterotrophic Plate Count)

Client: Chemtech
Collected/Submitted by: Client
Project Name/No.: NYU Clinical Lab Water Testing 2025 / H25224389 / P5397
Project Address:
Matrix: Water

Lab ID: HP1224052
Date Received: 12/30/2024
Time Received: 13:40
Report Date: 1/1/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	12/30/2024 @11:30	TH401A-CYTOLOGY-SINK-1	Incubated in: 12/30/2024 @ 14:10	11
HP1224052-1			Incubated out: 1/1/2025 @ 14:10	
02	12/30/2024 @11:30	TH401A-CYTOLOGY-SINK-2	Incubated in: 12/30/2024 @ 14:10	4
HP1224052-2			Incubated out: 1/1/2025 @ 14:10	
03	12/30/2024 @12:00	CANCER-CENTER-CYTOLOGY-10	Incubated in: 12/30/2024 @ 14:10	9
HP1224052-3			Incubated out: 1/1/2025 @ 14:10	
04	12/30/2024 @12:15	CANCER-CENTER-CYTOLOGY-3R	Incubated in: 12/30/2024 @ 14:10	5
HP1224052-4			Incubated out: 1/1/2025 @ 14:10	
05	12/30/2024 @12:15	SKIRBALL-FGP-CYTOLOGY	Incubated in: 12/30/2024 @ 14:10	2
HP1224052-5			Incubated out: 1/1/2025 @ 14:10	
06	12/30/2024 @12:15	TH430-HISTOLOGY-DI-1	Incubated in: 12/30/2024 @ 14:10	12
HP1224052-6			Incubated out: 1/1/2025 @ 14:10	



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Client: Chemtech
Collected/Submitted by: Client
Project Name/No.: NYU Clinical Lab Water Testing 2025 / H25224389 / P5397
Project Address:
Matrix: Water

Lab ID: HP1224052
Date Received: 12/30/2024
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Report Date: 1/1/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
07	12/30/2024 @12:15	TH430-HISTOLOGY-DI-2	Incubated in: 12/30/2024 @ 14:10	9
HP1224052-7			Incubated out: 1/1/2025 @ 14:10	
08	12/30/2024 @12:15	TH430-HISTOLOGY-DI-3	Incubated in: 12/30/2024 @ 14:10	7
HP1224052-8			Incubated out: 1/1/2025 @ 14:10	
09	12/30/2024 @12:15	TH404-IHC-DI-4	Incubated in: 12/30/2024 @ 14:10	7
HP1224052-9			Incubated out: 1/1/2025 @ 14:10	

TC

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

Analyst: JD

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-401A

CITY: New York STATE: NY ZIP: 10016

ATTENTION: Marie-Ange Exilhomme

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

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*

HARDCOPY (DATA PACKAGE): _____ DAYS*

E-MAIL: _____ DAYS*

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS DAYS

CLIENT PROJECT INFORMATION

PROJECT NAME: NYU Clinical Lab H2O

PROJECT NO.: _____ LOCATION: testing

PROJECT MANAGER: _____

e-mail: _____

PHONE: _____ FAX: _____

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

CLIENT BILLING INFORMATION

BILL TO: NYU Tisch PO#: 252243895

ADDRESS: P.O. Box 427

CITY: Elmsford STATE: NY ZIP: 10523

ATTENTION: _____ PHONE: _____

ANALYSIS

CHEMTECH SAMPLE ID

PROJECT IDENTIFICATION

SAMPLE MATRIX

SAMPLE TYPE

SAMPLE COLLECTION

DATE

TIME

OF BOTTLES

COMMENTS

← Specify Preservatives

A-HCl

D-NaOH

B-HNO3

E-ICE

C-H2SO4

F-OTHER

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

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

1245

Conditions of bottles or coolers at receipt: ☐ COMPLAINT ☐ NON COMPLAINT ☐ COOLER TEMP _____ °C

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

12:30:24

Comments:

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

13:10

Comments:

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

12:30:24

Comments:

Shipment Complete

☐ YES ☐ NO