

## **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 : Q1210**

**ATTENTION : Marie-Ange Exilhomme**



## Cover Page

**Order ID :** Q1210

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

**Client :** NYU Langone Health

### Lab Sample Number

Q1210-01  
Q1210-02  
Q1210-03  
Q1210-04  
Q1210-05  
Q1210-06  
Q1210-07  
Q1210-08  
Q1210-09

### 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: 2/13/2025

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 / Q1210  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP0125034  
**Date Received:** 1/29/2025  
**Time Received:** 14:55  
**Report Date:** 1/31/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	01/29/2025 @ 11:30	TH-401A-SINK-1	Incubated in: 1/29/2025 @ 15:25	4
HP0125034-1			Incubated out: 1/31/2025 @ 15:25	
02	01/29/2025 @ 11:30	TH-401A-SINK-2	Incubated in: 1/29/2025 @ 15:25	1
HP0125034-2			Incubated out: 1/31/2025 @ 15:25	
03	01/29/2025 @ 12:00	CC-10th-FL	Incubated in: 1/29/2025 @ 15:25	2
HP0125034-3			Incubated out: 1/31/2025 @ 15:25	
04	01/29/2025 @ 12:15	CC-3rd-FL	Incubated in: 1/29/2025 @ 15:25	8
HP0125034-4			Incubated out: 1/31/2025 @ 15:25	
05	01/29/2025 @ 12:15	7N-SKIRBALL	Incubated in: 1/29/2025 @ 15:25	2
HP0125034-5			Incubated out: 1/31/2025 @ 15:25	
06	01/29/2025 @ 12:15	TH-430-DI-1	Incubated in: 1/29/2025 @ 15:25	6
HP0125034-6			Incubated out: 1/31/2025 @ 15:25	
07	01/29/2025 @ 12:15	TH-430-DI-2	Incubated in: 1/29/2025 @ 15:25	100
HP0125034-7			Incubated out: 1/31/2025 @ 15:25	



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New York, NY 10018  
Phone: (212) 563-0400 Fax: (212) 563-0401  
www.atlasenvironmentallab.com

### Report of Bacteriological Examination (Heterotrophic Plate Count)

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

**Lab ID:** HP0125034  
**Date Received:** 1/29/2025  
**Time Received:** 14:55  
**Report Date:** 1/31/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
08	01/29/2025 @ 12:15	TH-430-DI-3	Incubated in: 1/29/2025 @ 15:25	5
HP0125034-8			Incubated out: 1/31/2025 @ 15:25	
09	01/29/2025 @ 12:15	TH-404-DI-4	Incubated in: 1/29/2025 @ 15:25	2
HP0125034-9			Incubated out: 1/31/2025 @ 15:25	

AL

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

Analyst: AD

Approved by: 

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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.  
QUOTE NO. Q1210  
COC Number 2035971

### 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: NYU LT 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 \_\_\_\_\_

HPG  
1 2 3 4 5 6 7 8 9

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS	
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9		
1. Sink #1 TH 401A	TH 401A Cytology Sink #1	TAP H <sub>2</sub> O			1-29-25	11:30	1	✓										
2. Sink #2 TH 401A	TH 401A Cytology Sink #2	TAP H <sub>2</sub> O			1-29-25	11:30	1	✓										
3. CC 10 <sup>th</sup> floor	Cancer Center Cytology 10 <sup>th</sup> floor	TAP H <sub>2</sub> O			1-29-25	12:00	1	✓										
4. CC 3 <sup>rd</sup> floor	Cancer Center Cytology 3 <sup>rd</sup> floor	TAP H <sub>2</sub> O			1-29-25	12:15	1	✓										
5. 7n	SKirball FGP Cytology	TAP H <sub>2</sub> O			1-29-25	12:15	1	✓										
6. TH 430 DI #1	TH 430 Histology DI #1	DI #1			1-29-25	12:15	1	✓										
7. TH 430 DI #2	TH 430 Histology DI #2	DI #2			1-29-25	12:15	1	✓										
8. TH 430 DI #3	TH 430 Histology DI #3	DI #3			1-29-25	12:15	1	✓										
9. TH 404 IHC	TH 404 IHC DI #4	DI #4			1-29-25	12:15	1	✓										
10.																		

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

RELINQUISHED BY SAMPLER: 1. <i>[Signature]</i>	DATE/TIME: 1420 1-29-25	RECEIVED BY: 1. <i>[Signature]</i>	DATE/TIME: 1420 1-29-25	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP 3.8 °C
RELINQUISHED BY SAMPLER: 2. <i>[Signature]</i>	DATE/TIME:	RECEIVED BY: 2. <i>[Signature]</i>	DATE/TIME:	Comments:
RELINQUISHED BY SAMPLER: 3. <i>[Signature]</i>	DATE/TIME: 1614 1-29-25	RECEIVED BY: 3. <i>[Signature]</i>	DATE/TIME:	Page ____ of ____

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

Shipment Complete  
☐ YES ☐ NO