

## **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 : Q1446**

**ATTENTION : Marie-Ange Exilhomme**



## Cover Page

**Order ID :** Q1446

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

**Client :** NYU Langone Health

### Lab Sample Number

Q1446-01  
Q1446-02  
Q1446-03  
Q1446-04  
Q1446-05  
Q1446-06  
Q1446-07  
Q1446-08  
Q1446-09

### 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 : \_\_\_\_\_

**APPROVED**

*By Nimisha Pandya, QA/QC Supervisor at 9:23 am, Mar 06, 2025*

Date: 3/5/2025

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 / Q1446  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP0225033  
**Date Received:** 2/26/2025  
**Time Received:** 14:35  
**Report Date:** 2/28/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	02/26/2025 @ 11:30	TH-401A-SINK-1	Incubated in: 02/26/2025 @ 15:05	6
HP0225033-1			Incubated out: 02/28/2025 @ 15:05	
02	02/26/2025 @ 11:30	TH-401A-SINK-2	Incubated in: 02/26/2025 @ 15:05	3
HP0225033-2			Incubated out: 02/28/2025 @ 15:05	
03	02/26/2025 @ 12:00	CC-10TH-FL	Incubated in: 02/26/2025 @ 15:05	9
HP0225033-3			Incubated out: 02/28/2025 @ 15:05	
04	02/26/2025 @ 12:15	CC-3RD-FL	Incubated in: 02/26/2025 @ 15:05	3
HP0225033-4			Incubated out: 02/28/2025 @ 15:05	
05	02/26/2025 @ 12:15	7N-SKIRBALL	Incubated in: 02/26/2025 @ 15:05	2
HP0225033-5			Incubated out: 02/28/2025 @ 15:05	
06	02/26/2025 @ 12:15	TH-430-DI-1	Incubated in: 02/26/2025 @ 15:05	5
HP0225033-6			Incubated out: 02/28/2025 @ 15:05	
07	02/26/2025 @ 12:15	TH-430-DI-2	Incubated in: 02/26/2025 @ 15:05	2
HP0225033-7			Incubated out: 02/28/2025 @ 15:05	



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

**Client:** Alliance Technical Group  
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**Project Name/No.:** NYU Clinical Lab Water Testing 2025 - H25224389 / Q1446  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP0225033  
**Date Received:** 2/26/2025  
**Time Received:** 14:35  
**Report Date:** 2/28/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
08	02/26/2025 @ 12:15	TH-430-DI-3	Incubated in: 02/26/2025 @ 15:05	12
HP0225033-8			Incubated out: 02/28/2025 @ 15:05	
09	02/26/2025 @ 12:15	TH-404-DI-4	Incubated in: 02/26/2025 @ 15:05	8
HP0225033-9			Incubated out: 02/28/2025 @ 15:05	

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

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 Tech 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

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

1	2	3	4	5	6	7	8	9
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ALLIANCE 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 TH401-A	TH 401-A Cytology Sink #1	TAP H <sub>2</sub> O			2-26-25	11:30	1	✓									
2. Sink #2 TH401-A	TH 401-A Cytology Sink #2	TAP H <sub>2</sub> O			2-26-25	11:30	1	✓									
3. CC 10 <sup>th</sup> floor	Cancer Center Cytology 10 <sup>th</sup> floor	TAP H <sub>2</sub> O			2-26-25	12:00	1	✓									
4. CC 3 <sup>rd</sup> floor	Cancer Center Cytology 3 <sup>rd</sup> floor	TAP H <sub>2</sub> O			2-26-25	12:15	1	✓									
5. 7m	SKirball FGP Cytology	TAP H <sub>2</sub> O			2-26-25	12:15	1	✓									
6. TH430 DI#1	TH 430 Histology DI#1	DI#1			2-26-25	12:15	1	✓									
7. TH430 DI#2	TH 430 Histology DI#2	DI#2			2-26-25	12:15	1	✓									
8. TH430 DI#3	TH 430 Histology DI#3	DI#3			2-26-25	12:15	1	✓									
9. TH404 DI#4	TH 404 IHC DI#4	DI#4			2-26-25	12:15	1	✓									
10.																	

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

RELINQUISHED BY SAMPLER:	DATE/TIME: 1350	RECEIVED BY:	1350	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP _____ °C
1. <i>[Signature]</i>	2-26-25	1. <i>[Signature]</i>	2-26-25	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:		
2. <i>[Signature]</i>	1535	2. <i>[Signature]</i>		
RELINQUISHED BY SAMPLER:	DATE/TIME: 1535	RECEIVED BY:		
3. <i>[Signature]</i>	2-26-25	3. <i>[Signature]</i>		

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

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO