

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 : Q1670

ATTENTION : Marie-Ange Exilhomme



Cover Page

Order ID : Q1670

Project ID : NYU Clinical Lab Water Testing 2025 - H252243895

Client : NYU Langone Health

Lab Sample Number

Q1670-01
Q1670-02
Q1670-03
Q1670-04
Q1670-05
Q1670-06
Q1670-07
Q1670-08
Q1670-09

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: 4/14/2025

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 / Q1670
Project Address:
Matrix: Water

Lab ID: HP0325036
Date Received: 3/27/2025
Time Received: 17:20
Report Date: 3/29/2025

| Sample ID# | Sample Collected | Location/Description | Incubation in/out | HPC (cfu/ml) |
|-------------|--------------------|----------------------|-----------------------------------|--------------|
| Client ID# | Date/Time | | Date/Time | |
| 01 | 03/27/2025 @ 11:30 | TH-401A-SINK-1 | Incubated in: 03/27/2025 @ 17:50 | 2 |
| HP0325036-1 | | | Incubated out: 03/29/2025 @ 17:50 | |
| 02 | 03/27/2025 @ 11:30 | TH-401A-SINK-2 | Incubated in: 03/27/2025 @ 17:50 | 14 |
| HP0325036-2 | | | Incubated out: 03/29/2025 @ 17:50 | |
| 03 | 03/27/2025 @ 12:00 | CC-10TH-FL | Incubated in: 03/27/2025 @ 17:50 | 37 |
| HP0325036-3 | | | Incubated out: 03/29/2025 @ 17:50 | |
| 04 | 03/27/2025 @ 12:15 | CC-3RD-FL | Incubated in: 03/27/2025 @ 17:50 | 12 |
| HP0325036-4 | | | Incubated out: 03/29/2025 @ 17:50 | |
| 05 | 03/27/2025 @ 12:15 | 7N-SKIRBALL | Incubated in: 03/27/2025 @ 17:50 | 14 |
| HP0325036-5 | | | Incubated out: 03/29/2025 @ 17:50 | |
| 06 | 03/27/2025 @ 12:15 | TH-430-DI-1 | Incubated in: 03/27/2025 @ 17:50 | 5 |
| HP0325036-6 | | | Incubated out: 03/29/2025 @ 17:50 | |



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 / Q1670
Project Address:
Matrix: Water

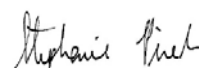
Lab ID: HP0325036
Date Received: 3/27/2025
Time Received: 17:20
Report Date: 3/29/2025

| Sample ID# | Sample Collected | Location/Description | Incubation in/out | HPC (cfu/ml) |
|-------------|--------------------|----------------------|-----------------------------------|--------------|
| Client ID# | Date/Time | | Date/Time | |
| 07 | 03/27/2025 @ 12:15 | TH-430-DI-2 | Incubated in: 03/27/2025 @ 17:50 | 57 |
| HP0325036-7 | | | Incubated out: 03/29/2025 @ 17:50 | |
| 08 | 03/27/2025 @ 12:15 | TH-430-DI-3 | Incubated in: 03/27/2025 @ 17:50 | 100 |
| HP0325036-8 | | | Incubated out: 03/29/2025 @ 17:50 | |
| 09 | 03/27/2025 @ 12:15 | TH-404-DI-4 | Incubated in: 03/27/2025 @ 17:50 | 45 |
| HP0325036-9 | | | Incubated out: 03/29/2025 @ 17:50 | |

CO

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

Analyst: AD

Approved by: 

This laboratory report may not be reproduced, except in full, without the written approval of Atlas Environmental Lab corp.
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 Exilhamme

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: NYU LH 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

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

PRESERVATIVES

COMMENTS

← Specify Preservatives

A-HCl D-NaOH

B-HNO3 E-ICE

C-H2SO4 F-OTHER

| ALLIANCE SAMPLE ID | PROJECT SAMPLE IDENTIFICATION | SAMPLE MATRIX | SAMPLE TYPE | | SAMPLE COLLECTION | | # OF BOTTLES | PRESERVATIVES | | | | | | | | | COMMENTS | | |
|------------------------------|---|------------------|----------------|------|----------------------|-------|--------------|---------------|---|---|---|---|---|---|---|---|----------|-------------------------|---------|
| | | | COMP | GRAB | DATE | TIME | | H2-HO2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | ← Specify Preservatives | |
| | | | | | | | | | | | | | | | | | | A-HCl | D-NaOH |
| | | | | | | | | | | | | | | | | | | B-HNO3 | E-ICE |
| | | | | | | | | | | | | | | | | | | C-H2SO4 | F-OTHER |
| 1. Sink #1 TH 401A | TH 401A Cytology Sink #1 | TAP H2O | | | 3-27-25 | 11:30 | 1 | / | | | | | | | | | | | |
| 2. Sink #2 TH 401A | TH 401 A cytology Sink #2 | TAP H2O | | | 3-27-25 | 11:30 | 1 | / | | | | | | | | | | | |
| 3. CC 10 th floor | Cancer Center Cytology 10 th floor | TAP H2O | | | 3-27-25 | 12:00 | 1 | / | | | | | | | | | | | |
| 4. CC 3 rd floor | Cancer Center Cytology 3 rd floor | TAP H2O | | | 3-27-25 | 12:15 | 1 | / | | | | | | | | | | | |
| 5. In | Skirball FGP Cytology | TAP H2O | | | 3-27-25 | 12:15 | 1 | / | | | | | | | | | | | |
| 6. TH 430 DI #1 | TH 430 Histology DI #1 | DI #1 | | | 3-27-25 | 12:15 | 1 | / | | | | | | | | | | | |
| 7. TH 430 DI #2 | TH 430 Histology DI #2 | DI #2 | | | 3-27-25 | 12:15 | 1 | / | | | | | | | | | | | |
| 8. TH 430 DI #3 | TH 430 Histology DI #3 | DI #3 | | | 3-27-25 | 12:15 | 1 | / | | | | | | | | | | | |
| 9. TH 404 DI #4 | TH 404 IHC DI #4 | DI #4 | | | 3-27-25 | 12:15 | 1 | / | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|--------------------------|----------------------------|------------------------------|--|
| RELINQUISHED BY SAMPLER: | DATE/TIME: 1330 3-27-25 | RECEIVED BY: 1330 3-27-25 | 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> | | | Comments: * NO temp - goes directly to sub lab |
| RELINQUISHED BY SAMPLER: | DATE/TIME: | RECEIVED BY: | |
| 2. | | 2. | |
| RELINQUISHED BY SAMPLER: | DATE/TIME: 1638 3-27-25 | RECEIVED BY: | |
| 3. <i>[Signature]</i> | | 3. | |

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO