

## **SUB DATA PACKAGE**

**PROJECT NAME : NYU CLINICAL LAB WATER TESTING 2025 - H252243895**

**PROJECT # : Q1899**

**NYU LANGONE HEALTH**

**560 First Avenue 4th Floor TH-418**

**New York, NY - 10016**

**Phone No: 646-501-0733**

**ORDER ID : Q1899**

**ATTENTION : Marie-Ange Exilhomme**



## Cover Page

**Order ID :** Q1899

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

**Client :** NYU Langone Health

### Lab Sample Number

Q1899-01  
Q1899-02  
Q1899-03  
Q1899-04  
Q1899-05  
Q1899-06  
Q1899-07  
Q1899-08  
Q1899-09

### 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 9:44 am, May 08, 2025*

Date: 5/8/2025

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 / Q1899  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP0425050  
**Date Received:** 4/25/2025  
**Time Received:** 14:30  
**Report Date:** 4/27/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	04/25/2025 @11:30	TH-401A-SINK-1	Incubated in: 04/25/2025 @ 15:03	<1
HP0425050-1			Incubated out: 04/27/2025 @ 15:03	
02	04/25/2025 @11:30	TH-401A-SINK-2	Incubated in: 04/25/2025 @ 15:03	1
HP0425050-2			Incubated out: 04/27/2025 @ 15:03	
03	04/25/2025 @12:00	CC-10TH-FL	Incubated in: 04/25/2025 @ 15:03	1
HP0425050-3			Incubated out: 04/27/2025 @ 15:03	
04	04/25/2025 @12:15	CC-3RD-FL	Incubated in: 04/25/2025 @ 15:03	<1
HP0425050-4			Incubated out: 04/27/2025 @ 15:03	
05	04/25/2025 @12:15	7N-SKIRBALL	Incubated in: 04/25/2025 @ 15:03	1
HP0425050-5			Incubated out: 04/27/2025 @ 15:03	
06	04/25/2025 @12:15	TH-430-DI-1	Incubated in: 04/25/2025 @ 15:03	<1
HP0425050-6			Incubated out: 04/27/2025 @ 15:03	



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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 / Q1899  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP0425050  
**Date Received:** 4/25/2025  
**Time Received:** 14:30  
**Report Date:** 4/27/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
07	04/25/2025 @12:15	TH-430-DI-2	Incubated in: 04/25/2025 @ 15:03	25
HP0425050-7			Incubated out: 04/27/2025 @ 15:03	
08	04/25/2025 @12:15	TH-430-DI-3	Incubated in: 04/25/2025 @ 15:03	43
HP0425050-8			Incubated out: 04/27/2025 @ 15:03	
09	04/25/2025 @12:15	TH-404-DI-4	Incubated in: 04/25/2025 @ 15:03	3
HP0425050-9			Incubated out: 04/27/2025 @ 15:03	

HS

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

Analyst: MN

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:

PROJECT NO.: LOCATION:

PROJECT MANAGER:

e-mail:

PHONE:

FAX:

CLIENT BILLING INFORMATION

BILL TO: NYULH 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 \_\_\_\_\_

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PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									← 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 401-A	TH 401-A Cytology Sink #1	TAP H2O			4-25-25	11:30	1	✓									
2. Sink #2 TH 401-A	TH 401-A Cytology Sink #2	TAP H2O			4-25-25	11:30	1	✓									
3. CC 10th Floor	Cancer Center Cytology 10th Floor	TAP H2O			4-25-25	12:00	1	✓									
4. CC 3rd Floor	Cancer Center Cytology 3rd Floor	TAP H2O			4-25-25	12:15	1	✓									
5. 7n	Skirball FGP Cytology	TAP H2O			4-25-25	12:15	1	✓									
6. TH 430 DI #1	TH 430 Histology DI #1	DI #1			4-25-25	12:15	1	✓									
7. TH 430 DI #2	TH 430 Histology DI #2	DI #2			4-25-25	12:15	1	✓									
8. TH 430 DI #3	TH 430 Histology DI #3	DI #3			4-25-25	12:15	1	✓									
9. TH 404 DI #4	TH 404 IHC DI #4	DI #4			4-25-25	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: 1347 4-25-25	RECEIVED BY: 1. <i>[Signature]</i> 1347 4-25-25	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. <i>[Signature]</i>	DATE/TIME:	RECEIVED BY: 2. <i>[Signature]</i>	Comments: _____
RELINQUISHED BY SAMPLER: 3. <i>[Signature]</i>	DATE/TIME: 1628 4-25-25	RECEIVED BY: 3. <i>[Signature]</i>	Page ____ of CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO