

DATA PACKAGE

SUB DATA PACKAGE

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 : Q2158

ATTENTION : Marie-Ange Exilhomme



Cover Page

Order ID : Q2158

Project ID : NYU Clinical Lab Water Testing 2025 - H252243895

Client : NYU Langone Health

Lab Sample Number

Q2158-01
Q2158-02
Q2158-03
Q2158-04
Q2158-05
Q2158-06
Q2158-07
Q2158-08
Q2158-09

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 12:23 pm, Jun 13, 2025

Date: 6/6/2025

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 / Q2158
Project Address:
Matrix: Water

Lab ID: HP0525059
Date Received: 5/29/2025
Time Received: 2:30PM
Report Date: 5/31/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	05/29/2025 @ 11:30	TH-401A-SINK-1	Incubated in: 05/29/2025 @ 15:02	1
HP0525059-1			Incubated out: 05/31/2025 @ 15:02	
02	05/29/2025 @ 11:30	TH-401A-SINK-2	Incubated in: 05/29/2025 @ 15:02	1
HP0525059-2			Incubated out: 05/31/2025 @ 15:02	
03	05/29/2025 @ 12:00	CC-10TH-FL	Incubated in: 05/29/2025 @ 15:02	3
HP0525059-3			Incubated out: 05/31/2025 @ 15:02	
04	05/29/2025 @ 12:15	CC-3RD-FL	Incubated in: 05/29/2025 @ 15:02	3
HP0525059-4			Incubated out: 05/31/2025 @ 15:02	
05	05/29/2025 @ 12:15	7N-SKIRBALL	Incubated in: 05/29/2025 @ 15:02	3600
HP0525059-5			Incubated out: 05/31/2025 @ 15:02	
06	05/29/2025 @ 12:15	TH-430-DI-1	Incubated in: 05/29/2025 @ 15:02	500
HP0525059-6			Incubated out: 05/31/2025 @ 15:02	



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 / Q2158
Project Address:
Matrix: Water

Lab ID: HP0525059
Date Received: 5/29/2025
Time Received: 2:30PM
Report Date: 5/31/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
07	05/29/2025 @ 12:15	TH-430-DI-2	Incubated in: 05/29/2025 @ 15:02	1600
HP0525059-7			Incubated out: 05/31/2025 @ 15:02	
08	05/29/2025 @ 12:15	TH-430-DI-3	Incubated in: 05/29/2025 @ 15:02	110
HP0525059-8			Incubated out: 05/31/2025 @ 15:02	
09	05/29/2025 @ 12:15	TH-404-DI-4	Incubated in: 05/29/2025 @ 15:02	110
HP0525059-9			Incubated out: 05/31/2025 @ 15:02	

CN

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

HP0525059

CHAIN OF CUSTODY RECORD

Sub Lab INFORMATION	CLIENT PROJECT INFORMATION	CLIENT BILLING INFORMATION
COMPANY : Atlas Environmental Lab	ORDER ID : Q2158	BILL TO: CHEMTECH PO# : q2158
ADDRESS : 255 W. 36th Street, Suite# 1503	PROJECT ID: NYU Clinical Lab Water Testing 2025 - H25224389	ADDRESS : 284, Sheffield Street
CITY: New York State : NY ZIP : 10018	PROJECT MANAGER YAZMEEN	CITY: Mountainside State : NJ ZIP : 07092
E-mail : jdarvish@atlasenvironmentallab.co	E-mail : yazmeen.gomez@alliancetg.com	ATTENTION : YAZMEE
PHONE : 212-563-0400	PHONE : (908) 789 8900 FAX: (908) 789 8922	PHONE : (908) 789 8900 FAX : (908) 789 8922

EDD : NONE

Report : Results Only

Comment :

ID	CLIENT SAMPLE IDENTIFICATION	SAMPLE MATRIX	ANALYSIS	Preservative	Method	SAMPLE COLLECTION		# OF BOTTLES	TAT DAYS
						DATE	TIME		
01	TH-401A-SINK-1	Water	Heterotrophic Plate Count			05/29/2025	11:30:00	1	10
02	TH-401A-SINK-2	Water	Heterotrophic Plate Count			05/29/2025	11:30:00	1	10
03	CC-10TH-FL	Water	Heterotrophic Plate Count			05/29/2025	12:00:00	1	10
04	CC-3RD-FL	Water	Heterotrophic Plate Count			05/29/2025	12:15:00	1	10
05	7N-SKIRBALL	Water	Heterotrophic Plate Count			05/29/2025	12:15:00	1	10
06	TH-430-DI-1	Water	Heterotrophic Plate Count			05/29/2025	12:15:00	1	10
07	TH-430-DI-2	Water	Heterotrophic Plate Count			05/29/2025	12:15:00	1	10
08	TH-430-DI-3	Water	Heterotrophic Plate Count			05/29/2025	12:15:00	1	10
09	TH-404-DI-4	Water	Heterotrophic Plate Count			05/29/2025	12:15:00	1	10

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

RELINQUISHED BY SAMPLER: 1.	DATETIME: 5/29/25 2:30pm	RECEIVED BY: 1. Sarah Amador	Conditions of bottles or Coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant Cooler Temp _____ Ice or Cooler? _____ Incubated In: 5/29/25 @ 15:02 Incubated Out: 5/31/25 @ 15:02 Chlorine: N / Y Page 1 of 1	<input type="checkbox"/> OVERNIGHT <input type="checkbox"/> OVERNIGHT	Shipment Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO
RELINQUISHED BY: 2.	DATETIME:	RECEIVED BY: 2.			
RELINQUISHED BY: 3.	DATETIME:	RECEIVED BY: 3.			

Q2158

AD 5/31/25

5 of 6

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: NYU Langone Health/Pathology
ADDRESS: 560 First Ave. TH401-A
CITY New York STATE: NY ZIP: 10016
ATTENTION: Marie-Ange Ekilhomme
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: NYULH 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

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

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← 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 401A	TH 401A Cytology Sink #1	TAP H ₂ O			5-29-25	11:30	1	✓									
2. SINK #2 TH 401A	TH 401A Cytology Sink #2	TAP H ₂ O			5-29-25	11:30	1	✓									
3. CC 10 th floor	Cancer Center Cytology 10 th floor	TAP H ₂ O			5-29-25	12:00	1	✓									
4. CC 3 rd floor	Cancer Center Cytology 3 rd floor	TAP H ₂ O			5-29-25	12:15	1	✓									
5. 7N	TN SKirball FGP Cytology	TAP H ₂ O			5-29-25	12:15	1	✓									
6. TH 430 DI#1	TH 430 Histology DI#1	DI#1			5-29-25	12:15	1	✓									
7. TH 430 DI#2	TH 430 Histology DI#2	DI#2			5-29-25	12:15	1	✓									
8. TH 430 DI#3	TH 430 Histology DI#3	DI#3			5-29-25	12:15	1	✓									
9. TH 404 DI#4	TH 404 IHC DI#4	DI#4			5-29-25	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: 1315 5-29-25	RECEIVED BY: 1. <i>[Signature]</i>	1315 5-29-25	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.	DATE/TIME:	RECEIVED BY: 2.		Comments: _____
RELINQUISHED BY SAMPLER: 3. <i>[Signature]</i>	DATE/TIME: 1906 5-29-25	RECEIVED BY: 3.		

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO