

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 : _____

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 | |



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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? _____ |
| RELINQUISHED BY: 2. | DATETIME: | RECEIVED BY: 2. | Incubated In: 5/29/25 @ 15:02 Incubated Out: 5/31/25 @ 15:02 Chlorine: N / Y |
| RELINQUISHED BY: 3. | DATETIME: | RECEIVED BY: 3. | <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> OVERNIGHT Shipment Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO |

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