

DATA PACKAGE

SUB DATA

PROJECT NAME : NYU LANGONE CLINICAL LAB WATER TESTING 2025

NYU LANGONE HOSPITAL – LONG ISLAND

222 Station Plaza N., Suite 520

Mineola, NY - 11501

Phone No: 516-663-3284

ORDER ID : Q2190

ATTENTION : Kristen Habenicht



Cover Page

Order ID : Q2190

Project ID : NYU Langone Clinical Lab Water Testing 2025

Client : NYU Langone Hospital – Long Island

Lab Sample Number

Q2190-01
Q2190-02
Q2190-03
Q2190-04
Q2190-05

Client Sample Number

Chemistry-DI-Water-C
Chemistry-DI-Water-D
IHC-DI-Water
Histology-Green-Sink-Faucet
Cytology-Faucet

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 4:43 pm, Jun 17, 2025

Date: 6/17/2025

NYDOH CERTIFICATION NO - 11376

NJDEP CERTIFICATION NO - 20012



Atlas Environmental Lab, Corp
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New York, NY 10018
Phone: (212) 563-0400 Fax: (212) 563-0401
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Report of Bacteriological Examination (Heterotrophic Plate Count)

Client: Alliance Technical Group
Collected/Submitted by: Client
Project Name/No.: NYU Langone Clinical Lab Water Testing 2024 / Q2190
Project Address:
Matrix: Water

Lab ID: HP0625004
Date Received: 6/3/2025
Time Received: 12:30
Report Date: 6/5/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	06/03/2025 @ 9:37	Chemistry-DI-Water-C	Incubated in: 06/03/2025 @ 13:01	1
HP0625004-1			Incubated out: 06/05/2025 @ 13:01	
02	06/03/2025 @ 9:40	Chemistry-DI-Water-D	Incubated in: 06/03/2025 @ 13:01	<1
HP0625004-2			Incubated out: 06/05/2025 @ 13:01	
03	06/03/2025 @ 9:59	IHC-DI-Water	Incubated in: 06/03/2025 @ 13:01	2
HP0625004-3			Incubated out: 06/05/2025 @ 13:01	
04	06/03/2025 @ 10:03	Histology-Green-Sink-Faucet	Incubated in: 06/03/2025 @ 13:01	1
HP0625004-4			Incubated out: 06/05/2025 @ 13:01	
05	06/03/2025 @ 10:08	Cytology-Faucet	Incubated in: 06/03/2025 @ 13:01	7
HP0625004-5			Incubated out: 06/05/2025 @ 13:01	

AL

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

ELAP Method 9136

Analyst: AD

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Results relate only to the items tested.

NYS-ELAP#11999

Approved by:

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: NYU Langone
ADDRESS: 222 Station Plaza N.
CITY: Union STATE: NY ZIP: 11501
ATTENTION: Kristen Habenicht
PHONE: 516-663-3284 FAX:

PROJECT NAME: NYULI water testing
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

BILL TO: same PO#:
ADDRESS:
CITY STATE: ZIP:
ATTENTION: (see back) PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): _____ DAYS*
EDD: _____ DAYS*

*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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
Micro Cys (Sodium Thiosulfate)

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	FI	PRESERVATIVES									COMMENTS	
			COMP	GRAB	DATE	TIME			1	2	3	4	5	6	7	8	9		
1.	Chem C. (DI water)	W		✓	6/3/25	9:37am	1	X											
2.	Chem D. (DI water)	W		✓	6/3/25	9:40am	1	X											
3.	IHC (DI water)	W		✓	6/3/25	9:59am	1	X											
4.	Histology	W		✓	6/3/25	10:03am	1	X											
5.	Cytology	W		✓	6/3/25	10:08am	1	X											
6.																			
7.																			
8.																			
9.																			
10.																			

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

RELINQUISHED BY SAMPLER: 1. <u>[Signature]</u>	DATE/TIME: <u>6/3/25 11:16am</u>	RECEIVED BY: <u>[Signature]</u> <u>C-3-25</u>	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP _____ °C Comments: _____
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME: <u>6-3-25</u>	RECEIVED BY: 2. <u>[Signature]</u>	
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>6-3-25</u>	RECEIVED BY: 3. <u>[Signature]</u>	Page _____ of _____ CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other _____ Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO