

## **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 : \_\_\_\_\_

Date: 6/17/2025

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  
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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 other side) 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	PRESERVATIVES									COMMENTS	
			COMP	GRAB	DATE	TIME		F	1	2	3	4	5	6	7	8	9	← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
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