

DATA PACKAGE

SUB - DATA

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 : Q2456

ATTENTION : Marie-Ange Exilhomme



Cover Page

Order ID : Q2456

Project ID : NYU Clinical Lab Water Testing 2025 - H252243895

Client : NYU Langone Health

Lab Sample Number

Q2456-01
Q2456-02
Q2456-03
Q2456-04
Q2456-05
Q2456-06
Q2456-07
Q2456-08
Q2456-09

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 4:47 pm, Jul 14, 2025

Date: 7/14/2025

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 / Q2456

Project Address:

Matrix: Water

Lab ID: HP0625051

Date Received: 6/27/2025

Time Received: 14:20

Report Date: 6/29/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	06/27/2025 @ 11:30	TH-401A-SINK-1	Incubated in: 06/27/2025 @ 14:51	<1
HP0625051-1			Incubated out: 06/29/2025 @ 14:51	
02	06/27/2025 @ 11:30	TH-401A-SINK-2	Incubated in: 06/27/2025 @ 14:51	<1
HP0625051-2			Incubated out: 06/29/2025 @ 14:51	
03	06/27/2025 @ 12:00	CC-10TH-FL	Incubated in: 06/27/2025 @ 14:51	<1
HP0625051-3			Incubated out: 06/29/2025 @ 14:51	
04	06/27/2025 @ 12:15	CC-3RD-FL	Incubated in: 06/27/2025 @ 14:51	1
HP0625051-4			Incubated out: 06/29/2025 @ 14:51	
05	06/27/2025 @ 12:15	7N-SKIRBALL	Incubated in: 06/27/2025 @ 14:51	5
HP0625051-5			Incubated out: 06/29/2025 @ 14:51	
06	06/27/2025 @ 12:15	TH-430-DI-1	Incubated in: 06/27/2025 @ 14:51	1
HP0625051-6			Incubated out: 06/29/2025 @ 14:51	



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 / Q2456

Project Address:

Matrix: Water

Lab ID: HP0625051

Date Received: 6/27/2025

Time Received: 14:20

Report Date: 6/29/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
07	06/27/2025 @ 12:15	TH-430-DI-2	Incubated in: 06/27/2025 @ 14:51	90
HP0625051-7			Incubated out: 06/29/2025 @ 14:51	
08	06/27/2025 @ 12:15	TH-430-DI-3	Incubated in: 06/27/2025 @ 14:51	38
HP0625051-8			Incubated out: 06/29/2025 @ 14:51	
09	06/27/2025 @ 12:15	TH-430-DI-4	Incubated in: 06/27/2025 @ 14:51	<1
HP0625051-9			Incubated out: 06/29/2025 @ 14:51	

HS

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

ELAP Method 9136

Analyst: MN

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

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 Exilhomme

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#: H25223895

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 _____

1	2	3	4	5	6	7	8	9
HPL								

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	H ₂ O	PRESERVATIVES									COMMENTS	
			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			6-27-25	11:30	1	✓											← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
2. Sink #2 TH 401A	TH 401A Cytology Sink #2	TAP H ₂ O			6-27-25	11:30	1	✓											
3. CC 10 th floor	Cancer Center Cytology 10 th floor	TAP H ₂ O			6-27-25	12:00	1	✓											
4. CC 3 rd floor	Cancer Center Cytology 3 rd floor	TAP H ₂ O			6-27-25	12:15	1	✓											
5. 7N	7N SKirball F&P Cytology	TAP H ₂ O			6-27-25	12:15	1	✓											
6. TH 430 D1#1	TH 430 Histology D1#1	D1#1			6-27-25	12:15	1	✓											
7. TH 430 D1#2	TH 430 Histology D1#2	D1#2			6-27-25	12:15	1	✓											
8. TH 430 D1#3	TH 430 Histology D1#3	D1#3			6-27-25	12:15	1	✓											
9. TH 404 D1#4	TH 404 IHC D1#4	D1#4			6-27-25	12:15	1	✓											
10.																			

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
1. [Signature]	6/27/25 1:44	[Signature]	Comments: _____
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. [Signature]		2. [Signature]	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. [Signature]	6-27-25 1:42	3. [Signature]	

Page _____ of _____

CLIENT: ☐ Hand Delivered ☐ Other _____

Shipment Complete

☐ YES ☐ NO