

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

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	



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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 / 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: *Stephanie Lin*

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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 H<sub>2</sub>O 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

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS ← Specify Preservatives A-HCl                      D-NaOH B-HNO3                    E-ICE C-H2SO4                  F-OTHER	
			COMP	GRAB	DATE	TIME		H2NO3	1	2	3	4	5	6	7	8		9
1. Sink #1 TH401A	TH401A Cytology Sink #1	TAP H2O			6-27-25	11:30	1	✓										
2. Sink #2 TH401A	TH401A Cytology Sink #2	TAP H2O			6-27-25	11:30	1	✓										
3. CC 10 <sup>th</sup> floor	Cancer Center Cytology 10 <sup>th</sup> floor	TAP H2O			6-27-25	12:00	1	✓										
4. CC 3 <sup>rd</sup> floor	Cancer Center Cytology 3 <sup>rd</sup> floor	TAP H2O			6-27-25	12:15	1	✓										
5. 7N	7N SKirball F&P Cytology	TAP H2O			6-27-25	12:15	1	✓										
6. TH430 DI#1	TH430 Histology DI#1	DI#1			6-27-25	12:15	1	✓										
7. TH430 DI#2	TH430 Histology DI#2	DI#2			6-27-25	12:15	1	✓										
8. TH430 DI#3	TH430 Histology DI#3	DI#3			6-27-25	12:15	1	✓										
9. TH404 DI#4	TH404 IHC DI#4	DI#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: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP _____ °C
1. <b>[Signature]</b>	<b>6/27/25 1:44</b>	<b>[Signature]</b>	Comments: _____
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. <b>[Signature]</b>		2. <b>[Signature]</b>	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <b>[Signature]</b>	<b>6-27-25</b>	3. <b>[Signature]</b>	

Page \_\_\_\_\_ of \_\_\_\_\_

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete  
☐ YES ☐ NO