Alliance TECHNICAL GROUP

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ALLIANCE PROJECT NO. Q2456
QUOTE NO.
COC Number 2046469

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_2O 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:

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 2 (Results + QC)
- ☐ Level 3 (Results + QC + Raw Data)
- ☐ Level 4 (QC + Full Raw Data)
- ☐ NJ Reduced ☐ US EPA CLP
- ☐ NYS ASP A ☐ NYS ASP B
- ☐ Other _____
- ☐ EDD FORMAT _____

ANALYSIS

HPL

PRESERVATIVES

H_2NO_3

COMMENTS

← Specify Preservatives
A-HCl D-NaOH
B-HN03 E-ICE
C-H2SO4 F-OTHER

#	ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP	SAMPLE TYPE GRAB	SAMPLE COLLECTION DATE	SAMPLE COLLECTION TIME	# OF BOTTLES	PRESERVATIVES 1	2	3	4	5	6	7	8	9
1.	Sink #1 TH401A	TH401A Cytology Sink #1	TAP H_2O			6-27-25	11:30	1	✓								
2.	Sink #2 TH401A	TH401A Cytology Sink #2	TAP H_2O			6-27-25	11:30	1	✓								
3.	CC 10th floor	Cancer Center Cytology 10th floor	TAP H_2O			6-27-25	12:00	1	✓								
4.	CC 3rd floor	Cancer Center Cytology 3rd floor	TAP H_2O			6-27-25	12:15	1	✓								
5.	7N	7N Skirball FGP Cytology	TAP H_2O			6-27-25	12:15	1	✓								
6.	TH430 D1#1	TH 430 Histology D1#1	D1#1			6-27-25	12:15	1	✓								
7.	TH430 D1#2	TH 430 Histology D1#2	D1#2			6-27-25	12:15	1	✓								
8.	TH430 D1#3	TH 430 Histology D1#3	D1#3			6-27-25	12:15	1	✓								
9.	TH404 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:
1.	6/27/25 1:44	1. 1544 6-27-25
2.		2.
3.	6-27-25 1420	3.

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
Comments: _____

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CLIENT: ☐ Hand Delivered ☐ Other _____

Shipment Complete ☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY