

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 : Q2980

ATTENTION : Marie-Ange Exilhomme



Cover Page

Order ID : Q2980

Project ID : NYU Clinical Lab Water Testing 2025 - H252243895

Client : NYU Langone Health

Lab Sample Number

Q2980-01
Q2980-02
Q2980-03
Q2980-04
Q2980-05
Q2980-06
Q2980-07
Q2980-08
Q2980-09

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: 9/24/2025

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
Project Address: Q2980
Matrix: Water

Lab ID: HP0825055
Date Received: 8/28/2025
Time Received: 14:45
Report Date: 8/30/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	8/28/2025 @ 11:30	TH-401A-SINK-1	Incubated in: 08/28/2025 @ 15:11	4
HP0825055-1			Incubated out: 08/30/2025 @ 15:11	
02	8/28/2025 @ 11:30	TH-401A-SINK-2	Incubated in: 08/28/2025 @ 15:11	5
HP0825055-2			Incubated out: 08/30/2025 @ 15:11	
03	08/28/2025 @ 12:00	CC-10TH-FL	Incubated in: 08/28/2025 @ 15:11	1
HP0825055-3			Incubated out: 08/30/2025 @ 15:11	
04	08/28/2025 @ 12:15	CC-3RD-FL	Incubated in: 08/28/2025 @ 15:11	<1
HP0825055-4			Incubated out: 08/30/2025 @ 15:11	
05	08/28/2025 @ 12:15	7N-SKIRBALL	Incubated in: 08/28/2025 @ 15:11	1
HP0825055-5			Incubated out: 08/30/2025 @ 15:11	
06	08/28/2025 @ 12:15	TH-430-DI-1	Incubated in: 08/28/2025 @ 15:11	<1
HP0825055-6			Incubated out: 08/30/2025 @ 15:11	



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Project Name/No.: NYU Clinical Lab Water Testing 2025 - H25224389
Project Address: Q2980
Matrix: Water

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Date Received: 8/28/2025
Time Received: 14:45
Report Date: 8/30/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
07	08/28/2025 @ 12:15	TH-430-DI-2	Incubated in: 08/28/2025 @ 15:11	140
HP0825055-7			Incubated out: 08/30/2025 @ 15:11	
08	08/28/2025 @ 12:15	TH-430-DI-3	Incubated in: 08/28/2025 @ 15:11	97
HP0825055-8			Incubated out: 08/30/2025 @ 15:11	
09	08/28/2025 @ 12:15	TH-404-DI-4	Incubated in: 08/28/2025 @ 15:11	5
HP0825055-9			Incubated out: 08/30/2025 @ 15:11	

CO

Method: Potable: SM 20, 21-23 9215 B (-04); Non Potable: SM 18-21 9215 B
ELAP Method 9136

Analyst: AD

Approved by: 

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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 1st Ave + H401-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
PROJECT NO.: H2O Testing LOCATION: H2O Testing
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: NYU Tisch PO#: H252243895
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

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1. Sink #1 TH401A	TH401A Cytology Sink #1	Top H2O			8/28/25	11:30	1	✓									
2. Sink #2 TH401A	TH401A Cytology Sink #2	Top H2O			8/28/25	11:30	1	✓									
3. CC 10 th floor	Cancer Center Cytology floor	Top H2O			8/28/25	12:00	1	✓									
4. CC 3 rd floor	Cancer Center Cytology floor	Top H2O			8/28/25	12:15	1	✓									
5. 7N	7N Skirball FGP Cytology	Top H2O			8/28/25	12:15	1	✓									
6. TH430 DI #1	TH430 Histology DI #1	DI #1			8/28/25	12:15	1	✓									
7. TH430 DI #2	TH430 Histology DI #2	DI #2			8/28/25	12:15	1	✓									
8. TH404 DI #4	IHC TH404 DI #4	DI #4			8/28/25	12:15	1	✓									
9. TH430 DI #3	TH430 Histology DI #3	DI #3			8/28/25	12:15	1	✓									
10.																	

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

RELINQUISHED BY SAMPLER: 1. <u>Ryan Roth</u>	DATE/TIME: <u>1359</u> <u>8-28-25</u>	RECEIVED BY: <u>[Signature]</u> <u>1359</u> <u>8-28-25</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME: _____	RECEIVED BY: <u>[Signature]</u>	Comments: _____
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>1540</u> <u>8-28-25</u>	RECEIVED BY: <u>[Signature]</u>	Page _____ of _____ CLIENT: ☐ Hand Delivered ☐ Other _____ Shipment Complete ☐ YES ☐ NO