284 Sheffield Street, Mountainside, New Jersey 07092 Phone : 908 789 8900 Fax : 908 789 8922

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 : Q3228

ATTENTION : Marie-Ange Exilhomme

284 Sheffield Street, Mountainside, New Jersey 07092, Phone : 908 789 8900,
Fax : 908 789 8922

Cover Page

Order ID : Q3228

Project ID : NYU Clinical Lab Water Testing 2025 - H252243895

Client : NYU Langone Health

Lab Sample Number	Client Sample Number
Q3228-01	TH-403A-SINK-1
Q3228-02	TH-403A-SINK-2
Q3228-03	CC-10TH-FL
Q3228-04	CC-3RD-FL
Q3228-05	7N-SKIRBALL
Q3228-06	TH-430-DI-1
Q3228-07	TH-430-DI-2
Q3228-08	TH-430-DI-3
Q3228-09	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 : _____

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 (Hetorotrophic Plate Count)

Client: Alliance Technical Group
Collected/Submitted by: Client
Project Name/No.: NYU Clinical Lab Water Testing 20025 - H25224389 / Q3228
Project Address:
Matrix: Water

Lab ID: HP0925061
Date Received: 9/26/2025
Time Received: 13:45
Report Date: 9/28/2025

Sample ID# / Client ID#	Sample Collected Date/Time	Location/Description	Incubation in/out Date/Time	HPC (cfu/ml)
1 | TH-403A-SINK-1 / HP09225061-1	9/26/2025 @ 11:30:00	TH-403A-SINK-1 / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 / Incubated out: 9/28/2025 @ 14:17	<1
2 | TH-403A-SINK-2 / HP09225061-2	9/26/2025 @ 11:30:00	TH-403A-SINK-2 / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 / Incubated out: 9/28/2025 @ 14:17	1
3 | CC-10TH-FL / HP09225061-3	9/26/2025 @ 12:00:00	CC-10TH-FL / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 / Incubated out: 9/28/2025 @ 14:17	1
4 | CC-3RD-FL / HP09225061-4	9/26/2025 @ 12:15:00	CC-3RD-FL / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 / Incubated out: 9/28/2025 @ 14:17	6
5 | 7N-SKIRBALL / HP09225061-5	9/26/2025 @ 12:15:00	7N-SKIRBALL / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 / Incubated out: 9/28/2025 @ 14:17	<1
6 | TH-430-DI-1 / HP09225061-6	9/26/2025 @ 12:15:00	TH-430-DI-1 / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 / Incubated out: 9/28/2025 @ 14:17	7
7 | TH-430-DI-2 / HP09225061-7	9/26/2025 @ 12:15:00	TH-430-DI-2 / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 / Incubated out: 9/28/2025 @ 14:17	100

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Report of Bacteriological Examination (Hetorotrophic Plate Count)

Client: Alliance Technical Group
Collected/Submitted by: Client
Project Name/No.: NYU Clinical Lab Water Testing 20025 - H25224389 / Q3228
Project Address:
Matrix: Water

Lab ID: HP0925061
Date Received: 9/26/2025
Time Received: 13:45
Report Date: 9/28/2025

Sample ID# / Client ID#	Sample Collected Date/Time	Location/Description	Incubation in/out Date/Time	HPC (cfu/ml)
8 | TH-430-DI-3 / HP09225061-8	9/26/2025 @ 12:15:00	TH-430-DI-3 / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 Incubated out: 9/28/2025 @ 14:17	52
9 | TH-430-DI-4 / HP09225061-9	9/26/2025 @ 12:15:00	TH-430-DI-4 / Water / Heterotrophic Plate Count	Incubated in: 9/26/2025 @ 14:17 Incubated out: 9/28/2025 @ 14:17	1

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 Finch

NYS-ELAP#11999

Alliance TECHNICAL GROUP

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 · Fax (908) 789-8922
www.chemtech.net

(9)

ALLIANCE PROJECT NO. Q3228
QUOTE NO. POF H262655147
COC Number 2046468

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: NYU Langone Health/pathology
ADDRESS: 560 1st Ave TH 401 A
CITY New York STATE: N-Y ZIP: 10016
ATTENTION: Marie-Ange Exilhomme
PHONE: 646-501-0733 FAX: 646-501-0498

CLIENT PROJECT INFORMATION

PROJECT NAME: NYU Pathology H2o testing
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: NYULH Tisch PO#: H262655147
ADDRESS: P.O Box 427
CITY STATE: ZIP:
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 4 (QC + Full Raw Data)
❑ Level 2 (Results + QC) ❑ NJ Reduced ❑ US EPA CLP
❑ Level 3 (Results + QC + Raw Data) ❑ NYS ASP A ❑ NYS ASP B
❑ Other _____
❑ EDD FORMAT _____

ANALYSIS

HPDE

PRESERVATIVES

H2O3

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	1	2	3	4	5	6	7	8	9
1. Sink 1 TH 402	TH 403 Cytology sink 1	Tap H2O			9/26/25		1	✓								
2. Sink 2 TH 403	TH 403 Cytology sink 2	Tap H2O			9/26/25		1	✓								
3. CC 10th	Cancer Center Cytology 10th FL	Tap H2O			9/26/25		1	✓								
4. CC 3rd	Cancer Center Cytology 3rd	Tap H2O			9/26/25		1	✓								
5. 7N	Skirball FGP cytology	Tap H2O			9/26/25		1	✓								
6. T 430	TH 430 histology DI 1	DI H			9/26/25		1	✓								
7. TH 430 DI 2	TH 430 Histology DI 2	DI 2			9/26/25		1	✓								
8. T 430 DI 3	TH 430 Histology DI 3	DI 3			9/26/25		1	✓								
9. TH 404 DI 4	TH 404 IHC DI 4	DI 4			9/26/25		1	✓								
10.							(9)									

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:
1.	9/26/25 1000	1310 9-26-25
2.		
3.	9-26-25 1604	

Conditions of bottles or coolers at receipt: ❑ COMPLIANT ❑ NON COMPLIANT ❑ COOLER TEMP 3.2 °C
Comments:

Page _____ of

CLIENT: ❑ Hand Delivered ❑ Other

Shipment Complete ❑ YES ❑ NO

Q3228

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