

## **SUB DATA PACKAGE**

**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 : Q3724**

**ATTENTION : Marie-Ange Exilhomme**



## Cover Page

**Order ID :** Q3724

**Project ID :** NYU Clinical Lab Water Testing 2025 - H252243895

**Client :** NYU Langone Health

### Lab Sample Number

Q3724-01  
Q3724-02  
Q3724-03  
Q3724-04  
Q3724-05  
Q3724-06  
Q3724-07  
Q3724-08  
Q3724-09

### Client Sample Number

SINK-1-TH-403  
SINK-2-TH-403  
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 4:58 pm, Dec 10, 2025*

Date: 12/9/2025

NYDOH CERTIFICATION NO - 11376

NJDEP CERTIFICATION NO - 20012

## 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 / Q3724  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP1125050  
**Date Received:** 11/25/2025  
**Time Received:** 16:58  
**Report Date:** 11/28/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
01	*10/31/2025 @ 11:30	TH-401A-SINK-1	Incubated in: 11/25/2025 @ 17:31	4
HP1125050-1			Incubated out: 11/27/2025 @ 17:31	
02	*10/31/2025 @ 11:30	TH-403A-SINK-2	Incubated in: 11/25/2025 @ 17:31	11
HP1125050-2			Incubated out: 11/27/2025 @ 17:31	
03	*10/31/2025 @ 12:00	CC-10TH-FL	Incubated in: 11/25/2025 @ 17:31	22
HP1125050-3			Incubated out: 11/27/2025 @ 17:31	
04	*10/31/2025 @ 12:15	CC-3RD-FL	Incubated in: 11/25/2025 @ 17:31	6
HP1125050-4			Incubated out: 11/27/2025 @ 17:31	
05	*10/31/2025 @ 12:15	7N-SKIRBALL	Incubated in: 11/25/2025 @ 17:31	5
HP1125050-5			Incubated out: 11/27/2025 @ 17:31	
06	*10/31/2025 @ 12:15	TH-430-D1-1	Incubated in: 11/25/2025 @ 17:31	8
HP1125050-6			Incubated out: 11/27/2025 @ 17:31	
07	*10/31/2025 @ 12:15	TH-430-D1-2	Incubated in: 11/25/2025 @ 17:31	190
HP1125050-7			Incubated out: 11/27/2025 @ 17:31	

## 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 / Q3724  
**Project Address:**  
**Matrix:** Water

**Lab ID:** HP1125050  
**Date Received:** 11/25/2025  
**Time Received:** 16:58  
**Report Date:** 11/28/2025

Sample ID#	Sample Collected	Location/Description	Incubation in/out	HPC (cfu/ml)
Client ID#	Date/Time		Date/Time	
08	*10/31/2025 @ 12:15	TH-430-D1-3	Incubated in: 11/25/2025 @ 17:31	440
HP1125050-8			Incubated out: 11/27/2025 @ 17:31	
09	*10/31/2025 @ 12:15	TH-404-D1-4	Incubated in: 11/25/2025 @ 17:31	2
HP1125050-9			Incubated out: 11/27/2025 @ 17:31	

AH

*\*Sampling date on the COC differs from the sampling date on the samples (11/25/2025). Holding time is 48 hours; otherwise, it will be out of holding time.*

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

ELAP Method 9136

Analyst: JD

Approved by: 

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Results relate only to the items tested.

NYS-ELAP#11999

(9) bottles

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: NYU Langone Health Pathology

ADDRESS: 560 First Ave. TH

CITY New York STATE: NY ZIP: 10016

ATTENTION: Marie-Ange Exilhomme

PHONE: 646-501-0733 FAX: 646-501-0498

PROJECT NAME: NYU Pathology H<sub>2</sub>O testing

PROJECT NO.: LOCATION:

PROJECT MANAGER:

e-mail:

PHONE:

FAX:

BILL TO: NYU LH Tisch

PO#: 262655147

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

HPC

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1. Sink #1 TH 403	TH 403 Cytology Sink #1	TAP H <sub>2</sub> O			11-25-25	11:30	1	✓									
2. Sink #2 TH 403	TH 403 Cytology Sink #2	TAP H <sub>2</sub> O			11-25-25	11:30	1	✓									
3. CC 10 <sup>th</sup> fl.	Cancer Center 10 <sup>th</sup> floor Cytology	TAP H <sub>2</sub> O			11-25-25	12:00	1	✓									
4. CC 3 <sup>rd</sup> fl.	Cancer Center Cytology 3 <sup>rd</sup> floor	TAP H <sub>2</sub> O			11-25-25	12:15	1	✓									
5. 7N	7N Skirball FGP Cytology	TAP H <sub>2</sub> O			11-25-25	12:15	1	✓									
6. TH 430 D11	TH 430 Histology D1 #1	D1 #1			11-25-25	12:15	1	✓									
7. TH 430 D12	TH 430 Histology D1 #2	D1 #2			11-25-25	12:15	1	✓									
8. TH 430 D13	TH 430 Histology D1 #3	D1 #3			11-25-25	12:15	1	✓									
9. TH 404 D14	TH 404 IHC D1 #4	D1 #4			11-25-25	12:15	1	✓									
10.																	

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

RELINQUISHED BY SAMPLER: 1. <i>Handwritten Signature</i>	DATE/TIME: 11-25-25	RECEIVED BY: <i>Handwritten Signature</i>	DATE/TIME: 11-25-25	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP _____ °C
RELINQUISHED BY SAMPLER: 2. <i>Handwritten Signature</i>	DATE/TIME:	RECEIVED BY: <i>Handwritten Signature</i>	DATE/TIME:	Comments:
RELINQUISHED BY SAMPLER: 3. <i>Handwritten Signature</i>	DATE/TIME: 11-25-25	RECEIVED BY: <i>Handwritten Signature</i>	DATE/TIME:	Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO