Alliance TECHNICAL GROUP
284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 • Fax (908) 789-8922
www.chemtech.net

(9) bottles

ALLIANCE PROJECT NO.
QUOTE NO. Q 3724
COC Number 2046467

CLIENT 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

CLIENT PROJECT INFORMATION

PROJECT NAME: NYU Pathology H_2O testing
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: NYULH Tisch PO#: 262655147
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 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

HPC

PRESERVATIVES

H_2NO_3

COMMENTS

← Specify Preservatives
A-HCl D-NaOH
B-HNO3 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	COMMENTS
1. Sink #1 TH 403	TH 403 Cytology Sink #1	TAP H_2O			11.25.25	11:30	1	✓									
2. Sink #2 TH 403	TH 403 Cytology Sink #2	TAP H_2O			11.25.25	11:30	1	✓									
3. CC 10th fl.	Cancer Center 10th floor Cytology	TAP H_2O			11.25.25	12:00	1	✓									
4. CC 3rd fl.	Cancer Center Cytology 3rd floor	TAP H_2O			11-25-25	12:15	1	✓									
5. TN	TN Skirball FGF Cytology	TAP H_2O			11-25-25	12:15	1	✓									
6. TH430 D11	TH 430 Histology D1#1	D1#1			11-25-25	12:15	1	✓									
7. TH430 D12	TH 430 Histology D1#2	D1#2			11-25-25	12:15	1	✓									
8. TH430 D13	TH 430 Histology D1#3	D1#3			11-25-25	12:15	1	✓									
9. TH404 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:	DATE/TIME:	RECEIVED BY:	DATE/TIME:
1.	11-25-25 1338	1.	11-25-25 1338
2.	DATE/TIME:	2.	
3.	11-25-25 1453	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