

** Pathologists **
Drs Dietrich, Voigt & Mia

PathCare Reference Laboratory
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Neels Bothma Street
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PracNum: 5200539

FINAL REPORT

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Doctor
GAMTOOS IRRIGATION BOARD
ATT: LEON GRUNDLING
PO BOX 237
6335 PATENSIE

Patient
KOUGADAM IRRIGATION WATER, II

Age : Sex : DOB: :U:
ID Number V102017 Tel No (H) NOT AVAILABLE
Other Number NONE Tel No (C) NONE
Specimen : 18:IF0014215R Lab Ref
Collection Date : 2018-10-10 10:45 728165393
Received Date : 2018-10-10 11:30
Report Date : 2018-10-12 15:44

Clinical Data : SAMPLE/S RECEIVED IN GOOD CONDITION
RECEIVED IN PORT ELIZABETH TESTING LAB: 11/10/18 08:25
TEMPERATURE ON RECEIPT: 7.9 degrees celcius
PERFORMED AT 45 Albert Road, Walmer, PE on: 11/10/18

Tests Requested : ~PathCare, : WATER ANALYSIS

| Source WATER Procedure | Description Result |
|--|-----------------------|
| > WATER ANALYSIS | |
| TOTAL COLIFORM CNT/100ml: | >2 420 |
| E.COLI/100ml | 0 |
| | |
| : Result Interpretation | : |
| : 0 = Not Detected / 100ml | : |
| : | : |
| : OPERATIONAL WATER QUALITY ALERT VALUES: | : |
| : ----- | : |
| : If the below stated microbiological limits are exceeded, | : |
| : an unacceptable health risk is implied: | : |
| : Total Coliform Bacterial Count/100ml: = < 10 | : |
| : E.coli or Faecal Coliform Bacterial Count/100ml: Not | : |
| : Detected | : |
| : | : |
| : NORMATIVE REFERENCE: SANS 241 | : |
| : METHOD USED: SANS 5221 (Colilert) | : |
| : Sampling done by client. | : |
| : Test results are specific only to the sample tested. | : |

| | | | |
|--------------------------|------------------|------------------|-------------------|
| | Lab Ref | | Page |
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| GAMTOOS IRRIGATION BOARD | 728165393 | KOUGADAM | IRRIGATION WATER, |
| II | | | |
| Specimen | Collection Date | Received Date | Report Date |
| 18:IF0014215R | 2018-10-10 10:45 | 2018-10-10 11:30 | 2018-10-12 15: |
| 44 | | | |

| | |
|--|----------------|
| Source WATER | Description |
| Procedure | Result |
| WATER ANALYSIS | (continued...) |
| : Samples from the same/similar source may deliver a | |
| : different result. | |
| : Please note: The test report shall not be reproduced, | |
| : except in full, without written approval of the laboratory | |
| :.....: | |

Authorised by: MRS MELANI V TONDER on 2018-10-12 15:39:00
 Technical Signatory

~ File [] Phone Patient [] Appointment [] Prescription [] Draw File []
 END OF REPORT : Total Number of Pages : 2