

** Pathologists **
Drs Dietrich, Voigt & Mia

PathCare Reference Laboratory
PathCare Park
Neels Bothma Street
Tel : +27 21 596 3400

PracNum: 5200539

FINAL REPORT

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

Patient
K KANAAL IRRIGATION WATER

Age : Sex : DOB: 32:U:
ID Number V102717 Tel No (H) NOT AVAILABLE
Other Number NONE Tel No (C) NONE
Specimen : 19:IF0005511R Lab Ref
Collection Date : 2019-04-10 11:00 728170415
Received Date : 2019-04-10 11:28
Report Date : 2019-04-12 16:48

Clinical Data : SAMPLE/S RECEIVED IN GOOD CONDITION
RECEIVED IN PORT ELIZABETH TESTING LAB: 11/04/19 07:40
TEMPERATURE ON RECEIPT: 9.5 degrees celcius
PERFORMED AT 45 Albert Road, Walmer, PE on: 11/04/19

Tests Requested : ~PathCare, : WATER ANALYSIS

----- Insurance -----
Source WATER Description
Procedure Result
> WATER ANALYSIS

TOTAL COLIFORM CNT/100ml: 2 420
E.COLI/100ml : 20
.....
: 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) :
: :

| | | | |
|--------------------------|------------------|------------------|------------------------|
| : 2 | Lab Ref | | Page |
| GAMTOOS IRRIGATION BOARD | 728170415 | | K KANAAL IRRIGATION WA |
| TER | | | |
| Specimen | Collection Date | Received Date | Report Date |
| 19:IF0005511R | 2019-04-10 11:00 | 2019-04-10 11:28 | 2019-04-12 16: |
| 48 | | | |

----- Insurance -----

| | |
|----------------|----------------|
| Source WATER | Description |
| Procedure | Result |
| WATER ANALYSIS | (continued...) |

: Sampling done by client. :

: Results in this report apply to the sample as received. :

: Samples from the same/similar source may deliver a :

: different result. :

: Sample information provided may affect validity of :

: results. If there is any reason to doubt the information :

: captured, we suggest re-testing of sample. :

: Please note: The test report shall not be reproduced, :

: exceptin full, without written approval of the :

: laboratory. :

.....

Signed Out by Melani v Tonder on 2019-04-12 16:35:00
 For consultation, contact a Pathologist - +27 41 581 2393

~ File [] Phone Patient [] Appointment [] Prescription [] Draw File []

END OF REPORT : Total Number of Pages : 2