** Pathologists ** PathCare Reference Laboratory Drs Dietrich, Voigt & Mia PathCare Park Neels Bothma Street Tel : +27 21 596 3400 PracNum: 5200539 FINAL REPORT Page: 1 Doctor GAMTOOS IRRIGATION BOARD ATT: LEON GRUNDLING PO BOX 237 6335 PATENSIE Patient U B-KANAAL IRRIGATION WATER Age : Sex : DOB: 32:U: Tel No (H) NOT AVAILABLE

 Age
 . Sex
 . Dob.
 . 32.0.

 ID
 Number
 V103407
 Tel No (H) NOT AVAII

 Other
 Number
 V103407
 Tel No (C) V103407

 Specimen
 :
 19:IF0014647R
 Lab Ref

 Collection
 Date
 :
 2019-10-15
 08:30

 Received
 Date
 :
 2019-10-17
 17:15

Clinical Data : SAMPLE/S RECEIVED IN GOOD CONDITION RECEIVED IN PORT ELIZABETH TESTING LAB: 16/10/19 08:10 TEMPERATURE ON RECEIPT: 6.2 degrees celcius PERFORMED AT 45 Albert Road, Walmer, PE on: 16/10/19 * a SANAS Accredited Testing Laboratory, No. T0498. The following CUSTOMER INFORMATION was supplied: - Client contact info - Collection date - Collection time - Sample description / identification - Test/s requested Tests Requested : ~PathCare, : WATER ANALYSIS _____ ----- Insurance -----Description Source WATER Procedure Result > WATER ANALYSIS TOTAL COLIFORM CNT/100ml: >2 420 E.COLI/100ml : 27 : Result Interpretation : 0 = Not Detected / 100ml : : : OPERATIONAL WATER QUALITY ALERT VALUES: :

_____ _____ Lab Ref Page : 2 GAMTOOS IRRIGATION BOARD 728175847 B-KANAAL IRRIGATION WA TER Received Date Specimen Collection Date Report Date 19:IF0014647R 2019-10-15 08:30 2019-10-15 10:50 2019-10-17 17: 15 _____ ----- Insurance -----Source WATER Description Procedure Result WATER ANALYSIS (continued...) • __ : 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. : 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 2019-10-17 16:45:00 For consultation, contact a Pathologist - +27 41 581 2393 ~ File [] Phone Patient [] Appointment [] Prescription [] Draw File [] END OF REPORT : Total Number of Pages : 2