

** Pathologists **
Drs Dietrich, Voigt & Mia

PathCare Reference Laboratory
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 DU PLEX WATER

Age : Sex : DOB: :U:
ID Number V104605 Tel No (H) NOT AVAILABLE
Other Number V104605 Tel No (C) V104605
Specimen : 20:IF0012639R Lab Ref
Collection Date : 2020-10-08 10:30 728185748
Received Date : 2020-10-08 11:30
Report Date : 2020-10-12 17:14

Clinical Data : SAMPLE/S RECEIVED IN GOOD CONDITION
RECEIVED IN PORT ELIZABETH TESTING LAB: 08/10/2020 16:30
TEMPERATURE ON RECEIPT: 9.1 degrees celcius
PERFORMED AT 40A Park Drive, PE on: 09/10/2020

Laboratory in voluntary suspension of ISO 17025
accreditation status, due to relocation of premises.

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

E.COLI/100ml : 23
.....
: Result Interpretation :
: 0 = Not Detected / 100ml :
: :
: OPERATIONAL WATER QUALITY ALERT VALUES: :

: 2	Lab Ref	Page
GAMTOOS IRRIGATION BOARD	728185748	DU PLEX WA
TER		
Specimen	Collection Date	Received Date
	Report Date	
20:IF0012639R	2020-10-08 10:30	2020-10-08 11:30
14		2020-10-12 17:

----- 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,
: except in full, without written approval of the
: laboratory.
:
: .....
```

Signed Out by Sinead Morris on 2020-10-12 16:43:00
For consultation, contact a Pathologist - +2741 331 695

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