

** Pathologists **
Drs Dietrich, Voigt & Mia

PathCare Reference Laboratory
PathCare Park
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
DUPLEX IRRIGATION WATER
ATT: LEON GRUNDLING
PATENSIE

Age : Sex : DOB: 32:U: MedAid Num NOT AVAILABLE
ID Number 21:728189491 Tel No (H) NOT AVAILABLE
Other Number V105024 Tel No (C) V105024
Specimen : 21:IF0002142R Lab Ref
Collection Date : 2021-02-09 UNK 728189491
Received Date : 2021-02-09 12:15 File No. ATT: LEON GRUNDLING
Report Date : 2021-02-12 16:48

Clinical Data : SAMPLE/S RECEIVED IN GOOD CONDITION
RECEIVED IN PORT ELIZABETH TESTING LAB: 09/02/2021 16:30
TEMPERATURE ON RECEIPT: 10 degrees celcius
PERFORMED AT 40A Park Drive, PE on: 10/02/2021

* a SANAS Accredited Testing Laboratory, No. T0498. *

The following CUSTOMER INFORMATION was supplied:
- Client contact info
- Collection date
- Sample description / identification
- Test/s requested

Primary ICD10 Code(s) : Z76.9
Tests Requested : ~PathCare, : WATER ANALYSIS

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

TOTAL COLIFORM CNT/100ml: >2 420
E.COLI/100ml : 43

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

: 2	Lab Ref		Page
GAMTOOS IRRIGATION BOARD	728189491		DUPLEX IRRIGATION WA
TER			
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48			

----- 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. :
 :

Authorised by: MRS MELANI V TONDER on 2021-02-12
 Technical Signatory

Authorised on 2021-02-12 16:19:00
 For consultation, contact a Clinical Microbiologist - +27 21 596 3400
 ~ File [] Phone Patient [] Appointment [] Prescription [] Draw File []
 END OF REPORT : Total Number of Pages : 2