** 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 LYN 106 IRRIGATION WATER ATT: LEON GRUNDLING PATENSIE Age : Sex : DOB: 32:U: MedAid Num NOT AVAILABLE AgeSexDob.32.0.Medald Num Nof AVAILABLEID NumberV105024Tel No (H) NOT AVAILABLEOther NumberNOT SUPPLIEDTel No (C) NOT SUPPLIEDSpecimen: 21:IF0002143RLab RefCollection Date: 2021-02-09 UNK728189492Received Date: 2021-02-12 16:48File No. 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 : 53 : Result Interpretation : 0 = Not Detected / 100ml : OPERATIONAL WATER QUALITY ALERT VALUES: : : ______ :

_____ Lab Ref Page : 2 GAMTOOS IRRIGATION BOARD 728189492 LYN 106 IRRIGATION WA TER Specimen Collection Date Received Date Report Date 21:IF0002143R 2021-02-09 UNK 2021-02-09 12:15 2021-02-12 16: 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, : exceptin full, without written approval of the : laboratory. Authorised by: MRS MELANI V TONDER on 2021-02-12 Technical Signatory Authorised on 2021-02-12 16:20:00 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