

Final Report

Jeffreys Bay Laboratory
Shop 2, Surfside Centre
37 Da Gama Road.
Tel: 042 293 4125



Practice No:0774383

Report to:
GAMTOOS WATER USER ASSOCIATION
ATT: LEON GRUNDLING
PO BOX 237
6335 PATENSIE

Referred by: GAMTOOS WATER USER ASSOCIATION

Requisition No: 728226157
Specimen No: 24:IF0013689R
Collection Date: 2024-10-29 09:30
Received Date: 2024-10-29 12:59
Generated On: 2024-10-31 17:03

Patient: (File No: NOT SUPPLIED)
GW1 DAM WATER
Patient ID No: 24:728226157
Age:Sex:DoB: U
Contact No: 0420070382

Guarantor:
GAMTOOS WATER USER ASSOCIATION
Med Aid: CLIENTS
Member No: NOT AVAILABLE

Clinical Data: SAMPLE/S RECEIVED IN GOOD CONDITION
RECEIVED IN PORT ELIZABETH TESTING LAB: 08H00 30/10/2024
TEMPERATURE ON RECEIPT: 9.6 degrees celcius
PERFORMED AT 40A Park Drive
PE on: 30/10/2024

* a SANAS Accredited Testing Laboratory
No. T0498. *

The following CUSTOMER INFORMATION was supplied:
- Client contact info
- Collection date
- Collection time as per telecom with A.Murray
- Sample description / identification
- Test/s requested

Tests requested: WATER ANALYSIS

Referral ICD10 code(s): Z76.9

Infection Control

Source: WATER

| Procedure: | Result |
|---------------------------|--------|
| WATER ANALYSIS | |
| TOTAL COLIFORM CNT/100ml: | >2 420 |
| E. COLI/100ml | : 148 |

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:.....:
: 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 (T0498); :
:              SANS 5221 - Membrane filtration (T0654) :
:.....:
: 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. :
:.....:

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Signed out by Sinead Morris on 2024-10-31 16:53
For consultation, contact a Pathologist - +2741 391 5700

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