

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: 728228342
Specimen No: 25:IF0000599R
Collection Date: 2025-01-21 07:00
Received Date: 2025-01-21 11:46
Generated On: 2025-01-23 17:28

Patient: (Ref No: V110798)
GW11 CANAAL IRRIGATION WATER
Patient ID No: 25:728228342
Age:Sex:DoB: U
Contact No: 0420070382

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

Clinical Data: **SAMPLE/S NOT RECEIVED IN GOOD CONDITION: >24 HRS - PROCEED WITH ANALYSIS AS PER TELECOM **
RECEIVED IN PORT ELIZABETH TESTING LAB: 08H00 22/01/2025
TEMPERATURE ON RECEIPT: 8.0 degrees celcius
PERFORMED AT 40A Park Drive
PE on: 22/01/2025

* 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: WATER ANALYSIS

Referral ICD10 code(s): Z76.9

Infection Control

Source: WATER

Procedure:	Result
WATER ANALYSIS	
TOTAL COLIFORM CNT/100m ^l :	>2 420
E. COLI/100m ^l :	31

Treat result with reserve: water samples received more than 24hrs after collection time. The effect of this on the organisms is not known.

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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 2025-01-23 17:09
For consultation, contact a Pathologist - +2741 391 5700

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