

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: 728241932

Specimen No: 26:IF0010921R
Collection Date: 2026-07-13 11:10
Received Date: 2026-07-14 11:01
Generated On: 2026-07-16 12:41

Patient: (File No: NOT SUPPLIED Ref
No: V113042)

GW 6 IRRIGATION WATER

Patient ID No: 26:728241932
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: >24HRS -
PROCEEDED WITH ANALYSIS AS PER CONSENT GRANTED ON REQUEST
FORM **
RECEIVED IN PORT ELIZABETH TESTING LAB: 15/07/26 08H40
TEMPERATURE ON RECEIPT: 9.1 degrees celcius
PERFORMED AT 40A Park Drive
PE on: 15/07/26

* 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 Z76.9
code(s):

Infection Control

Source: WATER

Procedure:	Result
WATER ANALYSIS	
TOTAL COLIFORM CNT/100ml:	1986
E.COLI/100ml	: 1
Treat result with reserve: water samples received more than 24hrs after collection time. The effect of this on the organisms is not known. : 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 2026-07-16 12:30
For consultation, contact a Pathologist - +27 41 391 5700
~ File [] Phone Patient [] Appointment [] Prescription [] Draw File []