

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone	Division	Branch
Proposal No.		
Agent/D.O. Code:	Introduced by :	(name & signature)
Full Name of Life to be assured:		
Age/Sex :		
1. Physical Examination		
(i) Colour	(ii) Sediment	
(iii) Transparency	(iv) Reaction	
2. Chemical Examination		
(i) Protein	(ii) Sugar	
(iii) Bile salt	(iv) Bile pigments	
3. Microscopic Examination		
(i) Red Blood Cells	(ii) Epithelial Cells	
(iii) Crystals	(iv) Pus Cells	
(v) Casts	(vi) Deposits	
(Bacterias)	

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

Dated at _____ on the _____ day of _____ 200_____ at _____ a.m./p.m.

Signature of the L.A.

Signature of the Pathologist

Pathologist's name & Address

Qualification :

LICI Code No. :