

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. :