



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

Form No. LIC03-009

Special Medical Report

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) Caste | (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 or the Development Officer.

Dated at _____ on the _____ day of _____ 200 at _____ am/pm

Signature of the L.A.

Signature of the Pathologist

Pathologist's Name :

Address :

Qualification :

LIC Code No. :