

## 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 &amp; Address

Qualification :

LICI Code No. :