

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 004

HAEMOGRAM

Zone	Division	Branch
Proposal No.		
Agent/D.O. Code:	Introduced by :	(name & signature)
Full Name of Life to be assured:		
Age/Sex :		
1. Red Blood Cell Count :		
2. Hb% :		
3. Hematocrit :		
4. Indices :		
(a) MCV (Mean Corpuscular Volume)		
(b) MCH (Mean Corpuscular Hb)		
(c) MCHC (Mean Corpuscular Hb Concentration)		
5. Morphology		
Macrocytes:	Microcytes:	Hypochromia:
Poikilocytosis:	Anisocytosis:	
6. <u>Target Cells</u>		
Spherocytes:	Eliptocytes:	
7. White Blood Cells		
Total Count:		
<u>Differential Count :</u>		
a) Neutrophils:	c) Eosinophils:	
b) Lymphocytes:	d) Monocytes:	
e) Basophils:		
8. Platelets:		
9. Erythrocytes Sedimentation rate:		
(Method)		

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or 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 :
 LIC Code No. :