

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 008

SPECIAL BIO-CHEMICAL TESTS – 18 (SBT-18)

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
 Proposal No. \_\_\_\_\_  
 Agent/D.O. Code: \_\_\_\_\_ Introduced by: \_\_\_\_\_ (name & signature)  
 Full Name of Life to be assured: \_\_\_\_\_  
 Age/Sex \_\_\_\_\_ :

	<b>Type of Test</b>	<b>Actual Reading</b>
1	Blood Sugar (Method _____ )	
	Fasting	
	Post Glucose (75 gm of Glucose) / Post Lunch	
2	Total Cholesterol	
	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	
4	S. Creatinine	
5	Blood Urea Nitrogen (BUN)	
6	Uric Acid	
7	S. Proteins	
	(a) Albumin	
	(b) Globulin	
	(c) AG Ratio	
8	S. Bilirubin	
	(a) Direct	
	(b) Indirect	
	(c) Total	
9	SGOT (AST)	
10	SGPT (ALT)	
11	GGTP (GGT)	
12	S. Alkaline Phosphatase	
13	S. Electrolytes	
14	HBSAg (Australian Antigen)	
15	VDRL	
16	S. Amylase	
17	Acid Phosphates	
18	Elisa for HIV (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: \_\_\_\_\_