

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 _____ :

| | Type of Test | Actual Reading |
|----|--|-----------------------|
| 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: _____ LICI Code No: _____