

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 007

SPECIAL BIO-CHEMICAL TESTS – 12 (SBT-12)

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 gms of Glucose) / Post Lunch	
2	Total Cholesterol	
	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	
4	S. Creatinine	
5	Uric Acid	
6	S. Proteins	
	(a) Albumin	
	(b) Globulin	
	(c) AG Ratio	
7	S. Bilirubin	
	(a) Direct	
	(b) Indirect	
	(c) Total	
8	SGOT (AST)	
9	SGPT (ALT)	
10	S. Alkaline Phosphatase	
11	S. Electrolytes	
12	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: