

FORM NO 3311(A)



**REPORT OF GLUCOSE TOLERANCE TEST OF URINE**

Proposal No. \_\_\_\_\_ Name of Life to be Assured: \_\_\_\_\_ Age \_\_\_\_\_ Years  
Sex: \_\_\_\_\_

**INSTRUCTIONS FOR THE PATHOLOGIST**

1. Please ensure that life to be assured presents himself before you in the morning and that his bladder is completely emptied in your presence. Test the urine then passed by the usual Fehling's and Benedict's Test.
2. Then administer 75 gms. of pure glucose dissolved in four ounces of water. Examine a specimen of the urine passed two hours later.
3. Each column should be filled completely in every case.
4. Please give both quantity as well as the specific gravity of urine while examining the urine.

Sample	Time O' Clock	Quantity	Specific Gravity	Urine Glucose %
Before administration of Glucose				
2 Hrs. after administration of 75 gms. of Glucose.				

QUERIES TO BE ANSWERED CORRECTLY BY THE LIFE TO BE ASSURED IN HIS OWN HANDWRITING:

- a) Have you ever been under medical treatment for Glycosuria and, if so, when and for what period ?
- b) Have you had any occasion to take Insulin Injections or even advised to restrict your diet ? If so, give full details.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

<p>_____ <b>Signature of the Life to be Assured</b></p> <p>_____ <b>Signature of the Introducer: (Agent / Development Officer)</b></p> <p><b>Name :</b> _____</p> <p><b>Code No.</b></p>	<p><b>I Certify that the proposer / LA has put his /her Signature alongside in my presence</b></p> <p>_____ <b>Signature of the Pathologist</b></p> <p><b>Name:</b></p> <p><b>Address:</b></p> <p><b>Qualification:</b></p> <p><b>Code No:</b></p>
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