

Divisional Office :

Branch Office:

**REPORT ON EXAMINATION OF STOOL**

Proposal / Policy No.

***N.B :- The pathologist should insist on the Proposer signing on this form in his presence, A form on which the proposer has already put his signature should not be used.***

Full Name of Life to be Assured \_\_\_\_\_ Age \_\_\_\_\_

Specimen Examined :- (i) Whether natural or passed after saline \_\_\_\_\_  
(ii) Time \_\_\_\_\_**Microscopic Examination**

Colour _____	Form & consistency _____
Odour _____	Mucus _____
Blood (gross) _____	Parasites _____
Intestinal sand _____	Gall stones _____

**Chemical Examination**

Reaction _____	Bile _____
Blood (occult) _____	Stercobilin _____

**Microscopical Examination**

Ova	Fat
Protozoa	Striped muscle fibres
Amoebae	Starch (undigested)
Flagellates	Vegetable fibres
Erythrocytes	Crystals
Pus Cells	Mucus Cells
Leucocytes Eosiniphils	Yeats
Macrophages	
Ephilhelium	

**Concentration Method for Ova**

Ova \_\_\_\_\_  
 Z.N. Method \_\_\_\_\_  
 Due Date \_\_\_\_\_ Time \_\_\_\_\_ Disposal \_\_\_\_\_  
 \_\_\_\_\_  
 Dated \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20

Signature of the Life to be Assured

I certify that the proposer / LA has put his / her signature alongside in my presence

Signature of the Introducer :  
**Pathologist**[Agent / Development Officer]  
Name & Code :

Signature of the Medical Examiner /

Qualifications / Code No. :  
Name & Address :