

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 013

SPECIAL BIO-CHEMICAL TESTS – 13 (SBT-13)

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	Fasting Blood Sugar (Method _____)	
2	Total Cholesterol	
	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	
4	S. Creatinine	
5	Blood Urea Nitrogen (BUN)	
6	S. Proteins	
	(a) Albumin	
	(b) Globulin	
	© AG Ratio	
7	S. Bilirubin	
	(a) Direct	
	(b) Indirect	
	© Total	
8	SGOT (AST)	
9	SGPT (ALT)	
10	GGTP (GGT)	
11	S. Alkaline Phosphatase	
12	HbsAg (Australia antigen)	
13	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

Proposer was identified on the basis of _____

SIGNATURE OF PATHOLOGIST