

Proposal No. _____ Agent's Code . _____

Agent's Name _____

Name of the Life to be assured _____ Age _____

EXAMINATION OF SPUTUM

Quantity _____ Blood _____ Consistency _____

Reaction _____ Layer Formation _____

COVER SLIP

Red Blood cells _____ Elastic tissue _____

Pus Cells _____

MORPHOLOGICAL EXAMINATION

A) GRAM STAIN:-

B) Leishman stain (for eosinophilia):-

Eosinophilis _____

a) Z.N. METHOD : (Direct & Concentration):

Dated at _____ on this _____ day of _____ 200_____.

Signature of the Life to be Assured

Signature of the Medical Examiner.

Qualification _____

Code No _____

Name & Address _____

_____ (in block letter)