

LIFE INSURANCE CORPORATION OF INDIA
Form No. LIC03 - 008
SPECIAL BIO-CHEMICAL TESTS – 18 (SBT-18)

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 gm of Glucose) / Post Lunch	
2	Total Cholesterol	
	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	
4	S. Creatinine	
5	Blood Urea Nitrogen (BUN)	
6	Uric Acid	
7	S. Proteins	
	(a) Albumin	
	(b) Globulin	
	(c) AG Ratio	
8	S. Bilirubin	
	(a) Direct	
	(b) Indirect	
	(c) Total	
9	SGOT (AST)	
10	SGPT (ALT)	
11	GGTP (GGT)	
12	S. Alkaline Phosphatase	
13	S. Electrolytes	
14	HBSAg (Australian Antigen)	
15	VDRL	
16	S. Amylase	
17	Acid Phosphates	
18	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: LIC Code No: _____