

## LIFE INSURANCE CORPORATION OF INDIA

## Special Medical Report

Form No. LIC03 - 004

HAEMOGRAM

Zone	Division	Branch
Proposal No.		
Agent/D.O. Code:	Introduced by :	(name & signature)
Full Name of Life to be assured:		
Age/Sex :		

1. Red Blood Cell Count :
2. Hb% :
3. Hematocrit :
4. Indices :
- (a) MCV (Mean Corpuscular Volume)
- (b) MCH (Mean Corpuscular Hb)
- (c) MCHC (Mean Corpuscular Hb Concentration)
5. Morphology
 

Macrocytes:	Microcytes:	Hypochromia:
Poikilocytosis:	Anisocytosis:	
6. Target Cells

Spherocytes:	Eliptocytes:
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7. White Blood Cells
 

Total Count:	
<u>Differential Count</u> :	
a) Neutrophils:	c) Eosinophils:
b) Lymphocytes:	d) Monocytes:
e) Basophils:	
8. Platelets:
9. Erythrocytes Sedimentation rate:  
(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. :