

25 copies  
25 copies

~~25 copies~~

550/-

Type of Case: Fresh/Requirement/Revival

Rate:-

Branch No: 110

DATA SHEET

(To be submitted by agent along with the proposal form if services of TPA are required)

NAME OF THE LIFE PROPOSED Vikas Dagar Policy  
PROPOSAL NO. 157314/61

AGE OF THE LIFE PROPOSED 35 DATE OF BIRTH 12/02/1990 GENDER M

Sum Under Consideration (SUC) Rs. 2500000/-

Telephone No./ Mobile No. \_\_\_\_\_

E mail id: \_\_\_\_\_

SPECIAL REPORTS REQUIRED

- 1. FMR
- 2. ECG tracing with Report
- 3. FBS (Fasting blood Sugar)
- 4. Hb %
- 5. LIPOGRAM
- 6. HAEMOGRAM
- 7. ELISA for HIV
- 8. RUA
- 9. SBT-13
- 10. CTMT
- 11. HBA1C
- 12. CHEST X-RAY
- 13. 2D ECHO

14. ANY OTHER TEST(S) NA

Kindly arrange to get the above proponent medically examined under the TPA system.

Signature of Branch Official [Signature]  
1700CPS

Signature of the Agent  
Name [Signature]  
Agency Code \_\_\_\_\_  
Dev. Officer Code \_\_\_\_\_

भारतीय जीवन बीमा निगम  
शाखा कार्यालय-110  
दिल्ली नगर, प्लॉट नं. 17, 18, 19,  
एन एन रोड, (डी.डी. ऑफिस), मीरपुर,  
नया दिल्ली, धारा 130, 132, 133 वि.सं. 07



To,  
LIC of India  
Branch Office

Date: 21/11/2024

Proposal No. 157314161

Name of the Life to be assured VIKAS DAGAR

The Life to be assured was identified on the basis of AADAR CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

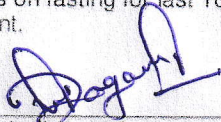


Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636

Signature of the Pathologist/ Doctor

Name: DR. HEMANT KAPOOR

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.



(Signature of the Life to be assured)

Name of life to be assured: VIKAS DAGAR

Reports Enclosed:

| Sr. No. | Reports Name                     | Sr. No. | Reports Name                             |
|---------|----------------------------------|---------|--|
| 1 ✓     | FMR                              | 9 ✓     | Lipidogram                               |
| 2       | Rest ECG with Tracing            | 10      | BST (Blood Sugar Test-Fasting & PP) Both |
| 3       | Haemogram                        | 11      | Hba1c                                    |
| 4 ✓     | Hb%                              | 12      | FBS (Fasting Blood Sugar)                |
| 5       | SBT-13                           | 13      | PGBS (Post Glucose Blood Sugar)          |
| 6 ✓     | Elisa for HIV                    | 14      | CTMT with Tracing                        |
| 7 ✓     | RUA                              | 15      | Proposal and other documents             |
| 8       | Chest X-Ray with Plate (PA View) |         |  |

16. Questionnaires: NO

17. Others (Please Specify) NO

Remarks of Health Assure PVT LTD

Authorized Signature, \_\_\_\_\_





**MEDICAL EXAMINER'S REPORT**  
Form No LIC03-001(Revised 2020)

Branch Code:  
Proposal/ Policy No: 157314161  
MSP name/code :  
Date & Time of Examination: 21/11/2024  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 7011 225676  
Identity Proof verified: AADHAAR CARD ID Proof No. XXXX XXXX 7818  
( In Case of Aadhaar Card , please mention only last four digits)

[ Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr HEMANT KAPOOR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India"

*(Signature)*

Signature/Thumb impression of Life to be assured  
(In case of Physical Examination)

|   |   |  |                     |
|---|---|--|---------------------|
| 1 | Full name of the life to be assured: <u>VIKAS BAGAR</u> |  |                     |
| 2 | Date of Birth: <u>12/02/1990</u>                        | Age: <u>34</u>   | Gender: <u>MALE</u> |
| 3 | Height (In cms): <u>177</u>                             | Weight ( in kgs ) : <u>112</u>   |                     |
| 4 | Required only in case of Physical MER                   |  |                     |
|   | Pulse : <u>80</u>                                       | Blood Pressure (2 readings):<br>1. Systolic <u>118</u> Diastolic <u>79</u> <u>③ 122/82</u><br>2. Systolic <u>120</u> Diastolic <u>80</u> |                     |

**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

|   |   |           |
|---|---|-----------|
| 5 | a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ?<br>b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?<br>c. Whether visited the doctor any time in the last 5 years ?<br>If answer to any of the questions 5(a) to (c) ) is yes -<br>i. Date of surgery/accident/injury/hospitalisation<br>ii. Nature and cause<br>iii. Name of Medicine<br>iv. Degree of impairment if any<br>v. Whether unconscious due to accident, if yes, give duration | <u>NO</u> |
| 6 | In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or <b>diagnostic tests</b> ?<br>Please specify date , reason ,advised by whom & findings.  | <u>NO</u> |
| 7 | Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.<br>If yes provide all investigation and treatment reports  | <u>NO</u> |



|    |  |    |
|----|--|----|
| 8  | <p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p> | NO |
| 9  | <p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>   | NO |
| 10 | Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?   | NO |
| 11 | Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?   | NO |
| 12 | Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?   | NO |
| 13 | Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?  | NO |
| 14 | Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?  | NO |
| 15 | Suffering or ever suffered from any <b>physical impairment</b> / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?   | NO |
| 16 | Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?  | NO |
| 17 | <p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>  | NO |
| 18 | Is there any <b>abnormality</b> of Eyes (partial/total blindness),Ears (deafness/ discharge from the ears), Nose, Throat or Mouth,teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?  | NO |
| 19 | Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS/Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)   | NO |
| 20 | Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.  | NO |

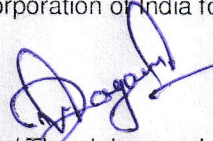


| For Female Proponents only |   | — NA — |
|----------------------------|---|--------|
| i.                         | Whether pregnant? If so duration.   |        |
| ii                         | Suffering from any pregnancy related complications  |        |
| iii                        | Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same |        |

|   |           |
|---|-----------|
| FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT<br>WHETHER LIFE TO BE ASSURED APPEARS MENTALLY<br>AND PHYSICALLY HEALTHY | FIT (YES) |
|---|-----------|

Declaration

You Mr/Ms VIKAS DAYAR declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.




Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the \_\_\_ day of 21/11/2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: NEW DELHI  
Date: 21/11/2024  
Stamp:

Signature of Medical Examiner  
Name & Code No:

  
 Dr. HEMANT KAPOOR  
 MD, DPB  
 Consultant Pathologist  
 DMC Regd. No. 36636





1441-A, WARD NO.-1, (Opp. R.H.T.C),  
NAJAFGARH, NEW DELHI-110043  
Tel : 011-25014099  
Mob : +91-8588864117 / 136  
Email : doctorsdiagnostic1996@gmail.com

**NABL**  
ACCREDITED LAB

# DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DPB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

u  
Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636



GPS Map  
Camera Life

445/1, Najafgarh Rd, Jatav Mohalla, Najafgarh, New Delhi, Delhi,  
110043, India

Latitude  
**61.38958°**  
Longitude  
**76.9852108°**  
Altitude 220 meters  
Thursday, 21.11.2024  
03:53:00 AM





भारत सरकार  
Government of India



विकास डगर  
Vikas Dagar  
जन्म तिथि/DOB: 12/02/1990  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

Aadhaar no. issued: 29/06/2011

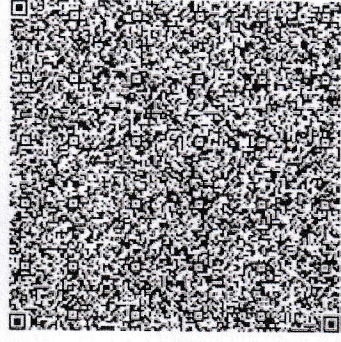


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O राजपाल सिंह, १०१, ओल्ड चौपाल चौक, पोस्ट  
ऑफिस उजवा, समस पुर खालसा, साउथ वेस्ट दिल्ली,  
दिल्ली - 110073

Address:  
S/O Rajpal Singh, 101, old chaupal chowk,  
post office ujwa, Samas Pur Khalsa, DIST:  
South West Delhi,  
Delhi - 110073



6513 9267 7818

मेरा आधार, मेरी पहचान

Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636



1947



help@uidai.gov.in



www.uidai.gov.in

6513 9267 7818

VID : 9138 8343 6536 4818

Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
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Website : www.doctorsdiagnosticcentre.in



# DDC DOCTORS DIAGNOSTIC CENTRE

Excellence In Diagnostics & Healthcare Services

Consultant Pathologist  
**DR. HEMANT KAPOOR**

Consultant Radiologist  
**DR. BIPUL BISWAS**

MD, DPB (Pathology)

MD (Radiology)

|           |                     |                  |                     |
|-----------|---------------------|------------------|---------------------|
| Lab NO    | 072411210002        | Sr.No            | 501                 |
| NAME      | MR.VIKAS DAGAR      | Ref. BY          | LIC                 |
| Age / Sex | 34 YRS/MALE         | Sample Coll DATE | 21/Nov/2024 09:32AM |
| S/O       | RAJPAL SINGH        | Approved ON      | 21/Nov/2024 04:36PM |
| DATE      | 21/Nov/2024 09:13AM | Printed ON       | 21/Nov/2024 04:37PM |

R A 980

| Test Name   | Result | Status | Bio. Ref. interval | Unit  |
|---|--------|--------|--------------------|-------|
| <b>HAEMATOLOGY</b>                                      |        |        |                    |       |
| <b>Haemoglobin, Whole Blood EDTA</b>                    |        |        |                    |       |
| Haemoglobin (Hb)<br><i>Method : Cyanmeth Photometry</i> | 13.7   |        | 13.00-18.00        | gm/dl |

DR. JAI PRABHAN  
MBBS, MD

Printed By: PUPATHOLOGIST

*Dr. Kapoor*  
DR. HEMANT  
MD, DPB  
PATHOLOGIST

*b*  
CHECKED  
TECHNICAL OFFICER

Page 1 of 5



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**DR. BIPUL BISWAS**

MD, DPB (Pathology)

MD (Radiology)

|                  |                            |                         |                            |
|------------------|----------------------------|-------------------------|----------------------------|
| <b>Lab NO</b>    | <b>072411210002</b>        | <b>Sr.No</b>            | <b>501</b>                 |
| <b>NAME</b>      | <b>MR.VIKAS DAGAR</b>      | <b>Ref. BY</b>          | <b>LIC</b>                 |
| <b>Age / Sex</b> | <b>34 YRS/MALE</b>         | <b>Sample Coll DATE</b> | <b>21/Nov/2024 09:32AM</b> |
| <b>S/O</b>       | <b>RAJPAL SINGH</b>        | <b>Approved ON</b>      | <b>21/Nov/2024 04:36PM</b> |
| <b>DATE</b>      | <b>21/Nov/2024 09:13AM</b> | <b>Printed ON</b>       | <b>21/Nov/2024 04:37PM</b> |

B A 980

| Test Name  | Result     | Status      | Bio. Ref. interval | Unit         |
|--|------------|-------------|--------------------|--------------|
| <b>BIOCHEMISTRY</b>                                |            |             |                    |              |
| <b>Lipid Profile</b>                               |            |             |                    |              |
| <b>Total Lipids</b>                                | <b>660</b> |             | <b>400-1000</b>    | <b>mg/dL</b> |
| <i>Method : Calculated</i>                         |            |             |                    |              |
| <b>Serum Triglycerides</b>                         | <b>190</b> | <b>High</b> | <b>0.0-150</b>     | <b>mg/dL</b> |
| <i>Method : Colorimetric-Lip/Gluceronol kinase</i> |            |             |                    |              |
| <b>Serum Total Cholesterol</b>                     | <b>184</b> |             | <b>0.0-200</b>     | <b>mg/dL</b> |
| <i>Method : Colorimetric - cholesterol oxidase</i> |            |             |                    |              |
| <b>Serum HDL Cholesterol</b>                       | <b>32</b>  | <b>Low</b>  | <b>40-60</b>       | <b>mg/dL</b> |
| <i>Method : Colorimetric:non HDL precipitation</i> |            |             |                    |              |
| <b>VLDL Cholesterol</b>                            | <b>38</b>  | <b>High</b> | <b>0-32</b>        | <b>mg/dL</b> |
| <i>Method : Calculated</i>                         |            |             |                    |              |
| <b>LDL Cholesterol</b>                             | <b>114</b> | <b>High</b> | <b>0-100</b>       | <b>mg/dL</b> |
| <i>Method : Calculated</i>                         |            |             |                    |              |
| <b>Cholestrol / HDL Ratio</b>                      | <b>5.7</b> | <b>High</b> | <b>3.0-4.4</b>     | <b>mg/dL</b> |
| <i>Method : Calculated</i>                         |            |             |                    |              |

**NOTE :- SERUM IS LIPAEMIC. IT MAY INTERFERE WITH TRIGLYCERIDE ESTIMATION.**

**KINDLY CORRELATE CLINICALLY.**

|                                    |                             |
|------------------------------------|-----------------------------|
| <b>Total cholesterol (mg /dL)</b>  |                             |
| <200                               | Desirable                   |
| 200-239                            | Borderline High             |
| >= 240                             | High                        |
| <b>HDL Cholesterol (mg/dL)</b>     |                             |
| <40                                | Low                         |
| >60                                | High                        |
| <b>LDL Cholesterol (mg /dL)</b>    |                             |
| <100                               | Optimal                     |
| 100-129                            | Near optimal /Above optimal |
| 130-159                            | Borderline High             |
| 160-189                            | High                        |
| >190                               | Very High                   |
| <b>Male Triglycerides (mg/ dL)</b> |                             |
| <150                               | Normal                      |

**DR. JAI PRABHAN**  
MBBS, MD

*Signature*  
**DR. HEMANT**  
MD, DPB  
PATHOLOGIST

*b*  
**CHECKED**  
TECHNICAL OFFICER



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Consultant Radiologist  
**DR. BIPUL BISWAS**

MD, DPB (Pathology)

MD (Radiology)

|                  |                            |                         |                            |
|------------------|----------------------------|-------------------------|----------------------------|
| <b>Lab NO</b>    | <b>072411210002</b>        | <b>Sr.No</b>            | <b>501</b>                 |
| <b>NAME</b>      | <b>MR.VIKAS DAGAR</b>      | <b>Ref. BY</b>          | <b>LIC</b>                 |
| <b>Age / Sex</b> | <b>34 YRS/MALE</b>         | <b>Sample Coll DATE</b> | <b>21/Nov/2024 09:32AM</b> |
| <b>S/O</b>       | <b>RAJPAL SINGH</b>        | <b>Approved ON</b>      | <b>21/Nov/2024 04:36PM</b> |
| <b>DATE</b>      | <b>21/Nov/2024 09:13AM</b> | <b>Printed ON</b>       | <b>21/Nov/2024 04:37PM</b> |

**B A 980**

|                                      |                 |
|--------------------------------------|-----------------|
| 150-199                              | Borderline High |
| 200-499                              | High            |
| >500                                 | Very High       |
| <b>Female Triglycerides (mg/ dL)</b> |                 |
| <150                                 | Normal          |
| 150-179                              | Borderline High |
| 180-450                              | High            |
| >450                                 | Very High       |
| <b>Cholesterol HDL Ratio</b>         |                 |
| 3.3-4.4                              | Low Risk        |
| 4.5-7.1                              | Average Risk    |
| 7.2-11.0                             | Moderate Risk   |
| >11.0                                | High Risk       |

**Interpretation:- Cholesterol:** There is a clear cut relationship between elevated serum cholesterol and myocardial infarction. At the tissue level it plays a prominent part in atherosclerotic lesions.

**Triglycerides:** Elevated levels are seen with overnight fast less than 12 hours, Non insulin dependent diabetes mellitus obesity, alcohol intake. Hyperlipidemias (specially types I, IV & V; > 1000), anabolic steroids, cholestyramine, corticosteroids amiodarone & interferon.

**HDL-cholesterol:** It is a cardioprotective cholesterol (good cholesterol). Patients with low levels of HDL are at increased risk for premature CHD. Decreased levels are seen in stress, starvation, obesity. Lack of exercise. Cigarette smoking, Diabetes mellitus, thyroid disorders and drugs like steroids, beta blockers, thiazides, progestins, neomycin and phenothiazines.

**LDL Cholesterol:** Major risk factors that modify LDL Goals are:

- \* Cigarette smoking.
- \* Hypertension (BP  $\geq$  140/90 or on antihypertensive medication)
- \* Low HDL cholesterol (<40 mg/dl)
- \* Family history of premature CHD (CHD in a male first degree relative <55 years / CHD in a female first degree relative < 65 years)
- \* Age (men  $\geq$ 45; women  $\geq$ 55= years).

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

**DR. JAI PRABHAN**  
**MBBS, MD**

*Ch Kapoor*  
**DR. HEMANT**  
**MD, DPB**  
**PATHOLOGIST**

*o*  
**CHECKED**  
**TECHNICAL OFFICER**



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|           |                     |                  |                     |
|-----------|---------------------|------------------|---------------------|
| Lab NO    | 072411210002        | Sr.No            | 501                 |
| NAME      | MR.VIKAS DAGAR      | Ref. BY          | LIC                 |
| Age / Sex | 34 YRS/MALE         | Sample Coll DATE | 21/Nov/2024 09:32AM |
| S/O       | RAJPAL SINGH        | Approved ON      | 21/Nov/2024 04:36PM |
| DATE      | 21/Nov/2024 09:13AM | Printed ON       | 21/Nov/2024 04:37PM |

R A 980

| Test Name | Result | Status | Bio. Ref. interval | Unit |
|-----------|--------|--------|--------------------|------|
|-----------|--------|--------|--------------------|------|

### SEROLOGY

|           |              |
|-----------|--------------|
| HIV - I*  | NON REACTIVE |
| HIV - II* | NON REACTIVE |

*Serum, Method Immunochromatography*

### COMMENTS :-

HIV Elisa is a screening procedure. Positive specimens should be retested using another method before diagnosis

DR. JAI PRABHAN  
MBBS, MD

Printed By: PUPATHOLOGIST

*Chapant*  
DR. HEMANT  
MD, DPB  
PATHOLOGIST

*b*  
CHECKED  
TECHNICAL OFFICER

Page 4 of 5





*Excellence In Diagnostics & Healthcare Services*

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MD, DPB (Pathology)

MD (Radiology)

|           |                     |                  |                     |
|-----------|---------------------|------------------|---------------------|
| Lab NO    | 072411210002        | Sr.No            | 501                 |
| NAME      | MR.VIKAS DAGAR      | Ref. BY          | LIC                 |
| Age / Sex | 34 YRS/MALE         | Sample Coll DATE | 21/Nov/2024 09:32AM |
| S/O       | RAJPAL SINGH        | Approved ON      | 21/Nov/2024 04:36PM |
| DATE      | 21/Nov/2024 09:13AM | Printed ON       | 21/Nov/2024 04:37PM |
| B A 980   |                     |                  |                     |

| Test Name | Result | Status | Bio. Ref. interval | Unit |
|-----------|--------|--------|--------------------|------|
|-----------|--------|--------|--------------------|------|

### CLINICAL PATHOLOGY

#### URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine

##### Physical Examination

|                         |             |  |               |    |
|-------------------------|-------------|--|---------------|----|
| Quantity                | 15          |  |               | ML |
| Colour                  | PALE YELLOW |  | Pale yellow   |    |
| Transparency            | CLEAR       |  | Clear         |    |
| Reaction                | ACIDIC      |  |               |    |
| Specific Gravity, Urine | 1.010       |  | 1.010 - 1.025 |    |

##### Chemical Examination

|                        |               |  |               |  |
|------------------------|---------------|--|---------------|--|
| Urine Protein          | NIL           |  | Nil           |  |
| Reducing Sugar (Urine) | NIL           |  | Nil           |  |
| Urine Bilirubin        | ABSENT        |  | Absent        |  |
| Blood                  | ABSENT        |  | Absent        |  |
| Urobilinogen           | NOT INCREASED |  | Not Increased |  |
| Nitrate                | ABSENT        |  | Absent        |  |

##### Microscopic Examination:

|                  |     |  |            |      |
|------------------|-----|--|------------|------|
| Pus Cells.       | 2-4 |  | 0-4        | /HPF |
| RBCs             | NIL |  | NIL        |      |
| Casts            | NIL |  | NIL        |      |
| Crystal          | NIL |  | Nil        |      |
| Epithelial Cells | 1-2 |  | Occasional |      |

\*\*\* End Of Report \*\*\*

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-3237; Validity till 03/01/2025



DR. JAI PRABHAN  
MBBS, MD  
PATHOLOGIST

*Signature*  
DR. HEMANT  
MD, DPB  
PATHOLOGIST

*b*  
CHECKED  
TECHNICAL OFFICER

Printed By: PUPATHOLOGIST

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