

PROP. NO.

6353

S. NO. NAME

: 110112

REF. BY

MR. SANYAM SOBTI

: MR. : LIC

Date

LIC

ate :

OCTOBER, 24, 2024

## SEROLOGY

Test Name

:Human Immunodeficiency Virus I&II {HIV}(Elisa method)

Result

:

:

"Non-Reactive"

Normal-Range

"Non-Reactive"

Test Name

:Hepatitis B Surface Antigen {HbsAg}} (Elisa method)

Result

:

"Non-Reactive"

Normal-Range

"Non-Reactive"

\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*\*

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH) REGD-NO. 19702 Consultant Pathologist

AGE/SEX - 26/M





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#### HAEMATOLOGY

Test		Result	Units
Glycosylated Haemoglobin (HbA1c)		5.45	%
INTERPRETATION	¥	5.0 - 6.7	
Normal			
Good Diabetic Control	4	6.8 - 7.3	
Fair Control		7.4 - 9.1	
Poor Control		more than	19.1
roor Comroi			

Note: - Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

\*\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*

Please correlate with clinical conditions.

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AGE/SEX - 26/M



7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico – legal cases.



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## **HAEMOGRAM**

	Units Norm	al Range
15.01	gm/dl	12-18
91.40	mg/dl	70-115
53.50	mg/dl mg/dl mg/dl mg/dl mg/dl mg/dl gm% gm% gm% gm% IU/L IU/L	130-250 35-90 0-160 35-160 0.5-1.5 06-21 3.2-5.50 2.00-4.00 6.00-8.5 0.5-3.2 0.00-0.3 0.1-1.00 0.1-1.3 00-42 00-42 00-60
	91.40 145.30 64.30 101.90 96.20 0.68 13.20 4.7 3.2 7.9 1.46 0.2 0.6 0.8 29.31 28.20	91.40 mg/dl  145.30 mg/dl  64.30 mg/dl  101.90 mg/dl  96.20 mg/dl  0.68 mg/dl  13.20 mg/dl  4.7 gm%  3.2 gm%  7.9 gm%  1.46  0.2 mg/dl  0.6 mg/dl  0.8 mg/dl  0.8 mg/dl  29.31 IU/L  28.20 IU/L  53.50 IU/L

# \*\*\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*\*

Please correlate with clinical conditions.



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Cotinine

Test

Result

Cotinine

NEGATIVE

#### Cotinine Levels

<10 ng/mL - Non-active smoker.</li>

10 ng/mL to 100 ng/mL – Light smoker or moderate passive exposure.

>200 ng/mL – Considered to be hea

vy smokers

NOTE: We are using Nano Card method in Urine cotinine. In This method only Negative & Positive values are there.

Cotinine test is a <u>rapid, self-controlled</u> immunoassay for the <u>qualitative detection of cotinine</u> in human <u>urine</u>. Cotinine is a primary metabolite of nicotine and remains in the body of habitual tobacco users for approximately 17 hours..

\*\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*

Please correlate with clinical conditions.



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REGD NO. 19702

Wonsultant Pathologist

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# ROUTINE URINE ANALYSIS

## PHYSICAL EXAMINATION

Quantity 20.ml Colour P. YELLOW Transparency Clear Sp Gravity 1.011

### CHEMICAL EXAMINATION

Reaction ACIDIC Albumin /HPF Nil Nil. /HPF Reducing Sugar

#### MICROSCOPIC EXAMINATION

Pus Cells/WBCs 0-1. /HPF RBCs Nil. /HPF . 0-1. /HPF Epithelial Cells : Casts Nil. : Nil. /HPF Crystals : Bacteria Nil. .

Others Nil.

\*\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*\*

Please correlate with clinical conditions.



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To, LIC of India Branch Office			Date:	24/10/2024
Proposal No	6353			
Name of the Life to	be assured	MAYHA2	LOBTI	
The Life to be assu	ured was identifie	ed on the basis of		
I have satisfied my examination for who presence.	self with regard in the self with reports are e	enclosed. The Life to I	r. BINDU	J
Signature of the P	athologist/ Doc	tor	Reg No33435	5
Name:				
I confirm, I was on with my consent.	nm., south		Examination / tests as	s mentioned below were done
Name of life to be	accurad:			

## Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	460	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM	+1	BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT- 13)	467	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		нь%	467
ELISA FOR HIV		Other Test MBAIC	loct

# Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





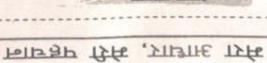


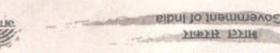




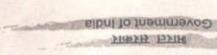


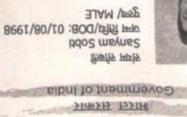






आहार, मेरी पहचान 5221







Issue Date: 25/08/2013



# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone:

Division:

Proposal No.:

6353

Branch:

Full Name of Life to be assured:

MAKHAZ

LORTI

Age/ Sex:

Instructions to the Cardiologist: 26 7 5 )m

Please satisfy yourself about the identity of the examiners to guard against i. impersonation

The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.

The base line must be steady. The tracing must be pasted on a folder. iii.

Rest ECG should be 12 leads along with Standardization slip, each lead with minimum iv. of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

#### DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_ given by me to LIC of India.

Witness

Sarjesikh Signature or Thumb Impression of L.A.

Note: Cardiologist is requested to explain following questions to L.A. and to note the answers

Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N

Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney

Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test iii. done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this

24/10/2004

Signature of the L.A.

Signature of the Cardiologist Cardiologist's Name & Address

Qualification:

# Clinical findings (A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate	
165	79	116   82	78/4	

)	Cardiovascular System	(0)		
			*	1 363
st E	ECG Report:		> V	•
122	Position	Soprin	P Wave	0
	Standardisation Imv	0	PR Interval	a
	Mechanism	(9	QRS Complexes	0
	Voltage	6	Q-T Duration	0
	Electrical Axis	0	S-T Segment	a
	Auricular Rate .	78/4	T –wave	100
	Ventricular Rate	781-	Q-Wave '	0
	Rhythm	Regular		1
	Additional findings, if any.	1		+

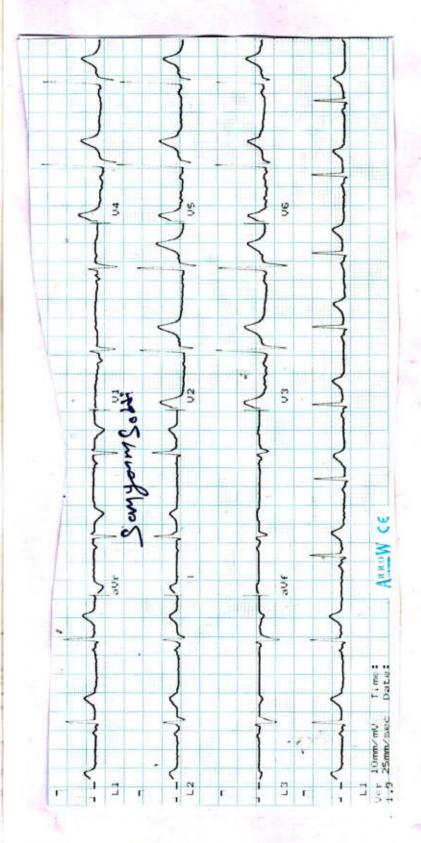
Conclusion: ECG-WAL

. 24/16/20094 the day of 20....

at.1.23. a.m./p.m./



Signature of the Cardiologist Name & Address: Qualification:



AGE=> 2676)M ECC-WAL ECC-WAL DATES 24/10/2024





