



_____ DIVISION

Proposal No. _____ Age _____ Years

Name of the Life to be Assured _____
(IN BLOCK LETTERS)

EXAMINATION OF SPUTUM

Quantity _____ Blood _____ Consistency _____

Reaction _____ Layer Formation _____

COVER SLIP

ELASTIC TISSUE _____

Red Blood Cells _____

Pus Cells _____

MORPHOLOGICAL EXAMINATION

(a) GRAM STAIN :-

(b) LEIHMAN STAIN (for eosinophilia) :-

Eosinophils _____

(c) Z.N. METHOD : (direct & Concentration) :

Dated at _____ -on this _____ day of _____ 20 _____

Signature of the Life to be Assured

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No.

**I Certify that the proposer / LA has put his /her
Signature alongside in my presence**

Signature of the Pathologist
Name:
Address:
Qualification:
Code No: