



REPORT OF EXAMINATION OF STOOL

Proposal No. _____
 Full Name of the Life to be Assured _____ Age _____
 (IN BLOCK LETTERS)

Specimen examined:
 (i) Whether natural or passed after saline _____ (ii) Time _____

Microscopic Examination:

Colour _____	Form & Consistency _____
Odour _____	Mucus _____
Blood (Gross) _____	Parasites _____
Instestinal Sand _____	Gall Stones _____

Chemical Examination

Reaction _____	Bile _____
Blood (occult) _____	Stercobilin _____

Microscopical Examination :

Ova _____	Fat _____
Protozoa _____	Striped muscle fibres _____
Amoebae _____	Starch (Undigested) _____
Flagellates _____	Vegetable fibres _____
Erythrocytes _____	Crystals _____
Pus Cells _____	Mucus cells _____
Leucocytes /Eosinophils _____	Yeast _____
Macrophages _____	
Epithelium _____	

Concentration Method for Ova:

Ova
 Z.N.Method _____
 Due Date _____ Time _____ Disposal _____

Dated at _____ on the _____ 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: _____

N.B.: The pathologist should insist on the proposer signing on this form in his presence. A form on which the proposer has already put his signature should not be used.