



HAEMOGRAM

Zone: _____ Division : _____ Branch: _____
 Proposal No. _____ Name of Life to be Assured: _____ Age / Sex _____

1.	Red Blood Cell Count	
2.	HB %	
3.	Haematocrit	
4.	Indices (a) MCV (Mean Corpuscular Volume) (b) MCh (Mean Corpuscular Hb) (c) MCHC (Mean Corpuscular Hb Concentration)	a) b) c)
5.	Morphology Macrocytes: Poikilocytosis:	Microcytes: Anisocytosis: Hypochromia:
6.	Target Cells Spherocytes:	Eliptocytes:
7.	White Blood Cells: Total Count: Differential count: 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 _____ 20 _____ at _____ am / pm

<p>_____ Signature of the Life to be Assured</p> <p>_____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No. _____</p>	<p>I Certify that the proposer / LA has put his /her Signature alongside in my presence</p> <p>_____ Signature of the Pathologist Name: _____ Address: _____ Qualification: _____ Code No: _____</p>
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