

# Laboratory Test Results Sheet

Term Insurance Medical Underwriting

Applicant Name  
Date of Birth  
Policy Number  
Date of Test  
Gender  
Physician/Examiner  
Lab Name  
Lab Reference No.

## Test Results

| Test                                 | Result | Reference Range              | Remarks |
|--------------------------------------|--------|------------------------------|---------|
| Fasting Blood Sugar (FBS)            |        | 70 - 100 mg/dL               |         |
| Hemoglobin                           |        | M: 13-17 g/dL, F: 12-16 g/dL |         |
| Urine Routine (Protein, Sugar, etc.) |        | Nil/Negative                 |         |
| Serum Creatinine                     |        | 0.7-1.3 mg/dL                |         |
| SGPT/ALT                             |        | 7-56 U/L                     |         |
| HIV (I & II)                         |        | Non-reactive                 |         |
| HbsAg                                |        | Negative                     |         |
| Other (Specify)                      |        |                              |         |

## Remarks / Comments

Examiner/Lab Technician Signature

Date

Applicant Signature