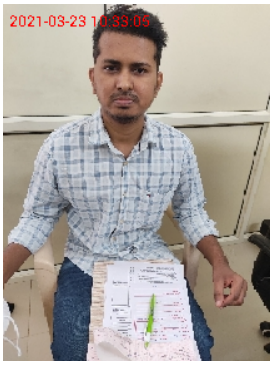
Health India TPA Services Pvt. Ltd.

Client's Photo with Application Details.

Health India Control No.	ICICI/079/010989
Insurance Company	ICICI Prudential Life Insurance
Proposal Number	OS16485297
Master Policy Number	OS16485297
Applicant Name	DEEPAK KUMAR
Provider Number	11883
Provider Name	NATIONAL DIAGNOSTICS CENTRE
Appointment Number	8606550
Appointment Date	23/03/2021



FOR HEALTH INDIA TPA SERVICES PVT. LTD.

Authorised Signatory

Check List for ICICI Prudential Life

HI/ CL_2.0 / 2017-18

Application No:	OS16485297	Home Visit:	Yes
Name of Client:	DEEPAK KUMAR	Name of DC :	NATIONAL DIAGNOSTICS CENTRE
Appt. Date:	23/03/2021	Reports Recd. Date: 23/03/2021	Dispatched Date: 23/03/2021

Consent letter / Feedback form		Client & DC & Doctor stamp / signature on Photo copy of ID Proof			
Counter Signature				Client's sign on MER / ECG / TMT	
Dr Reporting on ECG				Original MER only	

0

Medical Tests

Ins. Name :- S13,MER,ECG,RUA,CBC,HV1,H1C,AUS,COT

H.I Name :- HBA1C, MER, ECG, RUA ,HIV ,AUS ,CBC, S13(LIPID-T.CHOL, HDL, LDL,RATIO, TRIG, RBS,S.CREA, LFT-SGOT, SGPT, GGT, T.BILI(DIRECT INDIRECT), T.PROT, ALBUMIN, GLOBULIN, A/G RATIO), Urine Cotinine

[ ] CBC: CBC&ESR AND ESR		[ ] ECG			[ ] TMT		
[ ] CNS QUEST	[ ] CXR	[ ] Hbsag	[ ] HIV	[ ] GGTP	[ ] FBS	[ ] ESR	[ ] LIP
[ ] ICICI-Cat-1: MER		[ ] ICICI--Cat-2: MER, ECG, RUA, LIPID FBS					

[ ] ICICI--Cat-3: MER, ECG, RUA S12(LIPID-T.CHOL, HDL, LDL,RATIO, TRIG, RBS,S.CREA, LFT-SGOT, SGPT, GGT, T.BILI(DIRECT INDIRECT), T.PROT, ALBUMIN, GLOBULIN, A/G RATIO)

[ ] ICICI--Cat-4: MER, ECG, RUA CBC S12(LIPID-T.CHOL, HDL, LDL,RATIO, TRIG, RBS,S.CREA, LFT-SGOT, SGPT, GGT, T.BILI(DIRECT INDIRECT), T.PROT, ALBUMIN, GLOBULIN, A/G RATIO)

[ ] ICICI--Cat-5: MER, ECG, RUA ,HIV ,AUS ,S12(LIPID-T.CHOL, HDL, LDL,RATIO, TRIG, RBS,S.CREA, LFT-SGOT, SGPT, GGT, T.BILI(DIRECT INDIRECT), T.PROT, ALBUMIN, GLOBULIN, A/G RATIO)

[ ] ICICI--Cat-6: MER, ECG, RUA ,HIV ,AUS ,CBC, S12(LIPID-T.CHOL, HDL, LDL,RATIO, TRIG, RBS,S.CREA, LFT-SGOT, SGPT, GGT, T.BIL

[ ] ICICI--Cat- 7: MER, TMT, RUA ,HIV ,AUS ,CBC, S12(LIPID-T.CHOL, HDL, LDL,RATIO, TRIG, RBS,S.CREA, LFT-SGOT, SGPT, GGT, T.BILI(DIRECT INDIRECT), T.PROT, ALBUMIN, GLOBULIN, A/G RATIO)

[ ] ICICI--Cat-8: MER, TMT, RUA ,HIV ,AUS ,CBC, CXR, S12(LIPID-T.CHOL, HDL, LDL,RATIO, TRIG, RBS,S.CREA, LFT-SGOT, SGPT, GGT, T

[ ] LFT	[ ] MER	[ ] PFT	[ ] Others: _____
[ ] PGB	[ ] RUA	[ ] TFT	[ ] USG

[ ] S 12: Lipids - Total Cholesterol, HDl, LDL, Lipid ratio, Triglyceride, RBS, Serum creatinine, LFT - SGOT, SGPT, GGT, Serum, Bilirubin total, Serum Bilirubin Direct, Serum Bilirubin Indirect, Total protien, Albumin, Globulin, A/G ratio.

Note: If at all GGT is not possible for any particular reason then we can accept as an exception Alkaline Phosphate and Uric acid.

Signed By :	Stamp:
Signature :	

Version: HI / 2.0 / 2013-14

ICICI PRUDENTIAL LIFE INSURANCE

MEDICAL EXAMINATION REPORT (MER)

Application No. : 051648297 Examinee Name: Mr./Mrs./Ms. Deepak Kumar

This report is strictly confidential & should NOT be discussed/revealed/handed over in original or photocopy to anyone.

Examination Date: 23/03/2021 Place: - Clinic ☒ Residence/Office ☐ Time: 10:30 am

Mark Of Identification: Mole/Scar /Any Other (Specify location) mole on (R) side Ring Finger

Date of Birth: 22 DD 01 MM 1996 YYYY Gender: Male ☑ Female ☐ Examinees Contact no.

Photo ID checked: Passport / Election ID / Pan Card / Driving License / Credit Card with photo / Recognized Club card / Co. ID card / Any other Details of photo ID checked FWWPK4652M

Measurements:

Height: 174 cms Weight: 71 kgs Waist: 93 cms Hip: 97 cms

Blood Pressure: Initial 132 Systolic / 90 Diastolic

(**If>140/90**, pls record **3** reading with intervals of 5 mins each)

1. _____ 2. _____ 3. _____

Pulse rate and character: 69/min, Regular

Habits & Addictions: NO

TYPE	QUANTITY PER (DAY/WEEK/MTH)	DURATION
Cigarettes/Beedis/Cigar		
Gutkha/Snuff/Paan etc	no	
Beer/Wine/Hard Liquor		

Family History & Health Status:

RELATION	AGE IF LIVING	HEALTH STATUS	IF DECEASED, AGE AND CAUSE OF DEATH
FATHER	57	Healthy	
MOTHER	49	HTN since 10 yrs.	
BROTHER (s)	18	Healthy	
SISTER (s)	23	Healthy	

If answers to any of the questions below are "Yes", please provide details for each condition as follows: 1) Question No; diagnosis &date of diagnosis. 2) Name & Address of the treating doctor / hospital. 3) Duration of illness/ injury and date of recovery. 4) Is the examinee still under treatment? 5) Nature of test/s done and results.

PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
1) Are you the examinees medical attendant? If yes, since _____ year(s).	☐	☑	If answer is yes, please provide details as per the questions mentioned above (Kindly attach separate sheet for details, if required)
2) a) Is there any abnormality or deformity or disorder in general appearance?	☐	☑	
b) Describe Build - Normal / thin / muscular / obese / stocky	☑	☐	
c) Has there been any significant weight gain or weight loss recently?	☐	☑	
3) Whether in the past, the examinee:			
a) Has been hospitalized for Accident/ Medical treatment / Surgery (If Yes, details pls)	☐	☑	
b) Has he undergone any Path tests (Including HIV and HBsAg) / Radiological tests /Cardiological tests / USG / 2 D Echo / CT scan/MRI/Mammogram or any other tests (Please specify date/reason/ findings)	☐	☑	
c) Underwent surgery , if yes, please specify: i) The year and nature of operation & diagnosis ii) Location of the scar, size & condition of the scar. iii) Degree of impairment, if any	☐	☑	
4) Has the examinee or his / her spouse been tested positive or is under treatment for **HIV / AIDS** / Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	☐	☑	
5) Mouth, Eyes, Ears, Nose and Throat: a) Is there any evidence of **oral cancer or leukoplakia**?	☐	☐	
b) Any history of ear discharge / perforation / nose bleed or any other ear / nose / throat abnormality	☐	☑	
c) Any history of error of refraction or evidence of eye / retinal abnormality or **Cataract**	☑	☐	Both eye fetal since 2015
6) a) Is there any history of seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches?	☐	☑	
b) Is there any evidence of paresis, paralysis, abnormal gait, speech, wasting, involuntary movements, pupillary reflexes?	☐	☑	
7) CVS: a) History of exertional dyspnoea, arrhythmia, peripheral vascular disease?	☐	☑	
b) Any evidence of gallop, carotid bruit, raised JVP, pedal edema, gross pallor?	☐	☑	
c) Is murmur present? If yes, please give the extent, grade point of maximum intensity and conduction and the probable diagnosis.	☐	☑	
d) Any history of Stenting, PTCA, CABG, Open Heart Surgery?	☐	☑	

PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
8) a) Any history of breathlessness, wheezing cough, bronchitis, asthma, TB? b) Any evidence of rhonchi, rale, emphysema?	☐ ☐	☑ ☑	If answer is yes, please provide details as per the questions mentioned on earlier page (Kindly attach separate sheet for details, if required)
9) a) Is the examinee on treatment for hypertension? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? **b) Is there any evidence of end organ damage?**	☐ ☐	☑ ☑	
10) a) Is examine suffering from Diabetes? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? **b) Is there any evidence of end organ damage?**	☐ ☐	☑ ☑	
11) GI System - Is there: a) **Any history of hernia, disease of liver, gall bladder (like stones etc.), pancreas, stomach, intestines?** b) Any evidence of organomegaly in abdominal pelvis &/or presence of free fluid c) Any history of piles, fissure, fistula, ulcerative colitis? d) Any history of jaundice? If yes, any viral markers done?	 ☐ ☐ ☐ ☐	 ☑ ☑ ☑ ☑	
12) **GU System**: Has the examinee suffered or is suffering from diseases like stones, infections etc. of **kidney**, ureter, urinary bladder or urethra?	☐	☑	
13)Is there any evidence of Endocrine, thyroid dysfunction? If yes, please give details	☐	☑	
14) Any history of arthritis / fracture / joint surgery / hyperuricemia / gout?	☐	☑	
15) a) Any evidence of psoriasis, eczema, varicose veins or xanthelsma? b) Any operative / non operative significant scars - burns, injuries.	☐ ☐	☑ ☑	
16) Are there any abnormalities in testes relating to location, size and consistency? (Please do a physical examination only in case of suspicion)	☐	☑	
17) a) Is there any history of evidence of cancer, tumor, growth or cyst? **b) Has examinee suffered from significant enlargement of lymph glands?**	☐ ☐	☑ ☑	
18) a) Is there any history of anxiety / stress / depression / psychosis. b) Was the examinee treated for any psychiatric ailment? If so, give details about medication given and absenteeism from work, if any	☐ ☐	☑ ☑	
19) **Is the examinee currently under any form of medication?**	☐	☑	
20) **FOR FEMALE EXAMINEE ONLY:** a) Any adverse menstrual history and LMP? b) Any history of miscarriage, abortion, MTP, gestational HT/DM? If yes give details. c) Is she now pregnant? If yes, number of weeks _____ **d) Do you suspect any disease related to breast on history?** (Please do a physical examination only in case of suspicion) e) Any reason to suspect disease of pelvic organs on history? Please mention your suspicion (no need for internal examination) **f) Has she undergone any of these tests: pap smear, mammogram or ultrasound of pelvis?** If yes, please give details of date, reason and result.	 ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐	

EXAMINEES DECLARATION: - I declare that the answers to the above questions are true, and that I have not withheld any material information and I understand that the answers given by me to each of the questions in the proposal and MER shall be the basis of the contract for the assurance on my life with ICICI Prudential Life Insurance Company Ltd.

Deepak **Signature / Thumb Impression of Examinee**	**Signature of person accompanying minor life & Relation**	23/03/21 AB01 **City**

EXAMINERS DECLARATION: - I hereby declare that the examinee has signed / affixed his / her thumb impression in my presence

Signature of the Medical Examiner	Dr. NAYAN PAUNIKAR M.D. Physician 020 **Rubber Stamp with ME code**	**ME Name and Qualification**

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER:-

Was the examinee co-operative? (YES / NO) Yes

In your opinion, is there anything about the examinees health, lifestyle or character which might unfavorably affect insurability or any points on which you suggest further information be obtained? No

Any other remarks e.g: - your clinical impression, suggestions, recommendations No

NATIONAL DIAGNOSTIC CENTER
209, GANESH PLAZA COMPLEX,
AJIT MILL CHAR RASTA, RAKHIYAL,
AHMEDABAD-380023

COVID-19 declaration for physical medicals

ICICI PRUDENTIAL LIFE INSURANCE

Application number: 0511648552 97 **Date** 23/03/2021

Name of life to be assured: DEEPAK KUMAR

- I, the above named applicant, hereby declare and give my approval to conduct medical tests with regards to my proposal to purchase a life insurance policy from ICICI Prudential Life Insurance Company Ltd. ("Company") through Home/Centre visit.
- I certify, represent and warrant as follows:

  I have not:

  1. Tested positive with COVID-19 or its symptoms
  2. Been identified as a potential carrier of COVID-19 and/or any of its symptoms;
  3. Experienced any symptoms commonly associated with COVID-19
  4. Been in direct contact with or the immediate vicinity of any person I knew and/or now know to be infected with the COVID-19
  5. Been in any location positively designated as hazardous and/or potentially infected with COVID-19
- I further affirm and declare that the answers to the above questions are true, correct and complete to the best of my knowledge.
- I understand and declare that I have read and understood the nature of the above questions, and the guidelines shared by the Company to prevent spread/carry/catching of COVID-19. Further, I am aware of the risks associated with undergoing medical tests/examination either through Home/Centre visit, and understand/agree that the Company shall not be held liable in any manner for any act or omission with respect to undergoing medical tests.
- I will take all reasonable preventive steps that may be recommended by the Company and further agree and undertake to notify the Company of any change in my health status, including diagnosis/or quarantine.

This application shall form a part of my life insurance policy contract, in case of acceptance by the Company.

Signature of Life Assured: Deepak

Place: Ahmedabad

Signature of witness: _____

(Note: To be witnessed by someone other than the advisor/employee of the Company)

Dr. NAYAN PAUNIKAR
M.D. Physician
G-20020

NATIONAL DIAGNOSTIC CENTER
209, GANESH PLAZA COMPLEX,
AJIT MILL CHAR RASTA, RAKHIYAL,
AHMEDABAD-380023

Medi India Insurance TPA Services Pvt. Ltd. Ahmedabad

Feedback – Pre Policy Life Insurance Medical Checks

This is to confirm & certify that I have gone through the medical examination through Medical Center NDC situated at Abad / Home Visit on 28/03/2024 to complete the requisite medical formalities towards my application for life insurance from ECLGF Insurance Company vide Proposal Form bearing no _____ dated .....

I do confirm specifically that the following medical activities have been performed for me:

1. Full Medical Report (Medical Questionnaire) — Yes ☑ No ☐
2. Sample Collection
   a. Blood — Yes ☑ No ☐
   b. Urine — Yes ☑ No ☐
3. Electro Cardio Gram (ECG) — Yes ☑ No ☐
4. Treadmill Test (TMT) — Yes ☐ No ☑
5. Others _____

I have furnished my ID Proof Pan Card bearing ID No. ATkarm at the time of my medical.

Feedback Form

- **Behavior and cooperation of staff**
  - Reception/ Clinic/ Hospital — ☑ Good ☐ Average ☐ Poor
  - Technician/ Doctors — ☑ Good ☐ Average ☐ Poor
- **Time Management** — ☑ Good ☐ Average ☐ Poor
- **Upkeep of hospital** — ☑ Good ☐ Average ☐ Poor
- **Technology & Skills** — ☑ Good ☐ Average ☐ Poor
- **Please remark if the medical check procedure was satisfactory** — Yes ☐ No ☐

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour etc.)

- **If No please provide details or let us know of anything additional you would like to provide as comments and / or suggestions**

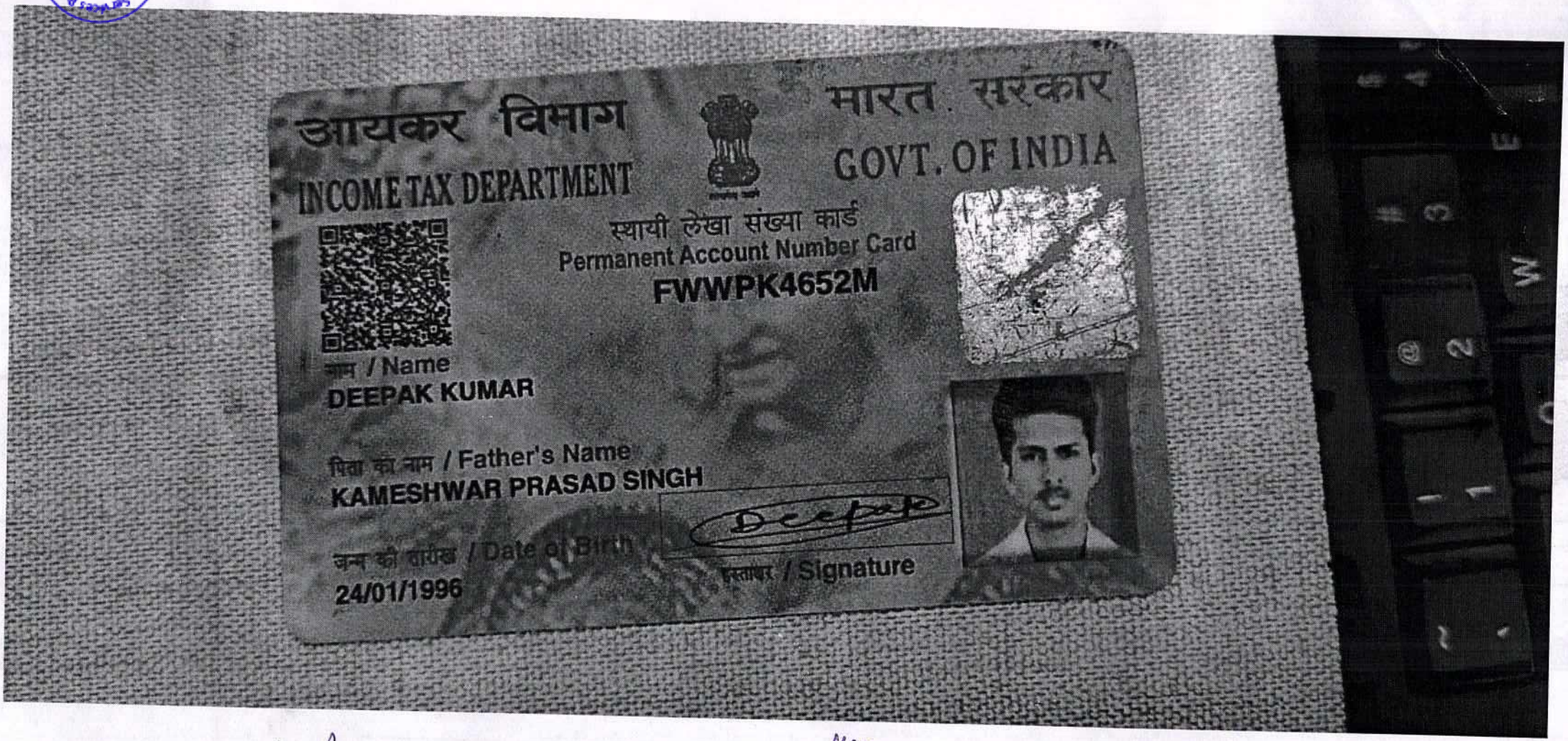
.....

Deepak

Signature of the Life to be Insured (Proposer in case of Life insured being minor)	Dr. NAYAN PAUNIKAR M.D. Physician G-20020 Signature of Visiting/Attending Doctor
Deepak Kumar Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)	Name of Visiting/Attending Doctor
	MC Registration No: _____
	Doctor Stamp with date

Max India Insurance TPA Services Pvt. Ltd. Ahmedabad

NATIONAL DIAGNOSTIC CENTER
209, GANESH PLAZA COMPLEX,
AJIT MILL CHAR RASTA, RAKHIYAL,
AHMEDABAD-380023



Dr. NAYAN PAUNIKAR
M.D. Physician
G-20020

NATIONAL DIAGNOSTIC CENTER
209, GANESH PLAZA COMPLEX,
AJIT MILL CHAR RASTA, RAKHIYAL,
AHMEDABAD-380023

NATIONAL DIAGNOSTIC CENTER

DATE: 23/03/2021

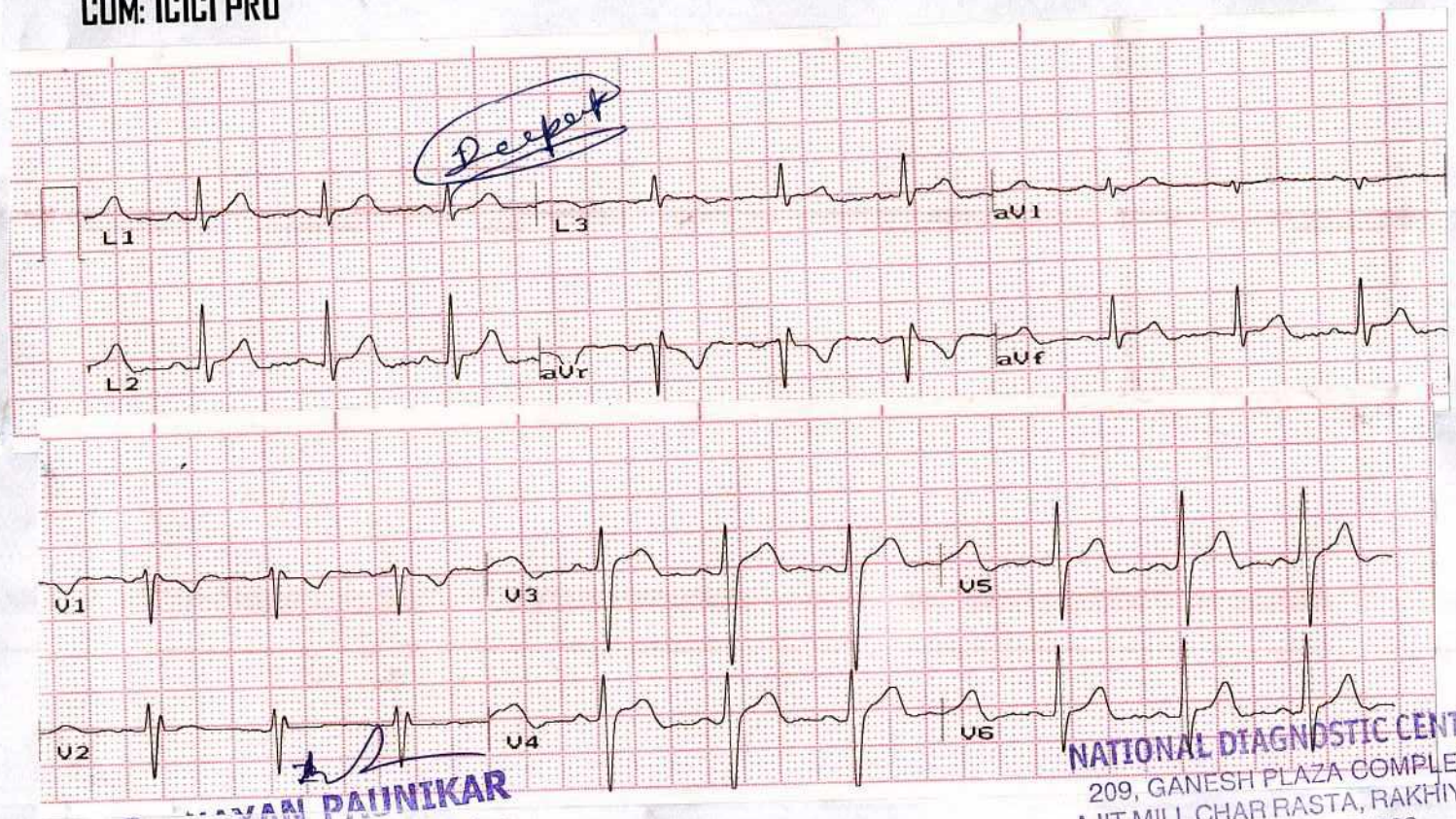
NAME: DEEPAK KUMAR

COM: ICICI PRU

AGE: 25 YRS

G: MALE

BP: 132/70



ECG: NSR / WNL
Axis: Normal
Rate: 88/min

M.D. Physician
G-20020

NATIONAL DIAGNOSTIC CENTER
209, GANESH PLAZA COMPLEX,
AJIT MILL CHAR RASTA, RAKHIYAL,
AHMEDABAD-380023

NATIONAL DIAGNOSTIC CENTRE

ISO - 9001 - 2015

Name: DEEPAK KUMAR
Ref. By: ICICI PRU.
Ref. No. NDC-6406

Age: 25 Yrs. Sex: Male
Date: 23/03/2021

COMPLETE BLOOD COUNT

TEST		RESULT	UNIT	REFERENCE RANGE
Hemoglobin	:	14.2	g/dl	[M: 13.0 - 17.0] [F: 11.0 - 16.0]
Total WBC Count	:	7200	/cmm	[4,000 - 10, 000]
Total Platelet Count	:	274,000	/cmm	[150,000 - 500,000]
Differential Leucocyte Count:				
Polymorphs	:	53	%	[50.0 - 80.0]
Lymphocytes	:	38	%	[25.0 - 50.0]
Eosinophils	:	03	%	[0.0 - 5.0]
Monocytes	:	06	%	[2.0 - 10.0]
Basophils	:	00	%	[0.0 - 2.0]
Blood Indices:				
Total RBC Count	:	4.87	mill/cmm	[M: 4.5 - 6.5],[F: 3.8 - 5.8]
PCV	:	41.8	%	[M:40.0 - 54.0],[F:37.0 - 47.0]
MCV	:	85.8	fl	[80.0 - 100.0]
MCH	:	29.2	pg	[27.0 - 32.0]
MCHC	:	34.1	g/dl	[32.0 - 36.0]
RDW	:	10.6		
Malarial Parasit	:	No Blood Parasite are seen		
Erythrocyte Sedimentation Rate:[E.S.R.Westergren Method]:				
After 1 hour	:	8	mm	[M :0 -15] [F :0 - 20]
RBC	:	RBCs are Normochromic and Normocytic		
WBC	:	Normal		

M.D. PATHOLOGY
DR. DHARMESH RATHOD
REG - G - 42567

2nd Floor, 209, Ganesh Plaza, Nr. Shell Petrol Pump, Ajit Mill Char Rasta, Rakhiyal, Ahmedabad-23.
M. : 9913622670 | E-mail : ndc.ahmedabad@gmail.com

Name: DEEPAK KUMAR
Ref. By: ICICI PRU.
Ref. No. NDC-6406

Age: 25 Yrs. Sex: Male
Date: 23/03/2021

BIO-CHEMICAL INVESTIGATION

TEST		RESULT	UNIT	REFERENCE RANGE
Renal Function Test				
S. Creatinine	:	0.88	mg/dl	[0.6 - 1.4]
Liver Function Test				
GGT	:	23.6	U/L	[M: 8-61] [F: 5-36]
SGPT (ALT)	:	21.5	U/L	[M:0.0 - 41.0] [F:0.0 - 31.0]
SGOT (AST)	:	20.0	U/L	[M:0.0 - 38.0] [F:0.0 - 32.0]
S.Billirubin				
Total	:	0.70	mg/dl	[00-1.0]
Direct	:	0.43	mg/dl	[00-0.65]
Indirect	:	0.27	mg/dl	[00-0.30]
Total Protein	:	7.09	gm/dl	[6.4- 8.4]
Albumin	:	4.05	gm/dl	[3.5- 5.0]
Globumin	:	3.04	gm/dl	[2.4- 3.5]
A/G Ratio	:	1.332		
Alkaline Phosphatase	:	68.3	U/L	[M:40-128] [F: 35-104]

HIV HBSAG REPORT

HIV I & II BY ELISA METHOD	:	Non Reactive	Non Reactive
HBsAg BY ELISA METHOD	:	Negative	Negative

M.D. PATHOLOGY
DR. DHARMESH RATHOD
REG - G - 42567

NATIONAL DIAGNOSTIC CENTRE

ISO - 9001 - 2015

Name: DEEPAK KUMAR
Ref. By: ICICI PRU.
Ref. No. NDC-6406

Age: 25 Yrs. Sex: Male
Date: 23/03/2021

LIPID PROFILE

TEST		RESULT	UNIT	REFERENCE RANGE
Total Cholesterol	:	168.0	mg/dl	[0.0 -250.0]
Triglyceride	:	138.0	mg/dl	[10.0 -190.0]
HDL-Cholesterol	:	47.2	mg/dl	[35.0 -100.0]
LDL-Cholesterol	:	93.2	mg/dl	[Less than 160.0]
VLDL-Cholesterol	:	27.6	mg/dl	[7.0 -35.0]
LDL/HDL Ratio	:	1.975		[Upto 3.2]
Total/HDL Ratio	:	3.559		[upto 5.0]

TEST FOR DIABETES

Blood Sugar Random	:	85.0	mg/dl	[80.0 - 130.0]
Urine Sugar Random	:	NIL		

Haemoglobin A1c

Sample: EDTA Whole Blood

Haemoglobin A1c	:	5.40	%	< 5.7 % - NON DIABETIC 5.7 - 6.4 % - PRE DIABETIC >(=) 6.5 - DIABETES 7.0 % - ADA TARGET FOR DIABETIC PATIENT

(High Performance Liquid Chromatography)

REF: ADA GUIDELINES 2016

M.D. PATHOLOGY
DR. DHARMESH RATHOD
REG - G - 42567

Raksha Insurance TPA Service Pvt. Ltd. Ahmedabad

2nd Floor, 209, Ganesh Plaza, Nr. Shell Petrol Pump, Ajit Mill Char Rasta, Rakhiyal, Ahmedabad-23.
M. : 9913622670 | E-mail : ndc.ahmedabad@gmail.com

Name: DEEPAK KUMAR
Ref. By: ICICI PRU.
Ref. No. NDC-6406

Age: 25 Yrs. Sex: Male
Date: 23/03/2021

URINE ANALYSIS

TEST		RESULT	UNIT	REFERENCE RANGE
Physical Examination:				
Quantity	:	25	ml	
Colour	:	Pale Yellow		
Deposits	:	Absent		
Transparency	:	Clear		
Chemical Examination/Multistix:				
PH	:	5		4.5-8.0
Specific Gravity	:	1.005		1.005-1.030
Albumin	:	Absent		Absent
Sugar	:	Absent		Absent
Bile Salt	:	Absent		Absent
Bile Pigments	:	Absent		Absent
Acetone	:	Absent		Absent
Microscopic Examinations:				
Pus Cells	:	1 - 2	/HPF	0-10
Red Cells	:	1 - 2	/HPF	0-10
Epithelial Cells	:	1 - 2	/HPF	Absent
Casts	:	Nil		Nil
Crystals	:	Nil		Nil
Amorphous	:	Nil		Nil
Monilia	:	Nil		Nil

M.D. PATHOLOGY
DR. DHARMESH RATHOD
REG - G - 42567

Name: DEEPAK KUMAR
Ref. By: ICICI PRU.
Ref. No. NDC-6406

Age: 25 Yrs.
Date: 23/03/2021

Sex: Male

SPECIAL INVESTIGATION
TEST FOR NICOTINE METABOLITE FROM URINE

TEST DONE	OBSERVED VALUE
COTINE,URINE:	Negative (<200ng/ml)
METHOD:	Competitive Immunochromatograpic assay.

This test detects cotine/nicotine in human urine at the cutoff concentration of 200ng/ml.

This test provide only preliminary test results.More specific alternative method is GC-MS.

NEGATIVE RESULT DOES NOT INDICATE THAT ABSOLUTE ABSENSE COTININE IN SPECIMEN, IT ONLY INDICATES SPECIMEN DOSE NOT CONTAIN DRUG AT A CONCENTRATION EQUAL OR ABOVE THE CUTOFF LEVEL IN QUALITATIVE TERM.

M.D. PATHOLOGY
DR. DHARMESH RATHOD
REG - G - 42567

The Oriental Insurance TPA Services Ltd. Ahmedabad