



Foundation for African Medicine & Education

P.O. BOX 351 KARATU TANZANIA

AUTOPSY CONSENT

Name of the patient/deceased: OLTOIJI OSIRINGETI MOLLER (10-45-
Date of death: 3/10/2022
Diagnosis at Time of death: Rabies

Reason why the autopsy is done: - Diagnosis Confirmation +
Research of type of Rabies virus involve

The reason why the autopsy is to be done has been explained clearly and I as a ~~patient~~/relative

LENGAKUJI OSIRINGETI on the behalf of the ~~patient~~ permission /deaced ,I agree body
organs to be used for research purpose and education purpose to help science development in the area of improving the care
of other patient.

Patient/ close relative name LENGAKUJI OSIRINGETI

Patient/relative signature and date [Signature] 3/10/2022

2nd relative name SINDIMA MASAYA

Relative signature and date [Signature] 3/10/2022

Attending Doctors name THOMAS MAMUNDO NGITHA

Signature and date [Signature] 03/10/2022

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