



## OLJABET HOSPITAL NYAHURURU

*'Healthcare that cares'*

0722624363 /0703333111

### BIOPSY CONSENT FORM

Date.....

Name of the Patient.....

I ..... Relationship .....

Of ID Number ..... Signature.....

Contact ...../.....have Agreed to collect

the biopsy of .....(patient name)

and take for **Histology** and Later bring the results.

Theatre Tech/Nurse Issued Name .....

Signature..... Contact.....

Witness/Relative Name.....Sign.....

Contact.....