



Pathkind Labs

Affix Barcode

FNAC CONSENT FORM

Name of the Patient : Contact No:

Address: Age/Sex:

Name of the Collection Center/Lab:

I hereby give my informed consent for performing
FNAC (Fine Needle Aspiration Cytology). The risk and procedure involved in this procedure are explained
to me.

Dated Signature of Patient: **Dated Signature of Doctor:**

