



National Endometriosis Clinical and Scientific Trials (NECST) Network

Membership Application Form

Title:

First name:

Surname:

E-mail address:

Contact number:

Primary affiliation:

Address:

Other affiliation(s):

Discipline: Gynaecologist
(please
only select
one)
Obstetrician & Gynaecologist
Reproductive Endocrinology & Infertility
O&G Ultrasound Specialist
Nurse
Allied Health Professional (please specify):
General Practitioner
Researcher
Consumer/patient advocate
Other (please specify):

Specialty / Interests (select all that apply):

- | | | |
|-----------------------|---------------------------|---|
| Diagnostics | Medical management | Surgical management |
| Fertility management | Pain management | Imaging |
| Complementary therapy | Allied health therapy | Socio-economic impact |
| Adenomyosis | Patient-centred outcomes | Clinical trials |
| Biobanking | Aetiology/pathophysiology | Molecular biology research
(genetics, proteomics etc.) |
| Phenotyping | Qualitative research | Pain mechanisms |

Other (please specify):

Are you happy for your name, contact details and interests to be made available to other members to help support collaboration?

Yes No

Do you have capacity to recruit patients for the NECST Registry?

Yes No

Would you be interested in utilising data from the NECST Registry for your research?

Yes No

Would you be interested in being involved in a National endometriosis meeting if one was to be held in the future?

Yes No

Date of application:

Save pdf and email completed membership forms to cecilia.ng@jeanhailles.org.au

For NECST Admin only.

Date of review: