

REQUEST FOR AN EXPERT WITNESS

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists



Please send completed form to Ms Hilary Peterson facsimile 03 9415 9306

Contact details

Date _____

Contact Name _____

Company Name _____

Company Address _____

Facsimile _____ Telephone _____

Email _____

Type of expert required

Please indicate the category(s) in which you require an expert witness: (Please ✓)

- a give evidence as to reasonable practice in general obstetrics
- b give evidence on scientific data in general obstetrics
- c give evidence as to reasonable practice in general gynaecology
- d give evidence on scientific data in general gynaecology
- e give evidence on reasonable practice in the subspecialty of *
.....

- f give evidence on scientific data in the subspecialty of *
.....

(* Please select from the list on the right)

* Subspecialties

- gynaecological oncology
- obstetrical and gynaecological ultrasound
- reproductive endocrinology and infertility
- maternal-fetal medicine
- urogynaecology

Describe your request and requirements (if there is insufficient space below, please attach a separate typed page)

(Indicate any specific procedures, preferred City/ State/ gender – Please note that specific case details and names are not required)

Signature _____

Once the completed form has been processed, the names and business addresses of
3-4 College Fellows matching your requirements will be provided