

## 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<br>(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](mailto:cecilia.ng@jeanhailles.org.au)

**For NECST Admin only.**

**Date of review:**