

# Certification in Obstetrical and Gynaecological Ultrasound (COGU) In-Hospital Clinical Assessment (IHCA) Patient Information and Consent Form Year Three Only



**The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists**  
*Excellence in Women's Health*

## IMPORTANT INFORMATION FOR PATIENTS

Thank you for participating in this ultrasound assessment.

Your ultrasound will be performed and reported on by the doctor undergoing assessment of their skills.

Your ultrasound will be observed by a specialist highly experienced in carrying out your type of ultrasound.

Please treat this as a normal ultrasound.

## PATIENT CONSENT PLEASE COMPLETE THE CONSENT FORM BELOW

I ..... consent to the doctor performing my ultrasound on .....  
(please print name) (date)

and being observed during my ultrasound scan to assess his/her skills in ultrasound.

I am aware this assessment is part of his/her Royal Australian and New Zealand College of Obstetricians and  
Gynaecologists Ultrasound Assessment.

My ultrasound is to be performed by Dr .....

Patient's Signature: ..... Date:.....

Doctor's Signature: ..... Date: .....