

UNC FACULTY EXPERT CONFIRMATION

| Name of Proposed Expert: | |
|--|---|
| Name of Law Firm's Counsel in thi | is Case: |
| Case Caption: | Case Venue: |
| to or on behalf of any Law Firm th | sicians that its employed physicians may not provide expert testimony at is currently representing any person or party with any claim of cal malpractice against any of the following (collectively referred to |
| The University of North Ca Any entity that is part of t affiliate on www.unchealt | arolina Health Care System, arolina Hospitals, he University of North Carolina Health Care System and appears as an |
| By signing below, I represent the f | following: |
| against UNC Health and heighteen (18) months, I am an attorney with the representation. I underst representation. In the event that Law Firm above representing any powritten notice that my Law | n noted above represents any person or party with a claim or lawsuit as not represented any person or party in such a claim for the prior Law Firm noted above, and am authorized to make this and that paralegals and legal assistants may not sign this n does accept an engagement that would result in Law Firm noted erson or party with a claim or lawsuit against UNC Health, I will provide w Firm can no longer make the representation include herein to the oposed Expert noted above may be required by UNC Faculty Physicians ces to Law Firm: |
| | B. Glenn George Chief Legal Officer, UNC Health 101 Manning Drive Chapel Hill, NC 27514 |
| Signature : | Title : |
| Name : | |