



Vascular Anomalies Center

Boston Children's Hospital | Fegan 3
300 Longwood Avenue, Boston, MA 02115
Phone 617-355-5226 | Fax 617-730-0752
www.childrenshospital.org/vac
vascular@childrens.harvard.edu

Thank you for contacting the Vascular Anomalies Center at Boston Children's Hospital.

Below is a list of clinical information that is needed **before** scheduling an appointment with the Vascular Anomalies Center.

1) **Completed questionnaire**

<https://redcap.link/VascularAnomalies>

After filling out the questionnaire, please be sure you receive a confirmation page that the questionnaire has been completed and submitted.

2) **Completed authorization form**

Please review, sign and upload a scanned copy of the authorization form. If you cannot upload the signed authorization form, you may mail it to the Vascular Anomalies Center as a part of your intake packet.

3) **Medical history summary**

Please ask one of your physicians to provide a succinct, detailed medical history with the information necessary to review your case. If this is not possible, please send only the most recent clinical notes related to your reason for referral to the Vascular Anomalies Center. Please do not send the entirety of your medical record, as this will delay the review process.

4) **Color photographs**

Please specify dates photographs were taken. Wide perspective photos showing the surrounding areas or whole body in addition to close ups are preferred. If the lesion has changed over time, please send photographs from early in life to the present. In addition, a face photo (headshot) is **necessary**. Please send the images in JPEG format to vascular@childrens.harvard.edu and include the patient's full name and date of birth in the subject line.

5) **All radiologic studies (e.g. MRI, X-ray images) and reports**

Please have the studies placed on a CD in DICOM format and mail as part of your intake packet.

6) **Procedure reports related to the vascular condition**

Include a copy of the operative/procedure note as part of your intake packet.

7) **Endoscopic studies including reports and color photographs/video**

Include a copy of the reports and photographs/video as part of your intake packet.

8) **Pathology slides and reports**

Include biopsy slides and pathology reports as part of your intake packet.

Note: Our evaluation is based on the information provided outlined in items #1-#8 above. The pathology review is a specific service that will be billed to your insurance, with applicable patient cost sharing obligations (e.g. copayments, deductibles, co-insurances) as required by your insurance plan. If you are interested in learning about any applicable financial assistance that may be available for the billable service, please contact our Patient Financial Services department at 617-355-3397.

The information outlined above that must be submitted to BCH should be mailed inside one package with the patient's name, date of birth, and best email address. Please be sure to sign up for the MyChildren's portal prior to sending your package. Please mail your package to:

**Vascular Anomalies Center
Boston Children's Hospital
Fegan Building, Third Floor
300 Longwood Avenue
Boston, Massachusetts 02115**

After all of the clinical information and questionnaire has been received, it will be reviewed by a BCH clinician. Please note that cases are reviewed based on the determination of the clinical team that the information from the survey (or additional uploaded documents) require a more timely discussion – provided that the survey and all relevant information requested in the survey has been uploaded. Recommendations from the conference will be conveyed by a letter approved by a VAC physician to the parent/guardian and/or patient and/or referring physician within 3-4 weeks following the review. If the team determines that the recommendations require a more timely response, there will be a secure email or phone call placed to the parents/guardian and/or patient.

Thank you,

The Vascular Anomalies Center Team