

**VAS INTERNATIONAL ACADEMY-
VAS REFEREE CENTER OF EXCELLENCE IN ANGIOLOGY/VASCULAR MEDICINE**

Data collection questionnaire (Criteria on [Centres of Excellence - VAS-INT](#))

Is your application for(please, select):

- ☐ **VAS REFEREE CENTER OF EXCELLENCE IN ANGIOLOGY/VASCULAR MEDICINE**
☐ **VAS REFEREE CENTER OF EXCELLENCE IN ANGIOLOGY/VASCULAR MEDICINE -INTERVENTIONAL/ENDOVASCULAR**
☐ **VAS REFEREE CENTER IN A COMPLEMENTARY AREA (PLEASE SPECIFY)**

CENTER:	ADDRESS:	COUNTRY:
INSTITUTION:		
Public <input type="radio"/> Private <input type="radio"/>		
HEAD Name-surname	TITLE	MAIL
Specialty/ies:	CV to be enclosed	PHONE1 (with area code)
		PHONE2 (with area code)
Other collaborating Hospitals/Ambulatory:		

Referee:	address	Phone/mail

STAFF	Number	Name & surname	Mail	Role	Involved in Tutoring Yes/No
Physicians					
Nurses					
Secretaries					
Researchers					

PATIENTS/YEAR	In our Department/Unit/ambulatory (number patients /year-indicative) <i>Please mark with X if there is a dedicated Ambulatory</i>	Consultation for other Departments (number patients /year- indicative)	NO (or very rare)
PAD			
PAD-CTLI			
TED-DVT			
TED-PE			
CVI			
Venous Ulcers			
Lymphedema			
Lipoedema			
Raynaud &vasospastic dis			
Buerger's disease			
Vasculitis			
Vascular anomalies			
Fibromyalgia			
Pelvic Congestive Syndrom			
AAA			
Diabetes-Hypertension- Dyslipidemia			
Coagulation disorders			
Other:			

DIAGNOSTICS	In our Department/Unit	In the Hospital (Department)	NO available
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Treadmill for Free Interval			
ABI			
Toe Index			
Ultrasound for arterial-legs/arms			
Ultrasound for arterial-abdomen			
Ultrasound for arterial-Carotids Vertebrals			
Transcranial Doppler Duplex			
Ultrasound for venous system			
Capillaroscopy			
Laser Doppler			
TcPO2			
Pletismography			
24 hrs Blood Pressure Monitoring			
Others:			
Angiography			
AngioTAC			
AngioMNR			
Lymphography			
Lymphoscintigraphy			
Others:			

THERAPY			
Supervised Exercise			
Physiotherapy for Lymphedema			
Compression Therapy			
Wound therapies			
Thermoablation			
Sclerotherapy			
Interventional/Endovascular			

Please define number of patients/year for different areas			
Others			

PATIENTS PROJECTS	By our Department	As collaboration with :	NO
Patients education programs			
Patients organization-groups			
Population awareness			
Prevention activities/projects			

EDUCATION	Academic (specify area - e.g IM or VM..)	Hospital-non Academic	NO
Pre-graduate medical students			
Post-graduate medical students			
Specialists			
Nurses			
Technicians			
Open (webinars/conferences)			

RESEARCH	Organized by our Department (Referee Names)	As Collaboration
Research area1		

Research area1		
Research area1		

PUBLICATIONS (insert max 5 you consider the most relevant, or the last)

VAS Activities	If yes, names	no	No, but interested (please see details on www.vas-int.net)
VAS Membership			
VAS International Academy			
VAS Fellowship of Excellence			
VAS In training Fellowship			
Any VAS Committee?			
VAS European Master Certificate			



VAS European Postgraduate Course/s (specify)			
VAS International WG (Specify)			
VAS International Networks(Specify)			
VAS European Book			
VAS International Atlas of Clinical Cases			
Joint Publications			
European Angiology Days and /or VAS Laboratory in VM			
Any other?			

Have you any proposal?	
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Are there any other relevant information you would like to give ?	
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Questionnaire completed by the Head of the Center, under her/his responsibility

Date

Signature



**European Independent Foundation
in Angiology/Vascular Medicine**
Education - Research - Prevention

Please attach: CV of the Head of the Center