The Vascular Anomalies Center has a weekly multidisciplinary conference at which patients are reviewed. This conference is attended by physicians representing many specialties including plastic surgery, general surgery, interventional radiology, hematology/oncology, pathology, and orthopedics. At the conference review, medical history, imaging and photographs of patients are presented. **There is no charge for conference review with the exception of a fee for pathology slide review.**

In order for your, your child’s or your patient’s case to be presented at this conference we must have the following information:

1) Completion of attached pre-conference questionnaire.

2) Photographs of the lesion from different angles (Please specify date photos were taken). In addition, a face photo is necessary.

3) All radiology studies (for ex., MRI) must be sent along with the study reports. Please have the studies placed on CD in DICOM or E-film format or send the actual films. *Please note: after the images have been uploaded to our hospital system, the CDs and films are purged unless you request they be returned to you. Please include self-addressed envelope with postage if you’d like the images returned.

4) Reports from any operations or procedures performed.

5) Biopsy slides to be reviewed, if previously done, and pathology slide reports. (Must include insurance information)

6) Physician Medical History Summary (preferred) or other document summarizing medical history.

**PLEASE NOTE:** WE ARE UNABLE TO REVIEW EXTENSIVE MEDICAL RECORDS SENT IN LARGE FOLDERS AND BOXES. PLEASE ASK ONE OF YOUR PHYSICIANS TO PROVIDE A SUCCINCT, DETAILED MEDICAL HISTORY INCORPORATING THE INFORMATION MOST NECESSARY TO REVIEW YOUR CASE.

7) Signed copy of this letter as indication that it has been read in its entirety and you have authorized the use and disclosure of the information provided.

Please send this information addressed to:

Vascular Anomalies Center  
Boston Children’s Hospital  
300 Longwood Avenue, Fegan 3  
Boston, MA 02115

Or fax to 1-617-730-0752
The materials you send will be used and disclosed only for the following purposes:

- To provide you with our thoughts on diagnosis and treatment/management options. Please recognize that any conclusions are necessarily tentative, since review is based solely on what you send, and its accuracy and comprehensiveness, and **not on personal examination or a doctor-patient relationship** (except where we have personally seen and attended the patient at Boston Children’s Hospital);
- To discuss, for educational and quality improvement purposes, among clinicians, trainees and medical students participating in the conference, most of whom are members of Boston Children's medical community. If there are distinguished guests from other institutions or countries, they will be advised of the confidential nature of the materials;
- For academic purposes, such as presentation at professional conferences, future publications, where doing so would contribute to the advancement of knowledge concerning how to help patients with these conditions. In this case, however, the information will be de-identified, stripped of name, address, birth date, and other identifiers (according to HIPPA guidelines), except for facial photographs where necessary to present the case effectively.

The Vascular Anomalies Center strongly recommends that your/your child’s PCP/current physicians be informed of your request for conference review at the VAC. Our intent is to maintain collegial relationships with physicians currently caring for you/your child. The spirit of this conference is education and dissemination of accurate information.

As previously stated, there is no charge to the family for presentation at the conference. This conference work is unsubsidized. If you would like to help support this effort, and thereby to benefit other children and the treatment/cure of vascular anomalies, please contact Boston Children’s Hospital Trust at 1-617-355-6890.

Information sent is returned upon request. The Vascular Anomalies Center does not take financial responsibility for returning sent items. **All expenses generated from the return of medical information are to be covered by the requestor.** In order to have films or other information returned, we request a pre-paid envelope or Credit Card number (for our Fed Ex bills) be provided.

**CONFERENCE PROCESS**

All above information is logged into a patient record created by an Administrative Associate as the materials arrive.

**Unless this case is of an urgent nature,** there is typically a 6-8 week wait for review. Due to the variability of the involved physicians schedules, and priority of case presentation, it is difficult to determine an exact date you/your child/patient will be discussed at our conference. Cases cannot be presented unless all of the requested information has been received. Each patient/physician is responsible for submission of information for conference review.

Medical information sent is reviewed and summarized in preparation for the conference presentation by a Nurse Practitioner. This individual will contact you/your physician if any additional information is needed.

Conference recommendations are generally conveyed by phone/email within a week of the review.
FOR PATIENT, PARENT OR GUARDIAN:

I have read and understand the letter above. I authorize the use and disclosure of the information provided as discussed above.

I am aware that Boston Children's Hospital cannot control how a recipient uses or shares the information Boston Children's discloses, and that laws protecting its confidentiality at Boston Children's Hospital may or may not protect this information once it has been disclosed to someone else.

This authorization will expire 20 years after the signature date. I can however, revoke this authorization prospectively by writing to VAC Boston at any time, except to the extent that Boston Children's has relied upon it, for example, if a member of the VAC Boston has made an academic presentation using a facial photograph.

I understand that signing this release is up to me. If my child comes to Boston Children's Hospital as a patient, Boston Children's Hospital would not decline to provide care if I refused to sign this document or move forward with VAC review.

____________________________________  __________________
Signature of Parent/responsible adult    DATE

Photograph consent:

____________________________________  __________________
Signature of Parent/responsible adult    DATE