

I. Unit Name

Name*

Hospital

University

II. Administration

Publishing Status

Admin User

III. Address & Contact

Country*

City

Zip Code

Correspondence Address

Coordinates

Example: 45.745179, 21.227722

Phone

Fax

Email

Website

IV. Staff

Chief

Number of surgeons

Number of residents

V. Services

Number of beds

Additional services

Rehabilitation, ambulatory

VI. Activity

Types of operations/year

Arterial open

Aortic

Infrainguinal

Below the knee

Carotid

Arterial endovascular

Aortic

Infrainguinal

Below the knee

Carotid

Venous

Open

Endovascular

Amputations

Minor

Major

Other

VII. Research & Training

Research or training facilities

Training courses