

Isolated Lesion Measurement/Device selection form



Confidential patient information — Do not disclose legally protected data

The following information is required to ensure that the appropriate devices and backups are available for the procedure.

Patient ID:

Institution:

Physician:

Imaging date:

Type of Aneurysm/Lesion:

Location		Measurement List single value used to select devices	Range List range of measurement taken	CT Table Position/Angio Specify CT frame number or specify angio
DIAMETER				
	A	Proximal implantation site	mm	mm
	B	1 cm from proximal implantation site	mm	mm
	C	2 cm from proximal implantation site	mm	mm
	D	Maximum aneurysm/lesion	mm	mm
	E	2 cm from distal implantation site	mm	mm
	F	1 cm from distal implantation site	mm	mm
	G	Distal implantation site	mm	mm
	H	Right common iliac	mm	mm
	I	Left common iliac	mm	mm
	J	Right extension iliac/femoral	mm	mm
	K	Left extension iliac/femoral	mm	mm
LENGTH				
L ¹	Proximal neck Distance from aneurysm/lesion to Left subclavian	cm	cm	
L ²	Proximal neck Distance from aneurysm/lesion to Left common carotid artery	cm	cm	
M	Aneurysm/lesion Length of aneurysm/lesion segment	cm	cm	
N	Distal neck Distance from aneurysm/lesion to celiac axis	cm	cm	
O	Total treatment length	cm	cm	
ANGLES				
P	Proximal angle	°		
Q	Distal angle (if applicable)	°		
Is there significant calcium/thrombus at the proximal implantation site?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there significant calcium/thrombus at the distal implantation site?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is treatment length 10 cm or less?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, will both necks (proximal and distal) accommodate a single device?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there a plan for coverage of the left subclavian?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, is transposition or bypass clinically indicated?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is angle less than 60°?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, is neck length greater than 2 cm?		<input type="checkbox"/> YES <input type="checkbox"/> NO		

NOTES



SUGGESTED C-ARM ANGLE

_____ RAO
 _____ LAO
 _____ LATERAL

NOTES

(See reverse for device selection form)

Gore/Patient confidential information

The following information is required to ensure that the appropriate devices and any additional devices are available for the procedure.

Patient ID: Institution:
 Physician: Imaging date:

Intended device introduction site: Right Iliac Infrarenal aorta Conduit
 Left Femoral

TREATMENT OPTION 1

Devices listed as implanted (proximal to distal)	Order of implantation (#1, #2, etc.)

Intended aortic diameters (mm)	Labeled diameter (mm)	Device length (cm)
16–19.5	21	10
19.5–24	26	10
22–26	28	10, 15
24–29	31	10, 15, 20
27–32	34	10, 15, 20
29–34	37	10, 15, 20
31–37	40	10, 15, 20
34–42	45	10, 15, 20
19.5–24 / 16–19.5	26 x 21	10
24–29 / 19.5–24	31 x 26	10

TREATMENT OPTION 2

Devices listed as implanted (proximal to distal)	Order of implantation (#1, #2, etc.)

Intended GORE® TAG® Conformable Thoracic Stent Graft size: (Check all device sizes and indicate number of each size to be ordered)

Device size (mm x cm)	QTY.	Catalogue number*	Device Size (mm x cm)	QTY.	Catalogue number*	Device size (mm x cm)	QTY.	Catalogue number*
<input type="checkbox"/> 21 x 10		TGM212110						
<input type="checkbox"/> 26 (proximal), 21 (distal) x 10		TGM262110						
<input type="checkbox"/> 26 x 10		TGM262610						
<input type="checkbox"/> 31 (proximal), 26 (distal) x 10		TGMR312610						
<input type="checkbox"/> 28 x 10		TGM282810	<input type="checkbox"/> 28 x 15		TGM282815			
<input type="checkbox"/> 31 x 10		TGMR313110	<input type="checkbox"/> 31 x 15		TGMR313115	<input type="checkbox"/> 31 x 20		TGMR313120
<input type="checkbox"/> 34 x 10		TGM343410	<input type="checkbox"/> 34 x 15		TGM343415	<input type="checkbox"/> 34 x 20		TGM343420
<input type="checkbox"/> 37 x 10		TGMR373710	<input type="checkbox"/> 37 x 15		TGMR373715	<input type="checkbox"/> 37 x 20		TGMR373720
<input type="checkbox"/> 40 x 10		TGMR404010	<input type="checkbox"/> 40 x 15		TGMR404015	<input type="checkbox"/> 40 x 20		TGMR404020
<input type="checkbox"/> 45 x 10		TGM454510	<input type="checkbox"/> 45 x 15		TGM454515	<input type="checkbox"/> 45 x 20		TGM454520

* For use in each listed region, add the appropriate letter at the end of the catalogue number:
 E = Europe/Middle East/Africa/Australia/New Zealand

GORE® DRYSEAL Flex Introducer Sheath: (outer diameter)

Sheath size (Fr)	Device diameter (mm)	Sheath working length (cm)	QTY.	Catalogue number
18 (6.7 mm)	21	33		DSF1833
20 (7.5 mm)	26–31	33		DSF2033
20 (7.5 mm)	26–31	65		DSF2065
22 (8.2 mm)	34–40	33		DSF2233
22 (8.2 mm)	34–40	65		DSF2265
24 (8.8 mm)	45	33		DSF2433
24 (8.8 mm)	45	65		DSF2465
26 (9.5 mm)		33		DSF2633
26 (9.5 mm)		65		DSF2665

GORE® Tri-Lobe Balloon Catheter:

Device size	QTY.	Catalogue number
<input type="checkbox"/> Aortic diameters 16–32 mm		BCM1634
<input type="checkbox"/> Aortic diameters 26–42 mm		BCL2645

If the physician's proposed use of the device is outside the scope of the *Instructions for Use*, Gore is providing this information in response to the physician inquiry. Physician, as a medical professional, is responsible for evaluating the information provided and deciding on the use of the device.

 Consult Instructions for Use at eifu.goremedical.com

Refer to *Instructions for Use* at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. Rx Only

Products listed may not be available in all markets.

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