

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

Patient ID: _____

Physician: _____

Date of CT/CTA: _____

Institution: _____

A. Length from proximal edge of celiac to proximal extent of lesion: _____ mm

C. Proximal seal zone length: _____ mm

D. Proximal seal zone angle: _____ °

E. Max aneurysm diameter: _____ mm

F. Length from celiac to:

SMA: _____ mm

Right renal: _____ mm

Left renal: _____ mm

Aortic bifurcation: _____ mm

G. Celiac diameters

Ostium: _____ mm

5 mm: _____ mm

10 mm: _____ mm

15 mm: _____ mm

20 mm: _____ mm

Diameter at first major branch: _____ mm

_____ mm

Length to first major branch: _____ mm

_____ mm

J. Right renal diameters

Ostium: _____ mm

5 mm: _____ mm

10 mm: _____ mm

15 mm: _____ mm

20 mm: _____ mm

Diameter at first major branch: _____ mm

Length to first major branch: _____ mm

L. Diameter at the aortic bifurcation: _____ mm

_____ mm

M. RCI diameter (range): _____ mm

to _____ mm

O. RCI length: _____ mm

Q. REI diameter (range): _____ mm

to _____ mm

B1. Length from LSA to proximal implant site: _____ cm

B2. Proximal landing zone diameters (most distal)

AVG MAX

85 mm: _____ mm / _____ mm

75 mm: _____ mm / _____ mm

65 mm: _____ mm / _____ mm

55 mm: _____ mm / _____ mm

45 mm: _____ mm / _____ mm

Beginning 45 mm proximal to proximal border of celiac artery

H. Visceral segment of aorta

3 cm above and 9.5 cm below most proximal vessel ≥ 20 mm in diameter?

Yes ☐ No ☐

I. SMA diameters

Ostium: _____ mm

5 mm: _____ mm

10 mm: _____ mm

15 mm: _____ mm

20 mm: _____ mm

Diameter at first major branch: _____ mm

Length to first major branch: _____ mm

K. Left renal diameters

Ostium: _____ mm

5 mm: _____ mm

10 mm: _____ mm

15 mm: _____ mm

20 mm: _____ mm

Diameter at first major branch: _____ mm

Length to first major branch: _____ mm

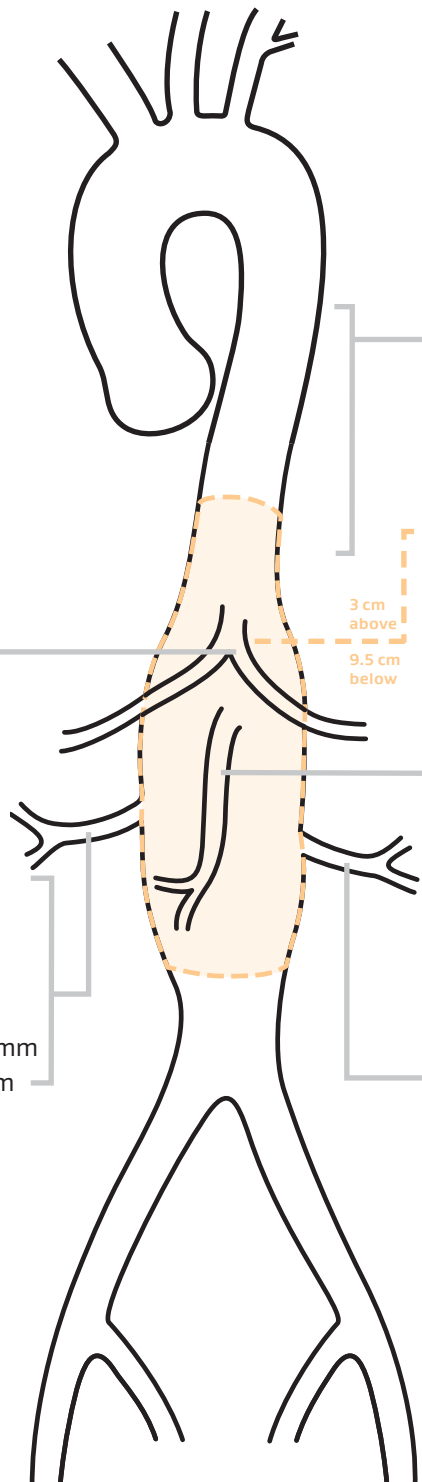
N. LCI diameter (range): _____ mm

to _____ mm

P. LCI length: _____ mm

R. LEI diameter (range): _____ mm

to _____ mm



GORE® EXCLUDER®

Thoracoabdominal Branch Endoprosthesis (TAMBE)

Patient ID:

Date of CT/CTA:

Physician:

Institution:

Aortic Component

Proximal diameter (mm) x distal diameter (mm) x length (mm)

Catalogue number	Device size	Intended proximal aortic inner diameter (mm)	Recommended sheath size (Fr)
ATAA43120160A	31 x 20 x 160	22–29	22
ATAA43720160A	37 x 20 x 160	27–34	22

Distal Bifurcated Component (GORE® EXCLUDER® Iliac Branch Endoprosthesis)

Proximal diameter (mm) x distal diameter (mm) x length (cm)

Catalogue number	Device size	Intended iliac vessel diameter (mm)	Recommended sheath size (Fr)
CEB231010A	23 x 10 x 10	8–9	16
CEB231210A	23 x 12 x 10	10–11	16
CEB231410A	23 x 14.5 x 10	12–13.5	16

Branch Components (GORE® VIABAHN® VBX® Balloon Expandable Endoprosthesis)

Proximal diameter (mm) x distal diameter (mm) x length (mm)

Catalogue number	Reduced profile catalogue number	Nominal device size	Final stent ID range ^a
BXA053902A	BXB053902A	5 x 39	4.5–8.0
BXA055902A	BXB055902A	5 x 59	4.5–8.0
BXA057902A	BXB057902A	5 x 79	4.3–8.0
BXA063902A	BXB063902A	6 x 39	5.0–8.0
BXA065902A	BXB065902A	6 x 59	5.1–8.0
BXA067902A	BXB067902A	6 x 79	5.3–8.0
BXA073902A	BXB073902A	7 x 39	6.0–11.0
BXA075902A	BXB075902A	7 x 59	6.0–11.0
BXA077902A	BXB077902A	7 x 79	6.0–11.0
BXA083902A	BXB083902A	8 x 39	6.7–11.0
BXA085902A	BXB085902A	8 x 59	6.8–11.0
BXA087902A	BXB087902A	8 x 79	7.0–11.0
BXA093902A	BXB093902A	9 x 39	8.0–13.0
BXA095902A	BXB095902A	9 x 59	7.8–13.0
BXA097902A	BXB097902A	9 x 79	7.8–13.0

a. Secondary balloon required to post-dilate the stent beyond its nominal deployed diameter (secondary balloon not included).

Accessories

GORE® DRYSEAL Flex Introducer Sheath

Catalogue number ^a	Sheath size (Fr)	Minimum sheath ID (mm)	Nominal sheath OD (mm)	Working length (cm)
GDSFI233	12	4.0	4.7	33
GDSFI245	12	4.0	4.7	45
GDSFI433	14	4.7	5.3	33
GDSFI533	15	5.0	5.6	33
GDSFI633	16	5.3	6.1	33
GDSFI833	18	6.0	6.7	33
GDSF2033	20	6.7	7.5	33
GDSF2233	22	7.3	8.2	33

a. GDSF catalogue numbers are not available in all regions; use DSF catalogue numbers instead where appropriate.

GORE® Tri-Lumen Catheter

Catalogue number	Device length (cm)	Size (Fr)
TLC140	140	7.5

GORE® Tri-Lobe Balloon Catheter

Catalogue number	Size (Fr)	Vessel diameter (mm)
BCM1634	18	16–32
BCL2645	18	26–42

GORE® Molding & Occlusion Balloon

Catalogue number	Size (Fr)	Balloon diameter (mm)
MOB37	10	10–37

Contralateral Leg Component (GORE® EXCLUDER® AAA Endoprosthesis) Distal diameter (mm) x length (cm)

Catalogue number	Device size	Intended iliac vessel diameter (mm)	Recommended sheath size (Fr)
PLC121000	12 x 10	10–11	12
PLC121200	12 x 12	10–11	12
PLC121400	12 x 14	10–11	12
PLC141000	14.5 x 10	12–13.5	12
PLC141200	14.5 x 12	12–13.5	12
PLC141400	14.5 x 14	12–13.5	12
PLC161000*	16 x 9.5	13.5–14.5	12
PLC161200*	16 x 11.5	13.5–14.5	12
PLC161400*	16 x 13.5	13.5–14.5	12
PLC181000*	18 x 9.5	14.5–16.5	12
PLC181200*	18 x 11.5	14.5–16.5	12
PLC181400*	18 x 13.5	14.5–16.5	12
PLC201000*	20 x 9.5	16.5–18.5	12
PLC201200*	20 x 11.5	16.5–18.5	12
PLC201400*	20 x 13.5	16.5–18.5	12
PLC231000*	23 x 10	18.5–21.5	14
PLC231200*	23 x 12	18.5–21.5	14
PLC231400*	23 x 14	18.5–21.5	14
PLC271000*	27 x 10	21.5–25.0	15
PLC271200*	27 x 12	21.5–25.0	15
PLC271400*	27 x 14	21.5–25.0	15

*PLEASE NOTE: All large diameter Contralateral Leg Endoprostheses (16, 18, 20, 23, 27 mm) can be used as Iliac Extenders.

Iliac Extender (GORE® EXCLUDER® AAA Endoprosthesis)

Distal diameter (mm) x length (cm)

Catalogue number	Device size	Intended iliac vessel diameter (mm)	Recommended sheath size (Fr)
PLL161007	10 x 7	8.0–9.0	12
PLL161207	12 x 7	10.0–11.0	12
PLL161407	14.5 x 7	12.0–13.5	12

Additional devices

Distal Bifurcated Component Extender (GORE® EXCLUDER® AAA Endoprosthesis) Distal diameter (mm) x length (cm)

Catalogue number	Device size	Intended proximal aortic inner diameter (mm)	Recommended sheath size (Fr)
PLA230300	23 x 3.3	19–21	16

Other items

Catalogue number	Description

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Image 

Notes 

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.



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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