

# 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.

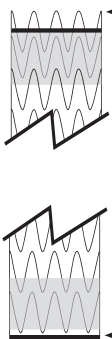
Patient ID:

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
<b>DIAMETER</b>				
	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

<b>LENGTH</b>				
L <sup>1</sup>	<b>Proximal neck</b> Distance from aneurysm/lesion to left subclavian	cm	cm	
L <sup>2</sup>	<b>Proximal neck</b> Distance from aneurysm/lesion to left common carotid artery	cm	cm	
M	<b>Aneurysm/lesion</b> Length of aneurysm/lesion segment	cm	cm	
N	<b>Distal neck</b> Distance from aneurysm/lesion to celiac axis	cm	cm	
O	<b>Total treatment length</b>	cm	cm	

<b>ANGLES</b>				
P	<b>Proximal angle</b>	°		
Q	<b>Distal angle (if applicable)</b>	°		

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

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(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:	<input type="checkbox"/> Right	<input type="checkbox"/> Iliac	<input type="checkbox"/> Infrarenal aorta	<input type="checkbox"/> Conduit
	<input type="checkbox"/> Left	<input type="checkbox"/> 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

**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"/> 34 (proximal), 28 (distal) x 15		TGM342815			
<input type="checkbox"/> 26 (proximal), 21 (distal) x 10		TGM262110	<input type="checkbox"/> 37 (proximal), 31 (distal) x 15		TGMR373115			
<input type="checkbox"/> 26 x 10		TGM262610	<input type="checkbox"/> 40 (proximal), 34 (distal) x 15		TGMR403415			
<input type="checkbox"/> 31 (proximal), 26 (distal) x 10		TGMR312610	<input type="checkbox"/> 45 (proximal), 37 (distal) x 15		TGM453715			
<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

\*Some sizes not available in all regions.

**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		GDSF1833
18 (6.7 mm)	21	65		GDSF1865
20 (7.5 mm)	26–31	33		GDSF2033
20 (7.5 mm)	26–31	65		GDSF2065
22 (8.2 mm)	34–40	33		GDSF2233
22 (8.2 mm)	34–40	65		GDSF2265
24 (8.8 mm)	45	33		GDSF2433
24 (8.8 mm)	45	65		GDSF2465
26 (9.5 mm)		33		GDSF2633
26 (9.5 mm)		65		GDSF2665

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

**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  
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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