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?	☐ YES	☐ NO
Is there significant calcium/thrombus at the distal implantation site?	☐ YES	☐ NO
Is treatment length 10 cm or less?	☐ YES	☐ NO
If yes, will both necks (proximal and distal) accommodate a single device?	☐ YES	☐ NO
Is there a plan for coverage of the left subclavian?	☐ YES	☐ NO
If yes, is transposition or bypass clinically indicated?	☐ YES	☐ NO
Is angle less than 60°?	☐ YES	☐ NO
If yes, is neck length greater than 2 cm?	☐ YES	☐ 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 ☐ Left	☐ Iliac ☐ Femoral	☐ Infrarenal aorta	☐ Conduit

TREATMENT OPTION 1

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

TREATMENT OPTION 2

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

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*
☐ 21 x 10		TGM212110						
☐ 26 (proximal), 21 (distal) x 10		TGM262110						
☐ 26 x 10		TGM262610						
☐ 31 (proximal), 26 (distal) x 10		TGMR312610						
☐ 28 x 10		TGM282810	☐ 28 x 15		TGM282815			
☐ 31 x 10		TGMR313110	☐ 31 x 15		TGMR313115	☐ 31 x 20		TGMR313120
☐ 34 x 10		TGM343410	☐ 34 x 15		TGM343415	☐ 34 x 20		TGM343420
☐ 37 x 10		TGMR373710	☐ 37 x 15		TGMR373715	☐ 37 x 20		TGMR373720
☐ 40 x 10		TGMR404010	☐ 40 x 15		TGMR404015	☐ 40 x 20		TGMR404020
☐ 45 x 10		TGM454510	☐ 45 x 15		TGM454515	☐ 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		GDSF1833
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

GORE® Tri-Lobe Balloon Catheter:

Device size	QTY.	Catalogue number
☐ Aortic diameters 16–32 mm		BCM1634
☐ 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. ℞ Only

Products listed may not be available in all markets.