

Isolated Lesion Measurement / 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:

Physician:

Institution:

Imaging Date:

Type of Isolated Lesion: Fusiform Saccular Penetrating Aortic Ulcer Transection Other: _____

LOCATION		MEASUREMENT List value used to select devices	CT TABLE POSITION / ANGIO Specify CT frame # or specify angio
DIAMETER			
	A	Proximal implantation site	mm
	B	1 cm from proximal implantation site	mm
	C	2 cm from proximal implantation site	mm
	D	Maximum aneurysm / lesion	mm
	E	2 cm from distal implantation site	mm
	F	1 cm from distal implantation site	mm
	G	Distal implantation site	mm
	H	R common iliac	mm
	I	L common iliac	mm
	J	R ext. iliac / femoral	mm
	K	L ext. iliac / femoral	mm
LENGTHS			
L ¹	Proximal neck Distance from aneurysm / lesion to L subclavian	cm	
L ²	Proximal neck Distance from aneurysm / lesion to L common carotid artery	cm	
M	Aneurysm / lesion Length of aneurysm / lesion segment	cm	
N	Distal neck Distance from aneurysm / lesion to celiac axis	cm	
O	Total Treatment Length Aneurysm / lesion plus 2 cm proximal and 2 cm distal	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

DRAWING / NOTES

SUGGESTED C-ARM ANGLE

_____ RAO

_____ LAO

_____ LATERAL

Consult Instructions for Use
(See reverse for Device Selection Form)

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INTENDED DEVICE INTRODUCTION SITE:	<input type="checkbox"/> Right	<input type="checkbox"/> Iliac	<input type="checkbox"/> Infra-renal 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)	RECOMMENDED DEVICE DIAMETER (mm)	DEVICE LENGTHS (cm)
16-19.5	21	10
19.5-24	26	10
22-26	28	10, 15
24-29	31	10, 15
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® Thoracic Endoprosthesis 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		TGU212110						
<input type="checkbox"/> 26 (proximal) x 21 (distal) x 10		TGU262110						
<input type="checkbox"/> 26 x 10		TGU262610						
<input type="checkbox"/> 31 (proximal) x 26 (distal) x 10		TGU312610						
<input type="checkbox"/> 28 x 10		TGU282810	<input type="checkbox"/> 28 x 15		TGU282815			
<input type="checkbox"/> 31 x 10		TGU313110	<input type="checkbox"/> 31 x 15		TGU313115			
<input type="checkbox"/> 34 x 10		TGU343410	<input type="checkbox"/> 34 x 15		TGU343415	<input type="checkbox"/> 34 x 20		TGU343420
<input type="checkbox"/> 37 x 10		TGU373710	<input type="checkbox"/> 37 x 15		TGU373715	<input type="checkbox"/> 37 x 20		TGU373720
<input type="checkbox"/> 40 x 10		TGU404010	<input type="checkbox"/> 40 x 15		TGU404015	<input type="checkbox"/> 40 x 20		TGU404020
<input type="checkbox"/> 45 x 10		TGU454510	<input type="checkbox"/> 45 x 15		TGU454515	<input type="checkbox"/> 45 x 20		TGU454520

GORE® DrySeal Sheath with Hydrophilic Coating: (outer diameter)

SHEATH SIZE (Fr)	DEVICE DIAMETER (mm)	SHEATH WORKING LENGTH (cm)	QTY.	CATALOGUE NUMBER
18 (6.8 mm)	21	28		DSL1828
20 (7.5 mm)	26-28	28		DSL2028
22 (8.3 mm)	31-34	28		DSL2228
24 (9.1 mm)	37-45	28		DSL2428
26 (9.8 mm)		28		DSL2628

GORE® Tri-Lobe Balloon Catheter:

DEVICE SIZE	QTY.	CATALOGUE NUMBER
<input type="checkbox"/> Aortic diameters 16-34 mm		BCM1634
<input type="checkbox"/> Aortic diameters 26-42 mm		BCL2645

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)	26-28	33		DSF2033
20 (7.5 mm)	26-28	65		DSF2065
22 (8.2 mm)	31-34	33		DSF2233
22 (8.2 mm)	31-34	65		DSF2265
24 (8.8 mm)	37-45	33		DSF2433
24 (8.8 mm)	37-45	65		DSF2465
26 (9.5 mm)		33		DSF2433
26 (9.5 mm)		65		DSF2465



Products listed may not be available in all markets.