

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

Patient ID:	Date of CT/CTA:
Physician:	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
- Length to first major branch: 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

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

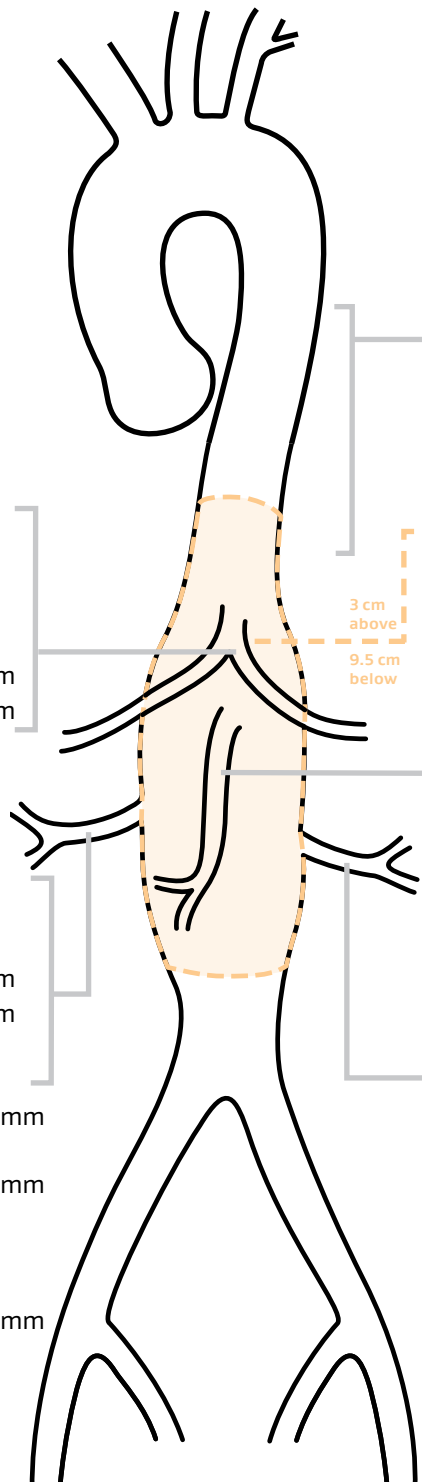
K. Left renal diameters

- 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)
ATAA43120160E	31 x 20 x 160	22–29	22
ATAA43720160E	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)
CEB231010	23 x 10 x 10	8–9	16
CEB231210	23 x 12 x 10	10–11	16
CEB231410	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
BXA053902E	BXB053902E	5 x 39	4.5–8.0
BXA055902E	BXB055902E	5 x 59	4.5–8.0
BXA057902E	BXB057902E	5 x 79	4.3–8.0
BXA063902E	BXB063902E	6 x 39	5.0–8.0
BXA065902E	BXB065902E	6 x 59	5.1–8.0
BXA067902E	BXB067902E	6 x 79	5.3–8.0
BXA073902E	BXB073902E	7 x 39	6.0–11.0
BXA075902E	BXB075902E	7 x 59	6.0–11.0
BXA077902E	BXB077902E	7 x 79	6.0–11.0
BXA083902E	BXB083902E	8 x 39	6.7–11.0
BXA085902E	BXB085902E	8 x 59	6.8–11.0
BXA087902E	BXB087902E	8 x 79	7.0–11.0
BXA093902E	BXB093902E	9 x 39	8.0–13.0
BXA095902E	BXB095902E	9 x 59	7.8–13.0
BXA097902E	BXB097902E	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)
DSF1233	12	4.0	4.7	33
DSF1245	12	4.0	4.7	45
DSF1433	14	4.7	5.3	33
DSF1533	15	5.0	5.6	33
DSF1633	16	5.3	6.1	33
DSF1833	18	6.0	6.7	33
DSF2033	20	6.7	7.5	33
DSF2233	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)
TLC140E	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

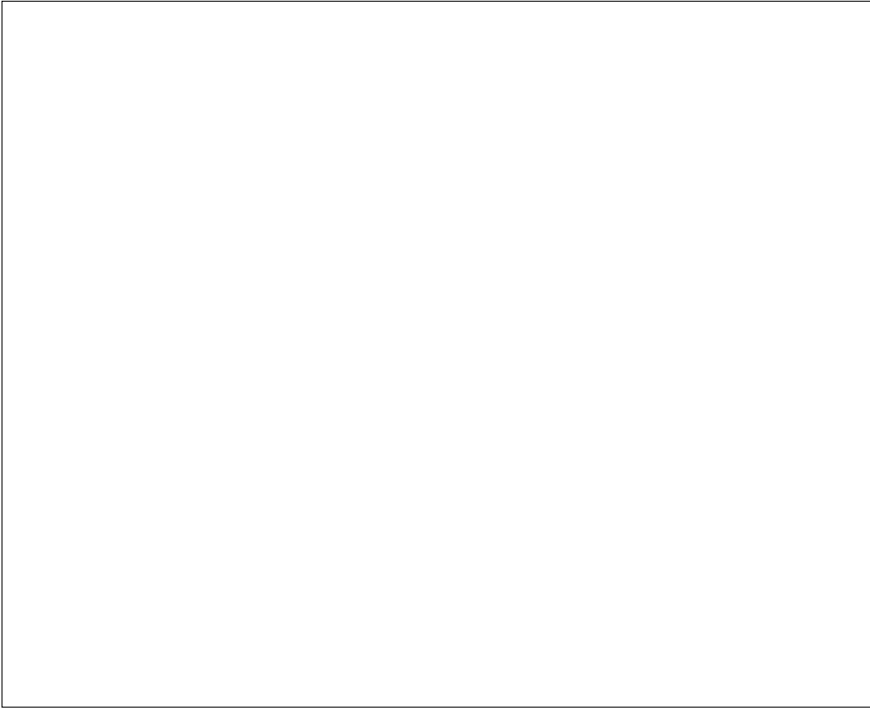
Other items

Catalogue number	Description

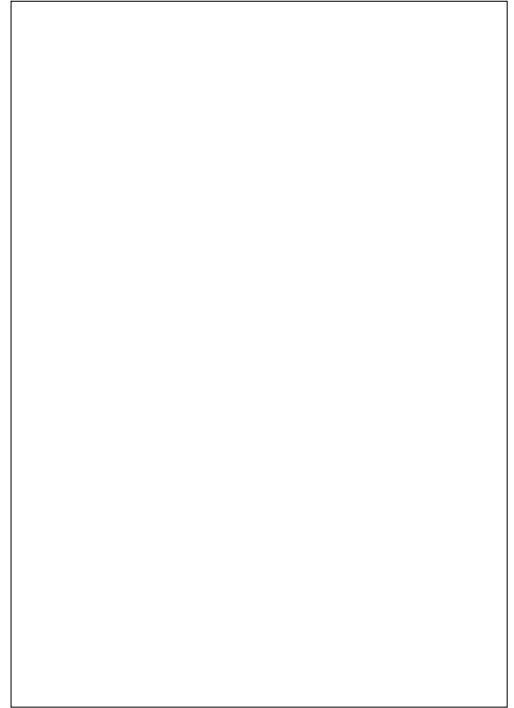
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Thoracoabdominal Branch Endoprosthesis (TAMBE)

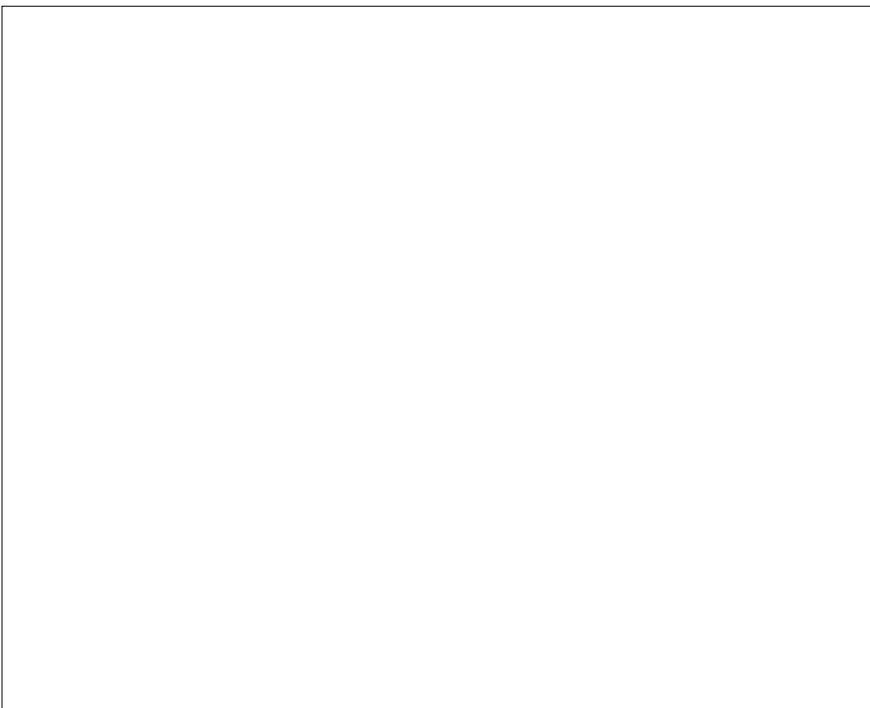
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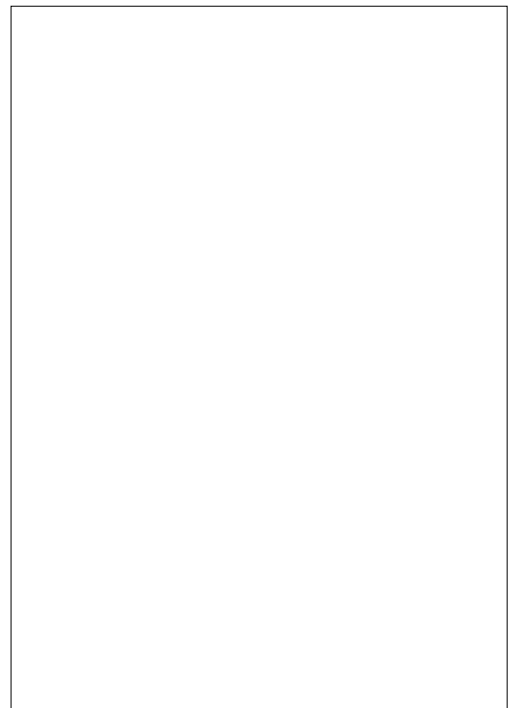
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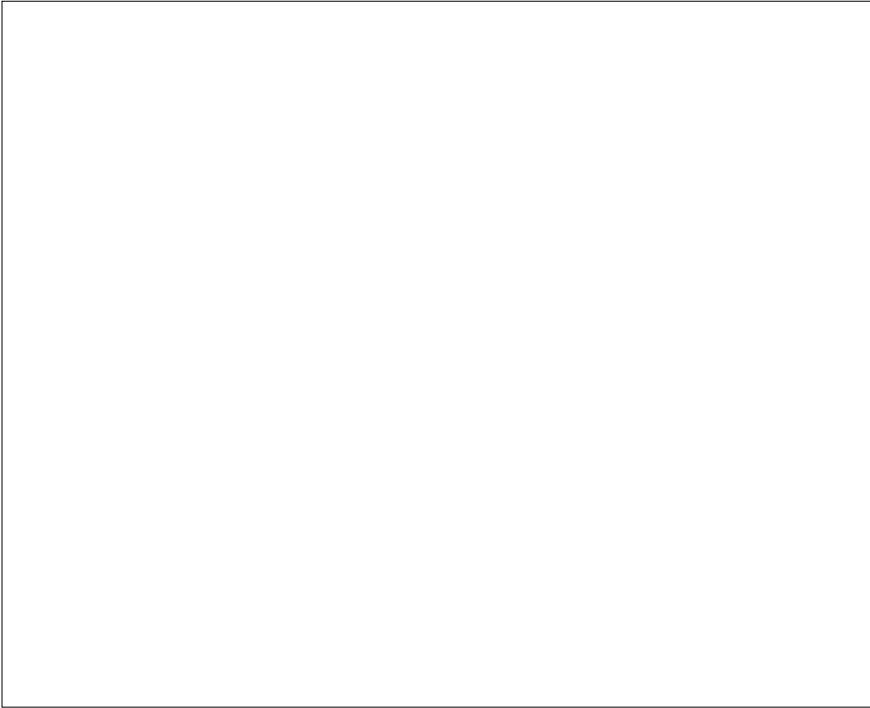
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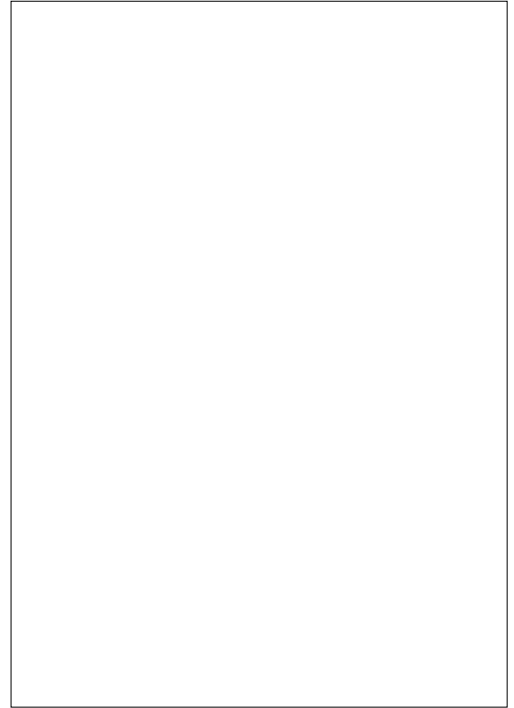
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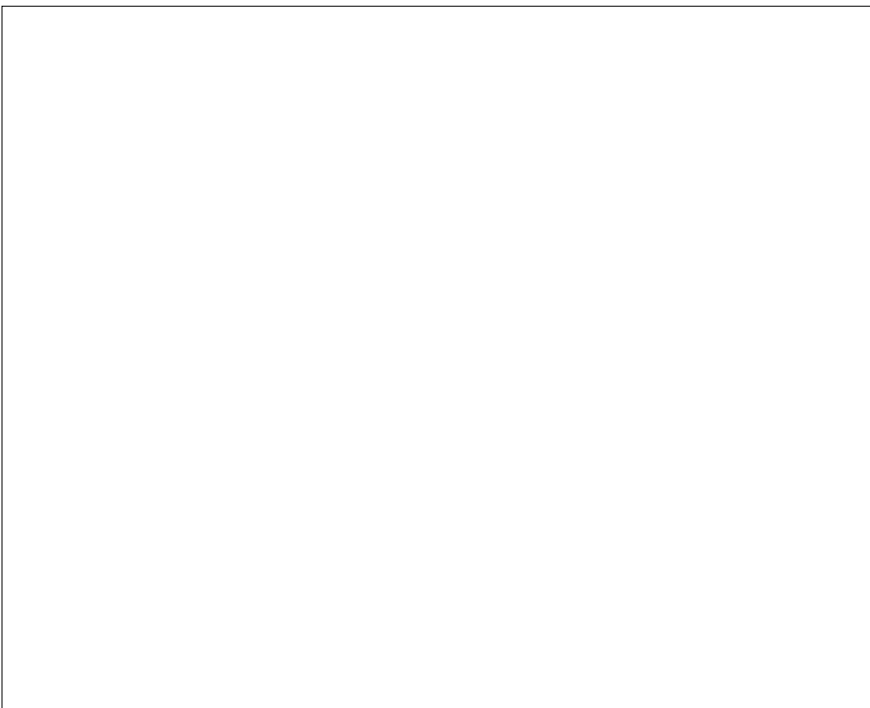
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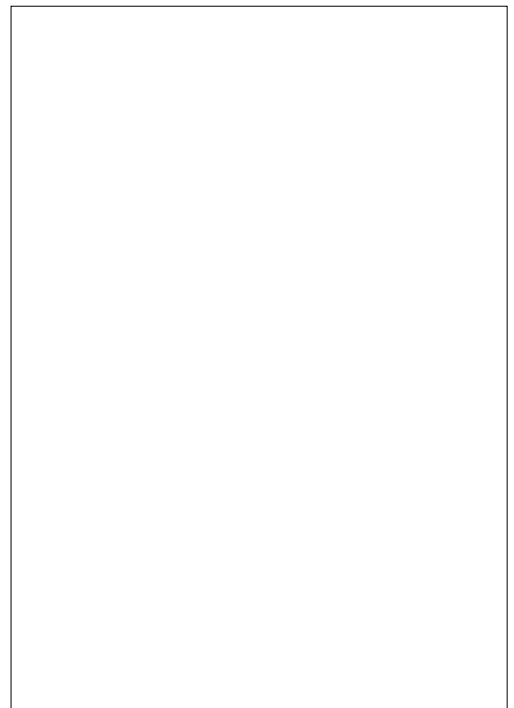
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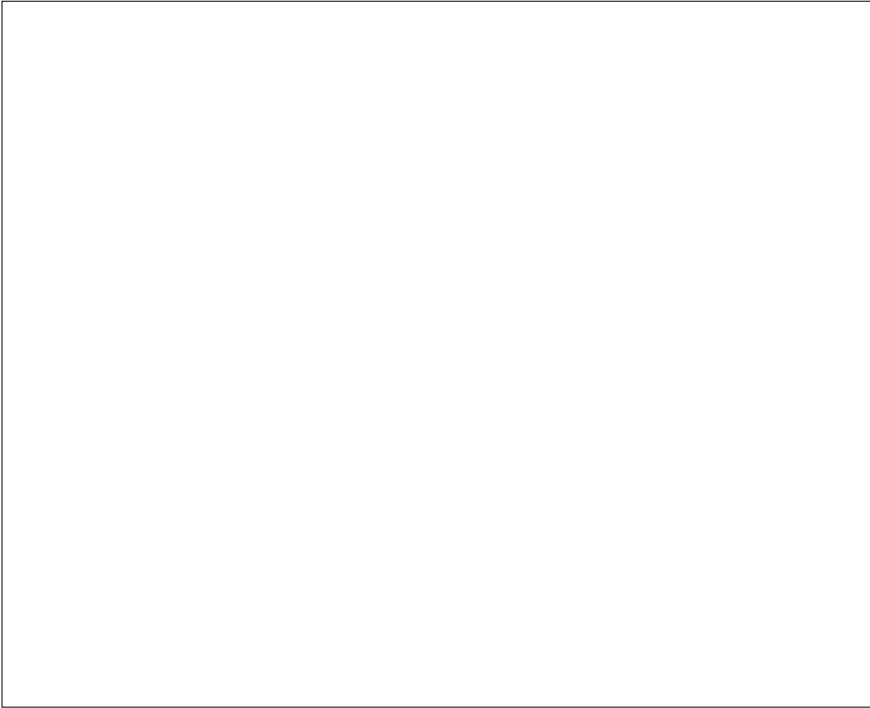
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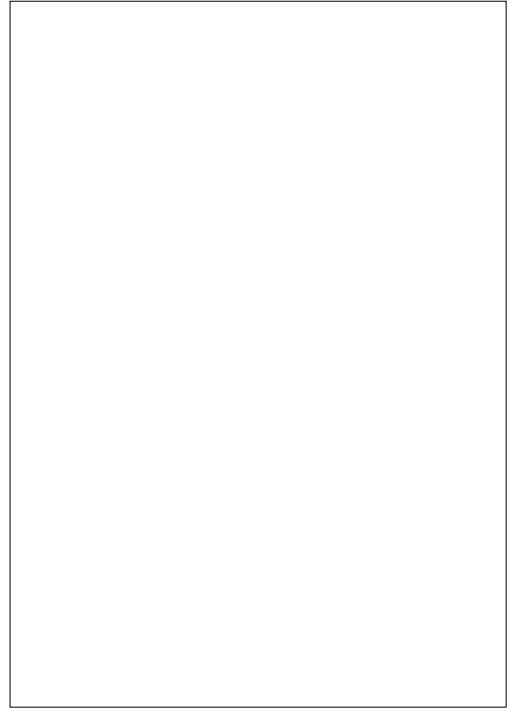
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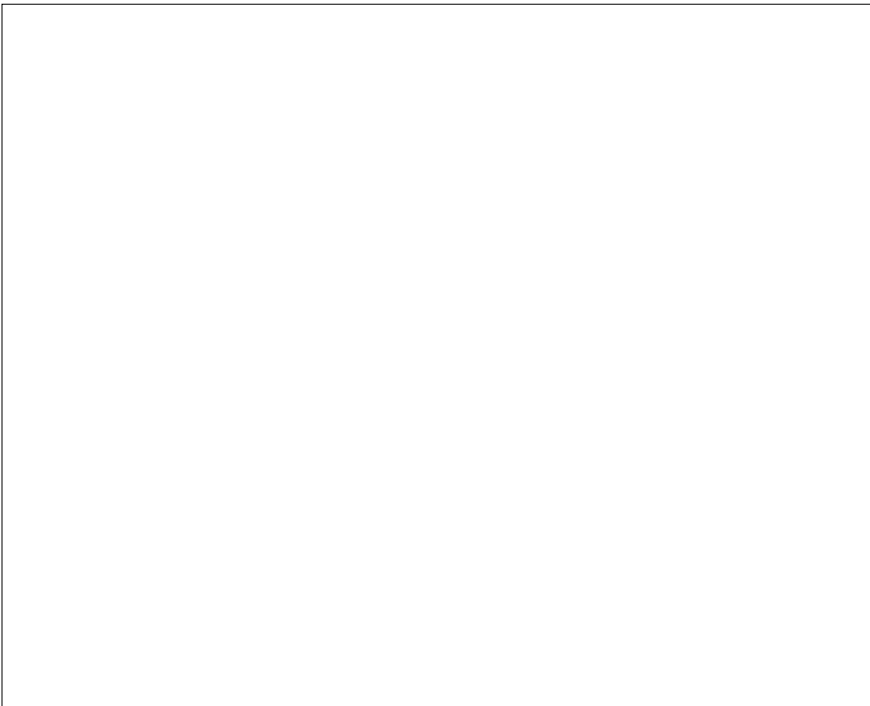
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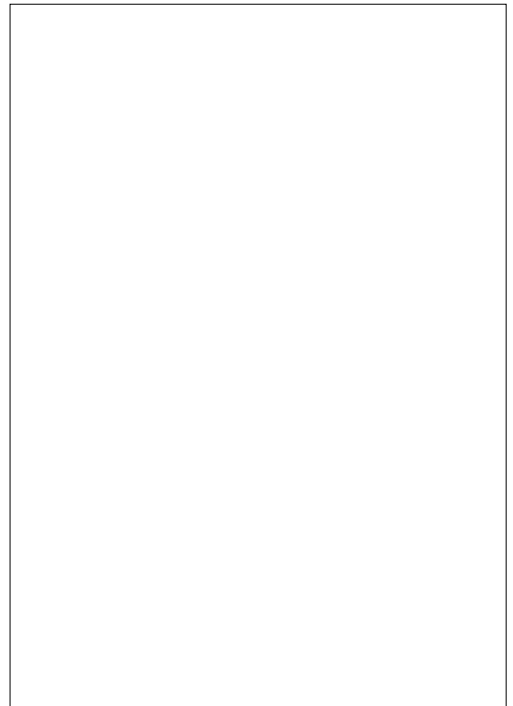
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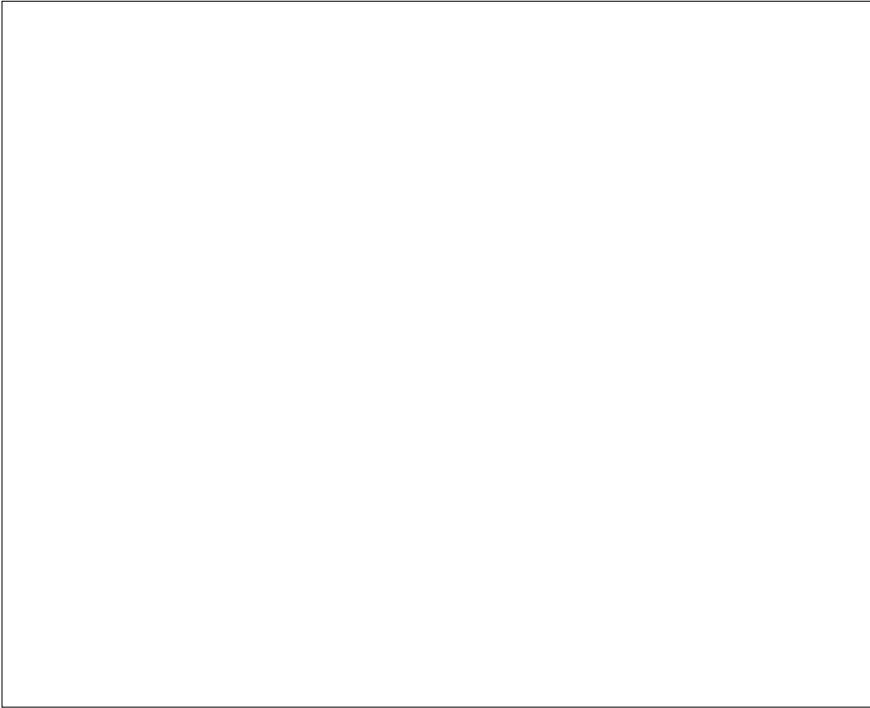
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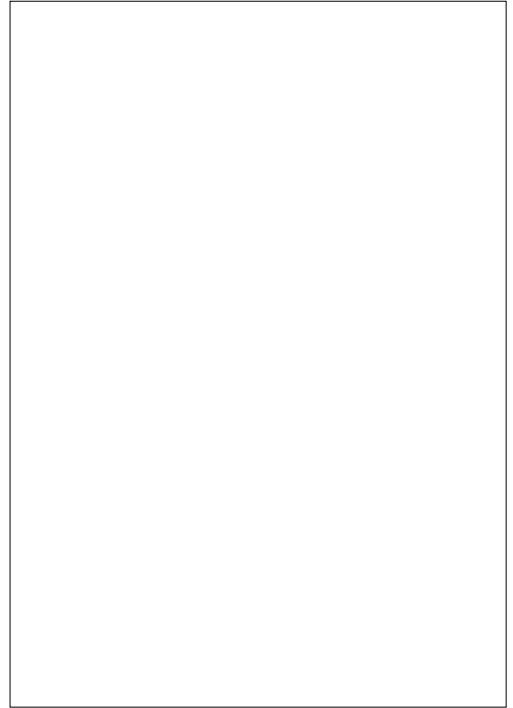
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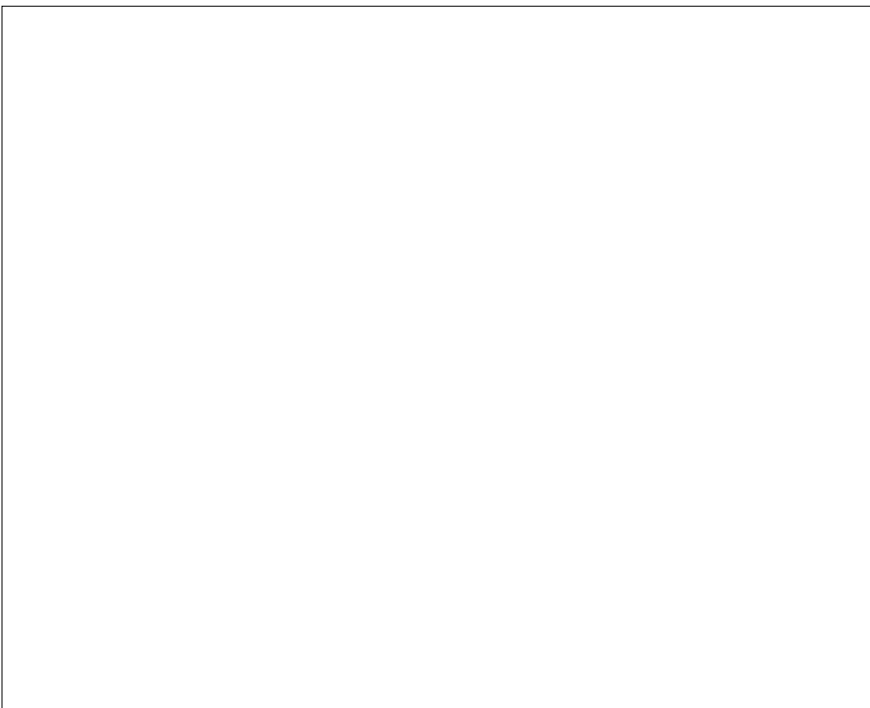
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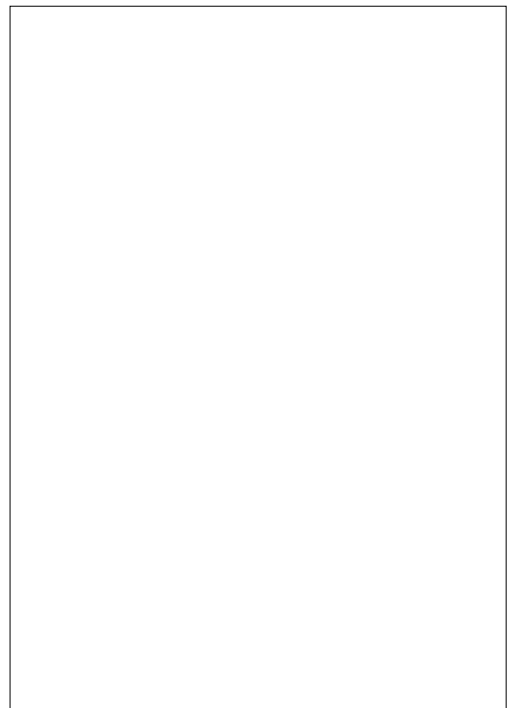
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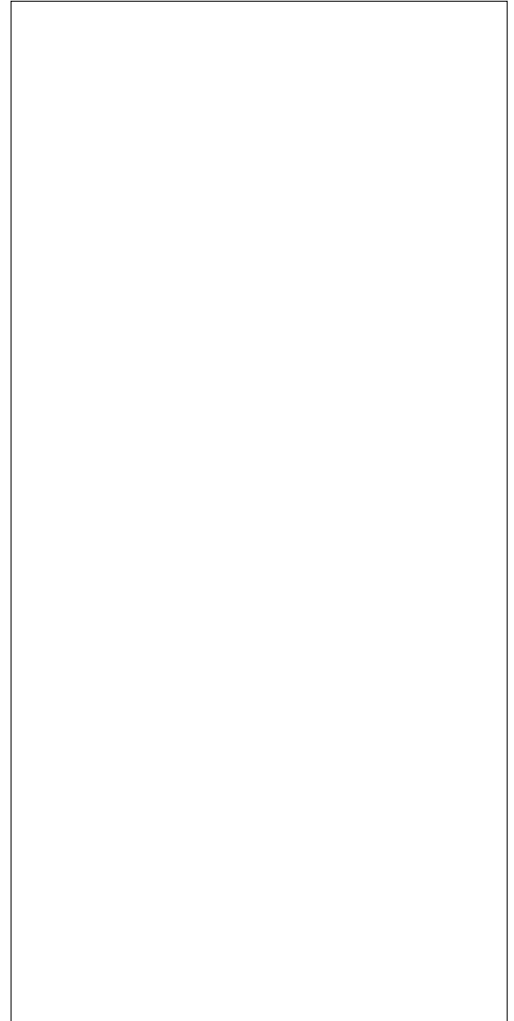
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Thoracoabdominal Branch Endoprosthesis (TAMBE)

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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.



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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