Isolated Lesion
Measurement / Device Selection Form

CONFORMABLE

GORE TAG® THORACIC ENDOPROSTHESIS

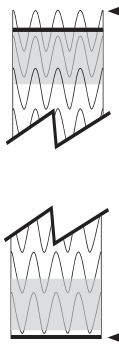
Gore / Patient Confidential Information

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: _____

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			
L¹	**Proximal neck** Distance from aneurysm / lesion to L subclavian	cm	
L²	**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?	☐ 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

Drawing / Notes

Suggested C-arm Angle

_____ RAO

_____ LAO

_____ LATERAL

Consult Instructions for Use

(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	☐ Infra-renal 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)	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 × 21	10
24–29 / 19.5–24	31 × 26	10

Intended GORE® TAG® Thoracic Endoprosthesis Size: (Check all device sizes and indicate number of each size to be ordered)

Device Size (mm × cm)	Qty.	Catalogue Number	Device Size (mm × cm)	Qty.	Catalogue Number	Device Size (mm × cm)	Qty.	Catalogue Number
☐ 21 × 10		TGU212110						
☐ 26 (proximal) × 21 (distal) × 10		TGU262110						
☐ 26 × 10		TGU262610						
☐ 31 (proximal) × 26 (distal) × 10		TGU312610						
☐ 28 × 10		TGU282810	☐ 28 × 15		TGU282815			
☐ 31 × 10		TGU313110	☐ 31 × 15		TGU313115			
☐ 34 × 10		TGU343410	☐ 34 × 15		TGU343415	☐ 34 × 20		TGU343420
☐ 37 × 10		TGU373710	☐ 37 × 15		TGU373715	☐ 37 × 20		TGU373720
☐ 40 × 10		TGU404010	☐ 40 × 15		TGU404015	☐ 40 × 20		TGU404020
☐ 45 × 10		TGU454510	☐ 45 × 15		TGU454515	☐ 45 × 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
☐ Aortic diameters 16–34 mm		BCM1634
☐ 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

CONFORMABLE

GORE TAG® THORACIC ENDOPROSTHESIS

Products listed may not be available in all markets.