

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:

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 # 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	R common iliac	mm mm
I	L common iliac	mm mm	
J	R ext. iliac / femoral	mm mm	
K	L ext. iliac / femoral	mm mm	

NOTES



LENGTH			
L ¹	Proximal neck Distance from aneurysm / lesion to L subclavian	cm	cm
L ²	Proximal neck Distance from aneurysm / lesion to L 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

SUGGESTED C-ARM ANGLE

_____ RAO
 _____ LAO
 _____ LATERAL

ANGLES			
P	Proximal angle	°	
Q	Distal angle (if applicable)	°	

NOTES

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

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 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.)

Intended Aortic Diameters (mm)	Recommended Prosthesis Diameter (mm)	Prosthesis 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		TGE212110						
<input type="checkbox"/> 26 (proximal), 21 (distal) x 10		TGE262110						
<input type="checkbox"/> 26 x 10		TGE262610						
<input type="checkbox"/> 31 (proximal), 26 (distal) x 10		TGE312610						
<input type="checkbox"/> 28 x 10		TGE282810	<input type="checkbox"/> 28 x 15		TGE282815			
<input type="checkbox"/> 31 x 10		TGE313110	<input type="checkbox"/> 31 x 15		TGE313115			
<input type="checkbox"/> 34 x 10		TGE343410	<input type="checkbox"/> 34 x 15		TGE343415	<input type="checkbox"/> 34 x 20		TGE343420
<input type="checkbox"/> 37 x 10		TGE373710	<input type="checkbox"/> 37 x 15		TGE373715	<input type="checkbox"/> 37 x 20		TGE373720
<input type="checkbox"/> 40 x 10		TGE404010	<input type="checkbox"/> 40 x 15		TGE404015	<input type="checkbox"/> 40 x 20		TGE404020
<input type="checkbox"/> 45 x 10		TGE454510	<input type="checkbox"/> 45 x 15		TGE454515	<input type="checkbox"/> 45 x 20		TGE454520

GORE® Introducer Sheath with Silicone Pinch Valve: (outer diameter)

Sheath Size	QTY	Catalogue Number
<input type="checkbox"/> 18 Fr (6.8 mm) proximal prosthesis size 21		TS1830
<input type="checkbox"/> 20 Fr (7.6 mm) proximal prosthesis size 26 – 28		TS2030
<input type="checkbox"/> 22 Fr (8.3 mm) proximal prosthesis size 31 – 34		TS2230
<input type="checkbox"/> 24 Fr (9.2 mm) proximal prosthesis size 37 – 45		TS2430

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 Sheath: (outer diameter)

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

Sheath Size	Proximal Prosthesis	QTY	GORE® DrySeal Sheath Catalogue Number	GORE® DrySeal Sheath with Hydrophilic Coating Catalogue Number
18 Fr (6.8 mm)	21		<input type="checkbox"/> SDV1828	<input type="checkbox"/> DSL1828
20 Fr (7.5 mm)	26–28		<input type="checkbox"/> SDV2028	<input type="checkbox"/> DSL2028
22 Fr (8.3 mm)	31–34		<input type="checkbox"/> SDV2228	<input type="checkbox"/> DSL2228
24 Fr (9.1 mm)	37–45		<input type="checkbox"/> SDV2428	<input type="checkbox"/> DSL2428
26 Fr (9.8 mm)			<input type="checkbox"/> SDV2628	<input type="checkbox"/> DSL2628



THORACIC ENDOPROSTHESIS

Notes

Attachments

For Acrobat® 9 or earlier: Choose **Tools > Comment & Markup > Attach a File as a Comment** and insert below.

For Acrobat® 10 or higher: Choose **View > Comment > Annotations > Attach File (paper clip icon)** and insert below.

