

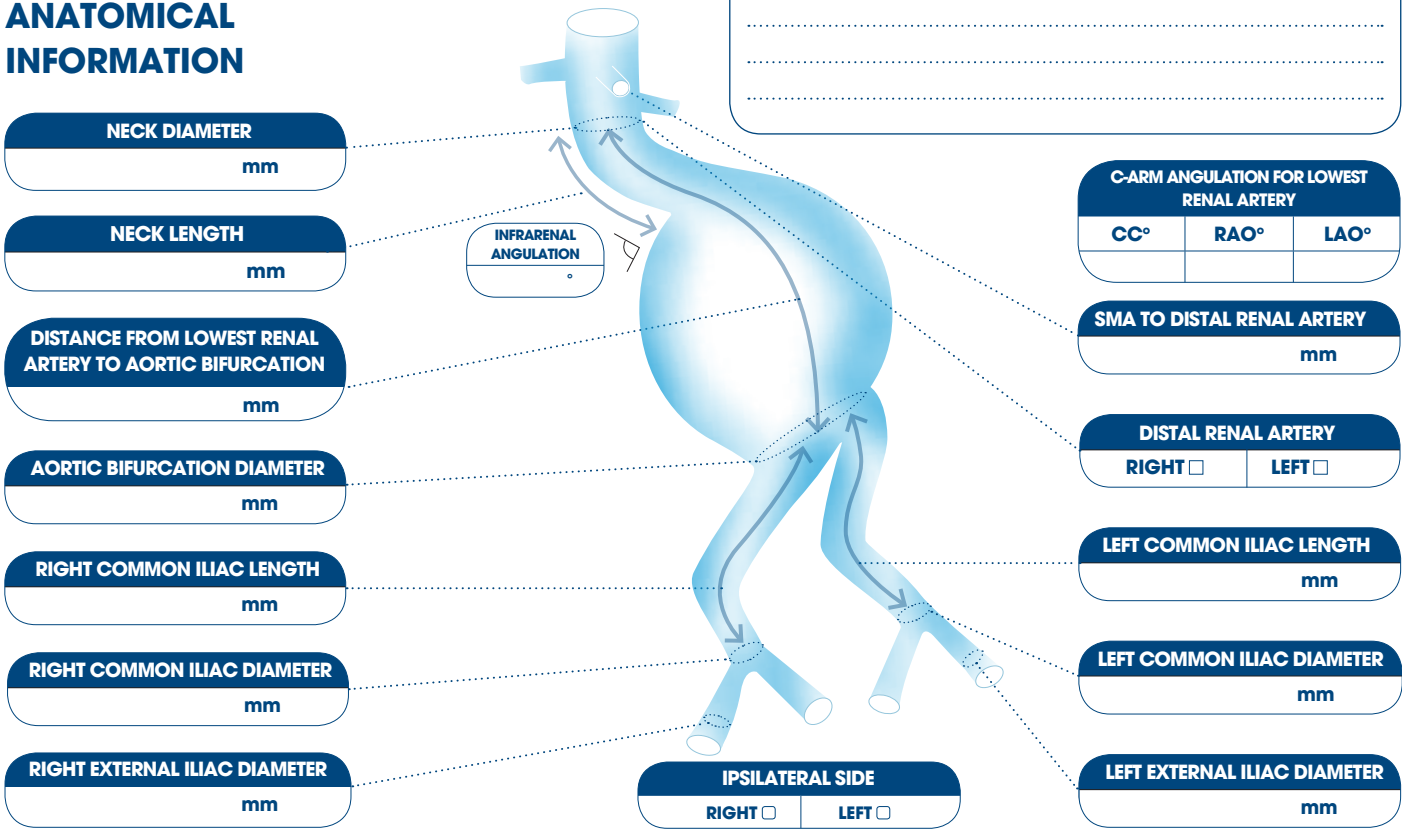
**Clinician Name:** .....  
**Hospital:** .....  
**Delivery/Contact Address:** .....  
 .....  
**Telephone:** .....  
**Email:** .....  
**Lombard Medical/Distributor Representative:** .....

**Patient ID:** .....  
**Date Of Birth:** ..... **M/F:** .....  
**Procedure Date:** .....  
**CT Scan Date:** .....

**NOTES**

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**ANATOMICAL INFORMATION**



**NECK DIAMETER**  
mm

**NECK LENGTH**  
mm

**DISTANCE FROM LOWEST RENAL ARTERY TO AORTIC BIFURCATION**  
mm

**AORTIC BIFURCATION DIAMETER**  
mm

**RIGHT COMMON ILIAC LENGTH**  
mm

**RIGHT COMMON ILIAC DIAMETER**  
mm

**RIGHT EXTERNAL ILIAC DIAMETER**  
mm

**C-ARM ANGIULATION FOR LOWEST RENAL ARTERY**

CC°	RAO°	LAO°

**SMA TO DISTAL RENAL ARTERY**  
mm

**DISTAL RENAL ARTERY**  
RIGHT  LEFT

**LEFT COMMON ILIAC LENGTH**  
mm

**LEFT COMMON ILIAC DIAMETER**  
mm

**LEFT EXTERNAL ILIAC DIAMETER**  
mm

**IPSILATERAL SIDE**  
RIGHT  LEFT

**IMPLANT SIZES** (please tick required graft size as appropriate)

MAIN BODY (MB)				GRAFT BODY LENGTH (mm)				
PROXIMAL DIAMETER (mm)				DISTAL DIAMETER (mm)				
D1	24 <input type="checkbox"/>	27 <input type="checkbox"/>	31 <input type="checkbox"/>	L1	81* <input type="checkbox"/>	96 <input type="checkbox"/>	111 <input type="checkbox"/>	126 <input type="checkbox"/>
L2	63 <input type="checkbox"/>			D2	12 <input type="checkbox"/>			

CONTRALATERAL LEG (CL)						
CONTRALATERAL LEG WORKING LENGTH (mm)						
L3	L1 ≥ 81	56 <input type="checkbox"/>	73 <input type="checkbox"/>	90 <input type="checkbox"/>	106 <input type="checkbox"/>	
L3	L1 = 81*	71 <input type="checkbox"/>	88 <input type="checkbox"/>	105 <input type="checkbox"/>	121 <input type="checkbox"/>	
D3	DISTAL CONTRALATERAL LEG DIAMETER (mm)					
D3	10 <input type="checkbox"/>	12 <input type="checkbox"/>	14 <input type="checkbox"/>	16 <input type="checkbox"/>	18 <input type="checkbox"/>	20 <input type="checkbox"/>

IPSILATERAL EXTENSION (IE)						
IPSILATERAL LEG LENGTH (mm)						
L4	56 <input type="checkbox"/>	73 <input type="checkbox"/>	90 <input type="checkbox"/>	106 <input type="checkbox"/>		
D4	DISTAL EXTENDER (DE)					
D4	IPSILATERAL LEG DIAMETER (mm)					
D4	10 <input type="checkbox"/>	12 <input type="checkbox"/>	14 <input type="checkbox"/>	16 <input type="checkbox"/>	18 <input type="checkbox"/>	20 <input type="checkbox"/>

DISTAL EXTENDER (DE)	
DIAMETER	LENGTH
51 LENGTH	10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/>
82 LENGTH	12 <input type="checkbox"/>

**BODY AND LEG PRODUCT CODES FOR ORDERING**

MAIN BODY	D1	L1	L2	D2	IPSILATERAL EXTENSION	L4	D4	CONTRALATERAL LEG	L3	D3	DISTAL EXTENDER	51 LENGTH	82 LENGTH
			63	12									

It is the responsibility of the clinician who completes this form to assess the suitability of this device for the intended patient. If this product is used outside of the indications for use, this is regarded as off label use and Lombard Medical cannot be held accountable for a decision to use it under these circumstances.

## ANATOMICAL MEASUREMENTS

**D1 - NECK DIAMETER**  
19-29mm  
10-30% oversizing on neck diameter

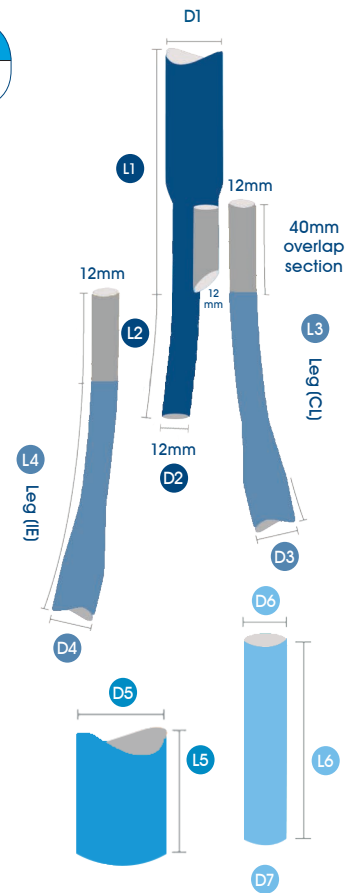
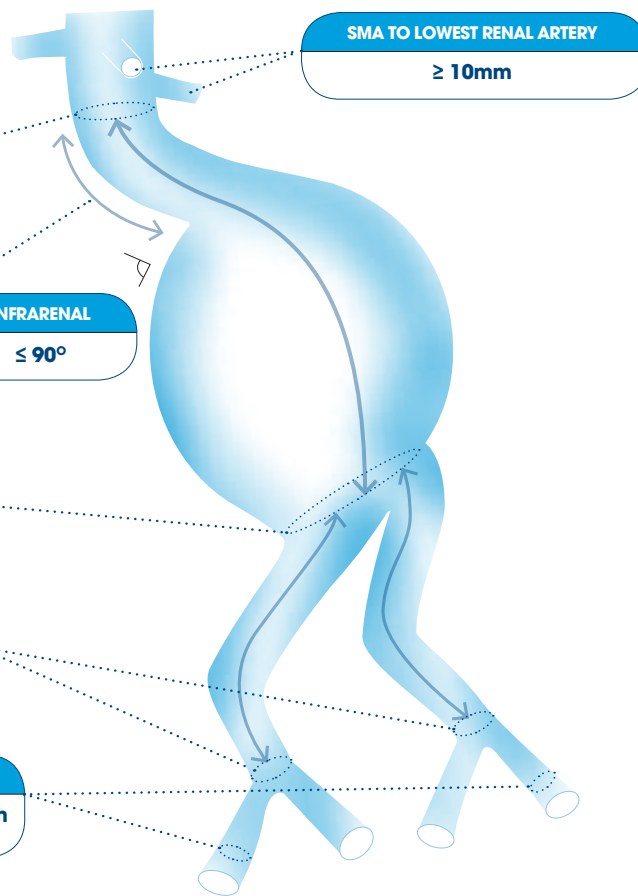
**CENTRELINE NECK LENGTH**  
≥ 15mm

**INFRARENAL**  
≤ 90°

**BIFURCATION**  
≥ 18mm

**D3/D4- CIA DIAMETER**  
8-19mm

**ACCESS VESSELS**  
To accommodate 16F or 18F sheath (as required)



### Main Body Stent Graft (MB)

	Proximal Diameter (mm)		
D1	24	27	31
	Graft Body Length (mm)		
L1	81*		
	96		
	111		
L2	126		
	Ipsilateral Leg Length (mm)		
L2	63		
	Distal Ipsilateral Leg Length (mm)		
D2	12		

### Contralateral Leg (CL)

	Leg Length (mm)					
L3	L3 > 81mm			L3 = 81mm*		
	56	73	90	71	88	105
	106					
	121					
	122					
	Distal Leg Diameter (mm)					
D3	10	12	14	16	18	20

\* When L1 equals 81mm the L3 working length increases by 15mm

### Ipsilateral Extension (IE)

	Leg Length (mm)					
L4	56	73	90	106		
D4	10	12	14	16	18	20

### Proximal Extender (PE)

D5	Proximal Extender Diameter (mm)		
	24	27	31
L5	Total Length (mm)		
	38		

### Distal Extender (DE)

D6 / D7	Distal Extender Diameter (mm)					
	12	14	16	18	20	12
L6	Total Length (mm)					
	51					82



Lombard Medical Limited  
Lombard Medical House  
4 Trident Park  
Didcot, OX11 7HJ

Tel: +44 (0)1235 750800  
Email: globalinfo@lombardmedical.com  
Website: www.lombardmedical.com

©2021 Lombard Medical Limited  
All rights reserved. F-041-UK. Version K