Lombard MEDICAL

Sizing Sheet and Order Form

www.lombardmedical.com

Minos™

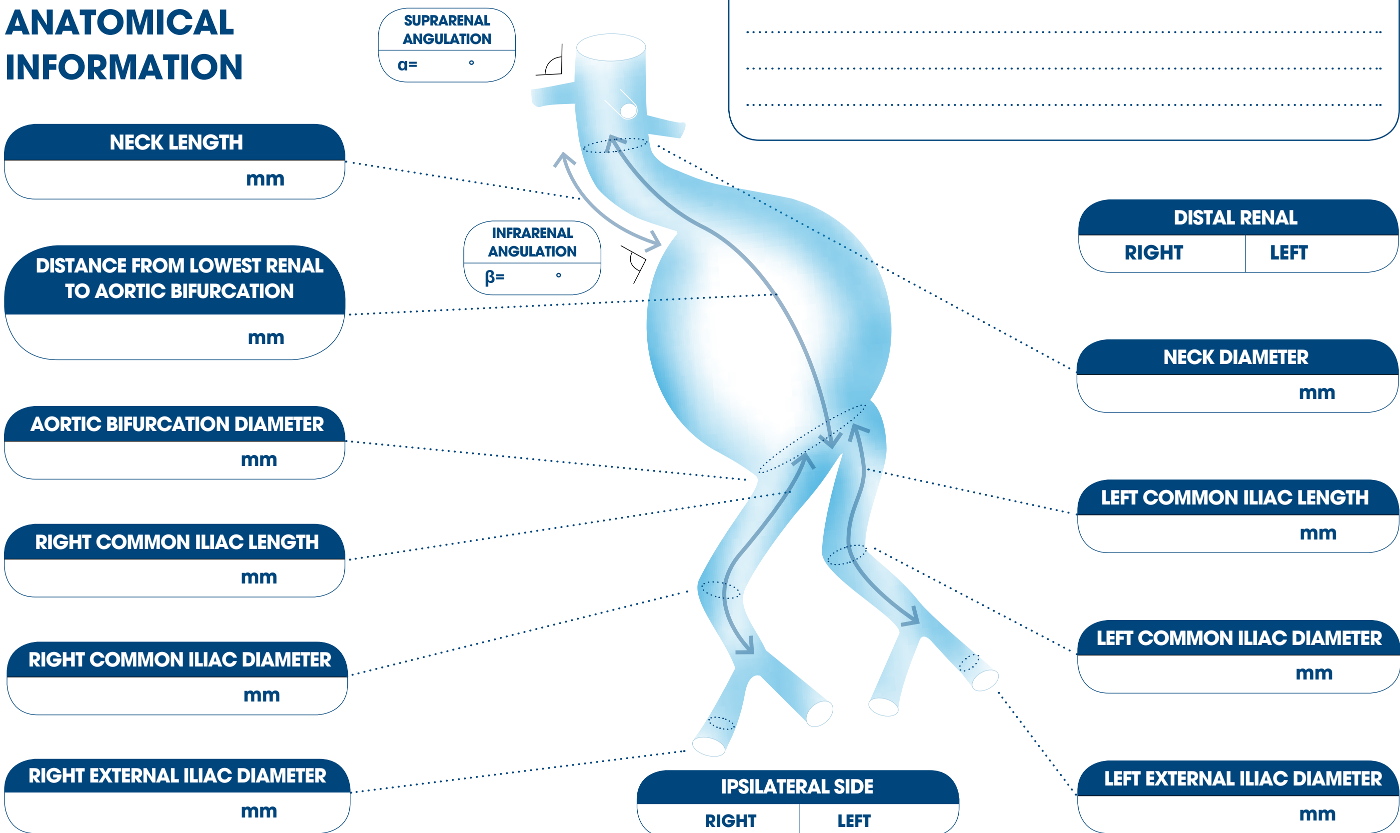
Clinician Name: ....
Hospital: ....
Delivery/Contact Address: ....
....
....
Telephone: ....
Email: ....
Lombard Medical/Distributor Representative:
....

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

NOTES

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

ANATOMICAL INFORMATION



IMPLANT SIZES (please tick required graft size as appropriate)

MAIN BODY

PROXIMAL DIAMETER (mm)

D1	22	24	26	28	30	32	34

GRAFT BODY LENGTH (mm)

L1	100

LIMB SIZES

IPSILATERAL LEG LENGTH (mm)

L2	80	100	120	140

DISTAL IPSILATERAL LEG DIAMETER (mm)

D2	10	13	16	18	20	24

CONTRALATERAL LEG LENGTH (mm)

L3	80	100	120	140

DISTAL CONTRALATERAL LEG DIAMETER (mm)

D3	10	13	16	18	20	24

BODY AND LEG PRODUCT CODES FOR ORDERING

MAIN BODY	D1	L1
		100

IPSILATERAL LEG	L2	D2	CONTRALATERAL LEG	L3	D3

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.

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

SUPRARENAL
≤ 45°

D1 – NECK DIAMETER
17-31mm

NECK LENGTH
≥ 15mm

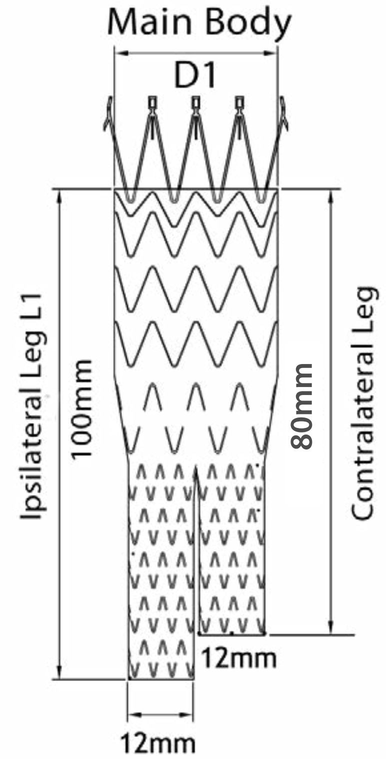
INFRARENAL
≤ 60°

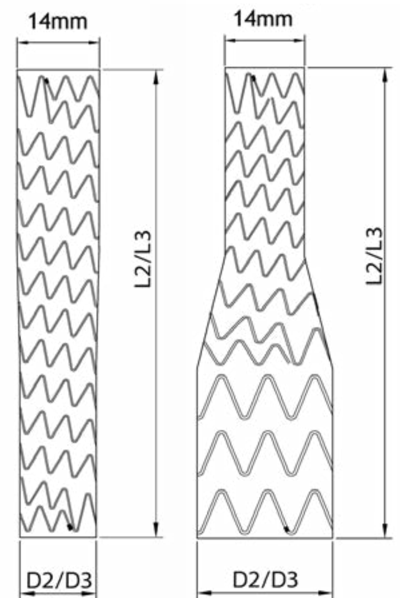
RENAL TO AORTIC BIFURCATION
≥ 85mm

BIFURCATION
≥ 16mm

D2/D3 - CIA DIAMETER
≤ 22mm

ACCESS VESSELS
To accommodate 12F, 14F, or 16F sheath (as required)





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