

TAA

DISSECTION

OTHER

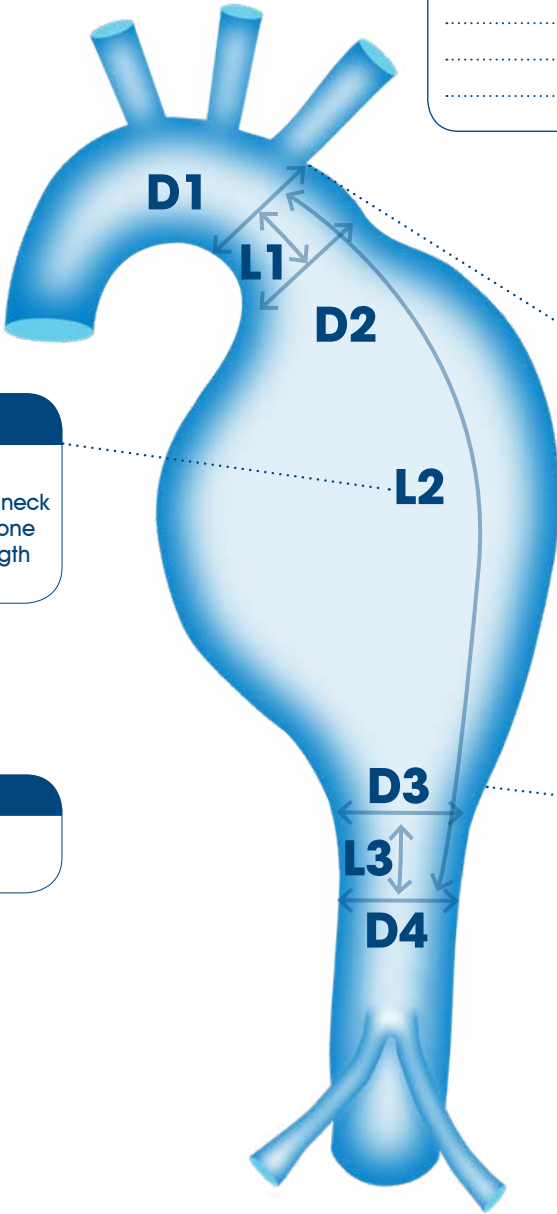
**Clinician Name:** .....  
**Hospital:** .....  
**Delivery/Contact Address:** .....  
 .....  
**Telephone:** .....  
**Email:** .....  
**Lombard Medical/Distributor Representative:** .....

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

**NOTES**

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 .....

**ANATOMICAL INFORMATION**



**TOTAL LENGTH**

**L2 =**     mm  
 Total length from proximal neck to end of distal landing zone (consider outer curve length and vessel tortuosity)

**PROXIMAL LANDING ZONE**

**D1 =**     mm  
**D2 =**     mm  
**L1 =**     mm  
 L1 ≥ 15mm proximal landing zone

**PROPOSED ENTRY SITE**

**LEFT**      
**RIGHT**  

**DISTAL LANDING ZONE**

**D3 =**     mm  
**D4 =**     mm  
**L3 =**     mm  
 L3 ≥ 15mm distal landing zone

Access vessels should accommodate 18F and 20F delivery system

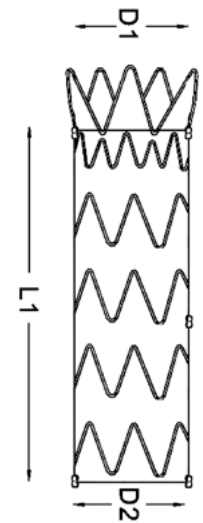
It is the responsibility of the clinician who completes this form to assess the suitability of this device for the intended patient. If this product is used outside of the indications for use, this is regarded as off label use and Lombard Medical cannot be held accountable for a decision to use it under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

**PRODUCT CODES FOR ORDERING**

(Other configurations available to order)

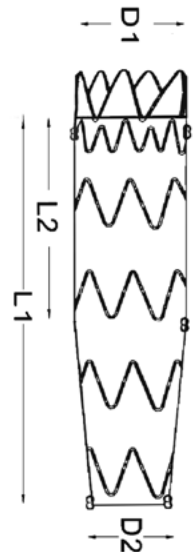
PROXIMAL DIAMETER (mm)	DISTAL DIAMETER (mm)	GRAFT LENGTH (mm)	PRODUCT CODE	QUANTITY
20	20	80	HT2020-080-1500	
22	22	80	HT2222-080-1500	
24	24	80	HT2424-080-1500	
26	26	80	HT2626-080-1500	
28	28	80	HT2828-080-1500	
30	30	80	HT3030-080-2000	
32	32	80	HT3232-080-2000	
34	34	80	HT3434-080-2000	
36	36	80	HT3636-080-2000	
38	38	80	HT3838-080-2000	
40	40	80	HT4040-080-2000	
42	42	80	HT4242-080-2000	
26	22	160	HT2622-160-1500	
28	24	160	HT2824-160-1500	
30	26	160	HT3026-160-2000	
32	28	160	HT3228-160-2000	
34	30	160	HT3430-160-2000	
36	32	160	HT3632-160-2000	
38	34	160	HT3834-160-2000	
40	36	160	HT4036-160-2000	
42	38	160	HT4238-160-2000	
44	40	160	HT4440-160-2000	

20-42mm



20-42mm for straight device

20-44mm



20-40mm for tapered device

**ADDITIONAL DEVICE REQUIREMENTS (PROXIMAL TO DISTAL)**


**CASE NOTES**

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A minimum of 55mm of covered stent overlap is recommended for aneurysms; 35mm for dissections when using multiple devices



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