

TAA

DISSECTION

OTHER

Clinician Name:
Hospital:
Delivery/Contact Address:

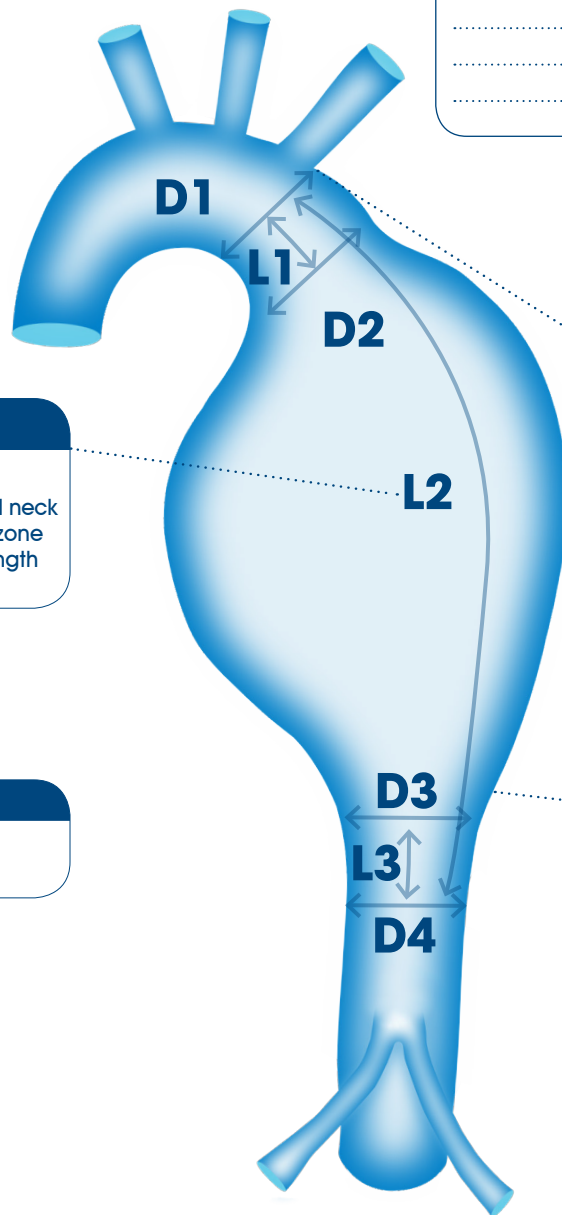
Telephone:
Email:
Lombard Medical/Distributor Representative:

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

CASE 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

Straight Configuration

PROXIMAL DIAMETER (mm)	DISTAL DIAMETER (mm)	GRAFT LENGTH (mm)	PRODUCT CODE	QUANTITY
20	20	100	HT2020-100-1500	
22	22	100	HT2222-100-1500	
24	24	100	HT2424-100-1500	
26	26	100	HT2626-100-1500	
28	28	100	HT2828-100-1500	
30	30	100	HT3030-100-2000	
32	32	100	HT3232-100-2000	
34	34	100	HT3434-100-2000	
36	36	100	HT3636-100-2000	
38	38	100	HT3838-100-2000	
40	40	100	HT4040-100-2000	
42	42	100	HT4242-100-2000	
44	44	100	HT4444-100-1500	

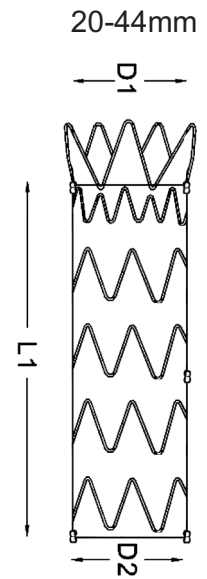
Tapered Configuration

PROXIMAL DIAMETER (mm)	DISTAL DIAMETER (mm)	GRAFT LENGTH (mm)	PRODUCT CODE	QUANTITY
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	
26	22	200	HT2622-200-1500	
28	24	200	HT2824-200-1500	
30	26	200	HT3026-200-2000	
32	28	200	HT3228-200-2000	
34	30	200	HT3430-200-2000	
36	32	200	HT3632-200-2000	
38	34	200	HT3834-200-2000	
40	36	200	HT4036-200-2000	
28	20	200	HT2820-200-1500	
30	22	200	HT3022-200-2000	
32	24	200	HT3224-200-2000	
34	26	200	HT3426-200-2000	
36	28	200	HT3628-200-2000	
38	30	200	HT3830-200-2000	
40	32	200	HT4032-200-2000	

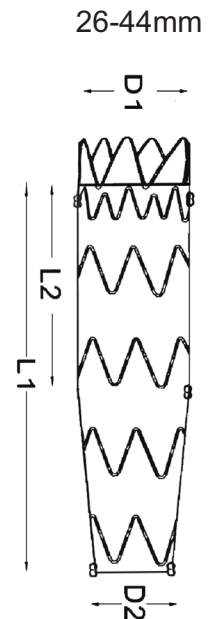
ADDITIONAL DEVICE REQUIREMENTS (PROXIMAL TO DISTAL)

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



20-44mm
for straight device



22-40mm
for tapered device



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