THE MEDICAL DEVICE HUB GEPROMED FOR PATIENT SAFETY	**CLINICAL DATA SHEET**	**S-MV-04-EN** **Indice de révision : H**

Explant surgeon		
Physician :		
E-mail :		
Head of department :		
Hospital :		
Country		
Member of the scientific society :	o SCV o ESVS o Vascurisq	

Explant for analysis		
Explant type :		*Clinical history*
o Endograft	Brand :	
o Stent		
o PET prosthesis	Model :	
o PTFE prosthesis		
o PET patch	Reference N° :	
o PTFE patch		
o Bioprosthesis	Lot N°:	Contact for more information : (intern, nurse, CRA, …)

Implantation

Implantation date :

Implantation hospital:

Implantation cause

o Aneurysm. Size (mm) : □ Ruptured □ Inflammatory □ Asymptomatic □ Painful	o Peripheral artery disease □ Claudification □ Critical limb treatening ischemia: o Rest pain o Ulcers
o Creation of intravascular access for dialysis □ Line □ Loop	o Acute limb ischemia - Rutherford scale :
o Aortic Dissection □ Type A □ Type B acute □ Type B chronic	o Prosthesis replacement o Other (Please specify)

Implantation details

Vascular implantation site :
Right side or left side :
Surgical procedure done :
Details (If needed, please draw a scheme on the sheet back) :

Explantation

Explantation date :	

Is the failure linked to the device ? □ **YES** □ **NO**

Explantation cause(s)

o Material alteration : □ Expansion □ Stent rupture □ Anastomotic rupture □ Non Anastomotic rupture	o Aneurysmal disease extension
	o Endotension
	o Infection : Germ(s): Duration :
o Autopsy	
o Amputation	o Prosthetic migration
o Failure during implantation	o Seroma
o Endoleak □ IA □ IB □ II □ III □ IV	o Stenosis □ Non anastomotic □ Anastomotic
o New surgical procedure	

Was the device patent at the time of explantation ? □ Yes □ No

New surgical procedure description with the potential new implanted device: