

# REQUEST FOR CUSTOMIZATION

## Nitinol Stent for Gastroenterology



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Unique patient identifier / Patient number

.....  
 Indication

**Please draw and provide dimensions!**

**It is in the prescribing doctor's responsibility to determine whether this custom made stent is suitable for the patient.**

.....  
 Doctor's name

.....  
 Address / stamp

.....  
 Telephone

**Doctor's signature**

**Order by purchasing department**

.....  
 Order number

**Signature**

**Leufen Medical internal: checked and approved**

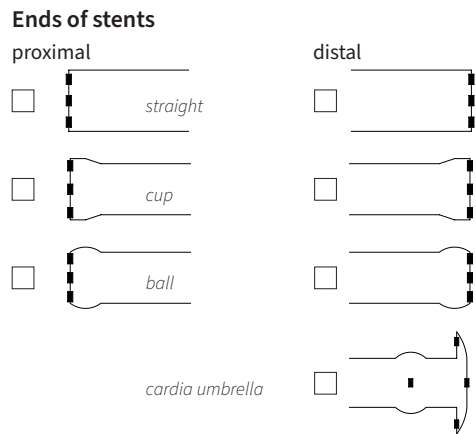
.....  
 Medical device consultant Leufen

.....  
 Date / Signature

**Customization Request ID**

**Stent-Ø**  
 proximal: \_\_\_\_\_ middle: \_\_\_\_\_ distal: \_\_\_\_\_  
*Side of the handle* *Side of the tip*

**Length of stent**  
 Total length: \_\_\_\_\_  
 divided into (in case length of proximal and/or distal section differ from standard):  
 proximal: \_\_\_\_\_ middle: \_\_\_\_\_ distal: \_\_\_\_\_



**X-ray marker** ■ if applicable, draw differing position of x-ray marker  
 without x-ray marker

- Delivery system**
- PTW – Ø 2.8 mm/8.5 F – L: 500 mm
  - TTS – Ø 2.8 mm/8.5 F – L: 1800 mm
  - TTS – Ø 3.3 mm/10 F – L: 2300 mm
  - OTW – Ø 4 mm/12 F – L: ○ 650 mm / ○ 1300 mm
  - OTW – Ø 8 mm/24 F – L: ○ 700 mm / ○ 1100 mm
  - OTW proximal release – Ø 8 mm/24 F – L: 700 mm

- Cover**
- partial Cover (Please mark in drawing)
  - complete Cover
  - without Cover

- Extraction thread**
- proximal       distal

The manufacturer of the stent (bess pro gmbh) confirms, that the customized stent described above will be manufactured in compliance with the Regulation (EU) 2017/745 of the European Parliament and of the Council Annex XIII.