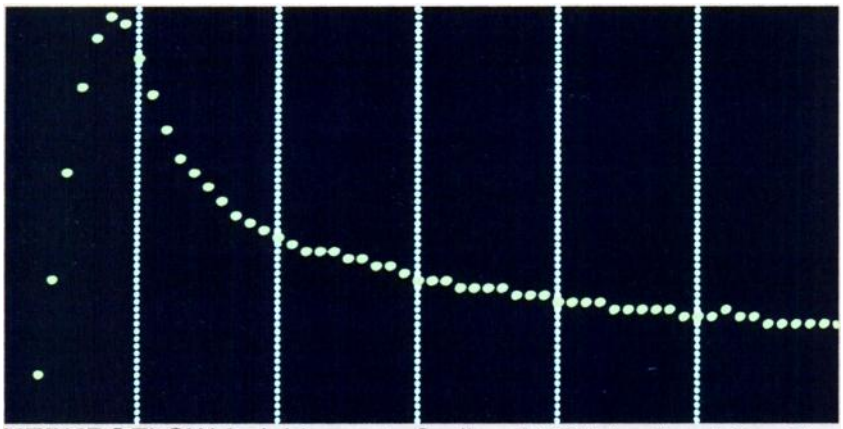
Introducing

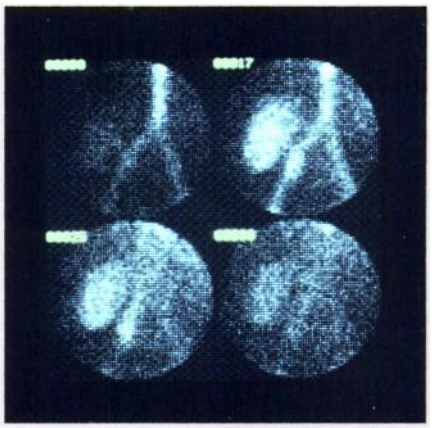
TM

IODOHIPPURATE SODIUM I 123 INJECTION

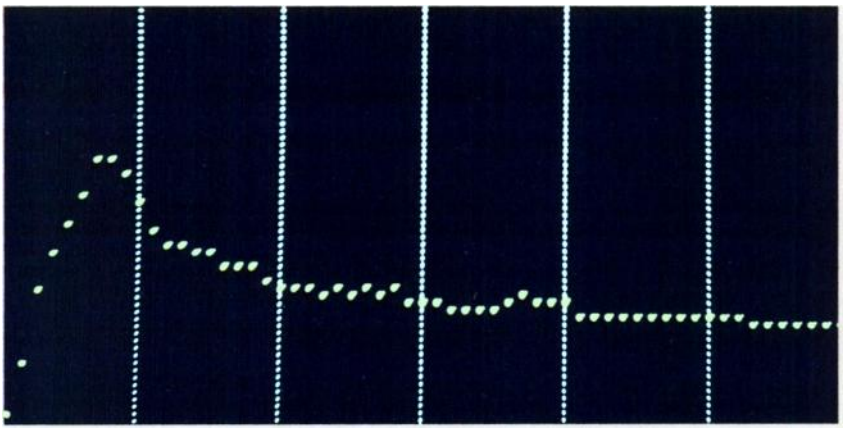
Normal Transplant Renogram[1]



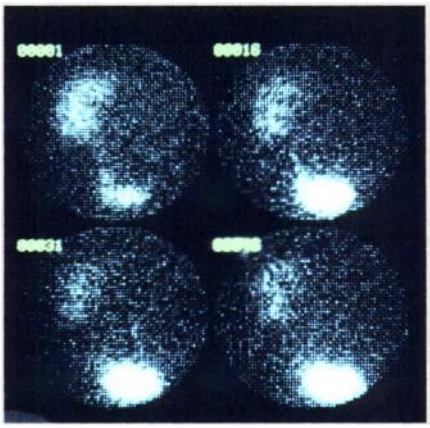
NEPHROFLOW, Iodohippurate Sodium I 123 Injection, 1.0 mCi



High Count Rate
High Detector Efficiency



Iodohippurate Sodium I 131 Injection, 0.15 mCi



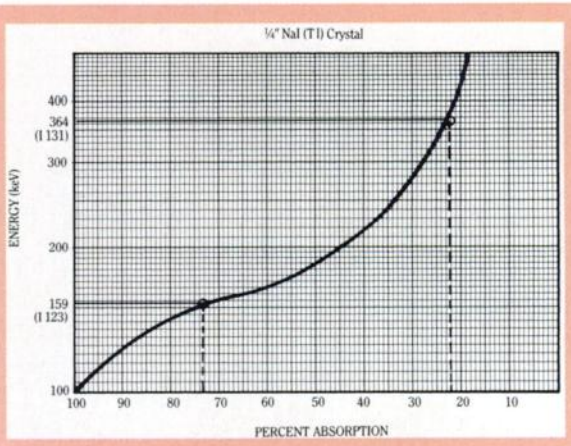
Low Count Rate
Low Detector Efficiency

NEPHROFLOW provides better counting statistics and higher data density.

[1]Reference: Data on file, Medi-Physics, Inc., Richmond, CA

Nephroflow™

- Particularly useful in obstructed patients
- Slight advantage in photon intensity
- Major advantage in ¼ inch crystal efficiency
- Imaging should be performed as close to calibration time as possible



Comparison of I 123 and I 131

Characteristic	I 123	I 131
Mode of Decay	Electron capture	Beta⁻
Half-Life	13.2 hours	193 hours
Principal Gamma Energy (keV)	159	364
Intensity	84%	82%
Half-Value layer, lead, cm	0.037	0.24
Detection Efficiency:		
¼" NaI (Tl) crystal	74.5%	22.5%

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NEPHROFLOW™
IODOHIPPURATE SODIUM I 123 INJECTION

For complete prescribing information consult package insert, a brief summary of which follows:

DESCRIPTION: Iodohippurate Sodium I 123 Injection is supplied as a sterile, apyrogenic, aqueous, isotonic saline solution for intravenous administration. Each milliliter of the solution contains 37 megabecquerels (1 millicurie) Iodohippurate Sodium I 123 at calibration time, 2 milligrams Iodohippurate Sodium, 1 percent benzyl alcohol (as a preservative), 9 milligrams per milliliter sodium chloride for isotonicity, and up to 0.1 percent ethanol. The solution is buffered with sodium phosphate and the pH is adjusted to 7.0-8.5 with sodium hydroxide or hydrochloric acid. The radionuclidic composition at calibration time is not less than 94.7 percent I 123, not more than 4.8 percent I 124, and not more than 0.5 percent all others (I 125, I 126, I 130, Na 24, Te 121). The radionuclidic composition at expiration time is not less than 85.5 percent I 123, not more than 12.9 percent I 124, and not more than 1.6 percent all others.

INDICATIONS AND USAGE: Iodohippurate Sodium I 123 Injection is a diagnostic aid in determining renal function, renal blood flow, and urinary tract obstruction, and as a renal imaging agent.

CONTRAINDICATIONS: None Known.

WARNINGS: None Known.

PRECAUTIONS:

General

The contents of the vial are radioactive. Adequate shielding of the preparation must be maintained at all times.

Do not use after the expiration time and date (24 hours after calibration time) stated on the label.

The prescribed Iodohippurate Sodium I 123 dose should be administered as soon as practical from the time of receipt of the product (i.e., as close to calibration time as possible) in order to minimize the fraction of radiation exposure due to relative increase of radionuclidic contaminants with time.

Iodohippurate Sodium I 123, as well as other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to miminize radiation exposure to the patient consistent with proper patient management.

Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No long term animal studies have been performed to evaluate carcinogenic potential, mutagenicity potential, or whether Iodohippurate Sodium I 123 affects fertility in males or females.

Pregnancy Category C

Animal reporduction studies have not been conducted with this drug. It is also not known whether Iodohippurate Sodium I 123 can cause fetal harm when administered to a pregnant woman, or can affect reproductive capacity. Iodohippurate Sodium I 123 should be given to a pregnant woman only if clearly needed.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, in women of childbearing capability should be performed during the first few (approximately ten) days following the onset of menses.

Nursing Mothers

Since Iodine-123 is excreted in human milk, formula-feeding should be substituted for breast feeding if the agent must be administered to the mother during lactation.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: As with all organic iodine containing compounds, the possibility of allergic reactions must be kept in mind. Nausea, vomiting, and fainting have been reported in conjunction with the administration of Iodohippurate Sodium I 123.

HOW SUPPLIED: Iodohippurate Sodium I 123 Injection is supplied in nominal 3.5 ml vials as a sterile, nonpyrogenic, aqueous, isotonic saline solution for intravenous injection. Each milliliter contains 37 megabecquerels (1 millicurie) of Iodohippurate Sodium I 123 at calibration time.

It is available, in individual vials, in the following sizes:
MPI Catalog No. 2041; 1 ml and 37 megabecquerels (1 mCi) per vial
MPI Catalog No. 2042; 2 ml and 74 megabecquerels (2 mCi) per vial

Vials are packaged in individual lead shields with plastic outer container.

Circle Reader Service No. 1

MORE FOR LESS!


```
RADIOISOTOPE RECORD

Date:     Jul 16, 1984
Time:      8:11 A.M.
Isotope:  Tc-99m
Sample #   1
Activity: 798. mCi
Volume:    20.0 ml
Conc:      39.9 mCi/ml
99Mo:      27.8 uCi
Mo/Tc:   .034  uCi/mCi
```

```
RADIOISOTOPE RECORD

Date:     Jul 16, 1984
Time:      8:12 A.M.
Isotope:  Tc-99m
Sample #   1
Dose:      5.00 mCi

 Isotope Decay Chart

8:30 A.M.
  38.5 mCi/ml
  .13  ml
  Mo: .036  uCi/mCi
9:00 A.M.
  36.3 mCi/ml
  .14  ml
  Mo: .038  uCi/mCi
9:30 A.M.
  34.3 mCi/ml
  .15  ml
  Mo: .040  uCi/mCi
```

COMP-U-CAL™

A Fully-Computerized Radioisotope Calibrator That You and Your Budget Will Appreciate!

COMP-U-CAL™ GIVES YOU MORE

- Provides a printed record of date, time, isotope activity, concentration, syringe volume and assay results.
- Calculates and prints out the concentration and volume for any desired dose, corrected for decay for a whole day, or for a single dose, as desired.
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Offers a fast, accurate means of measuring the activity of radioisotope doses.

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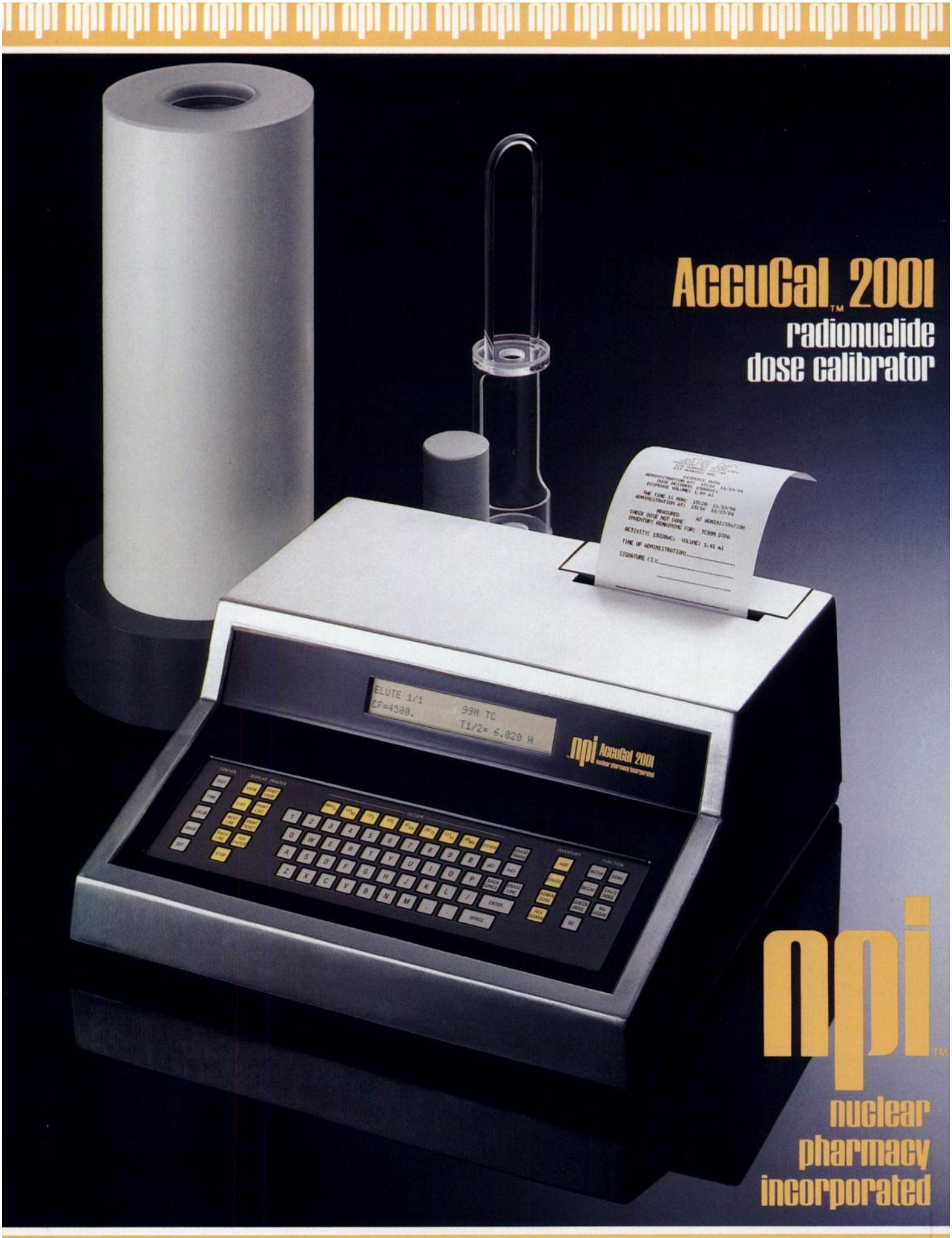
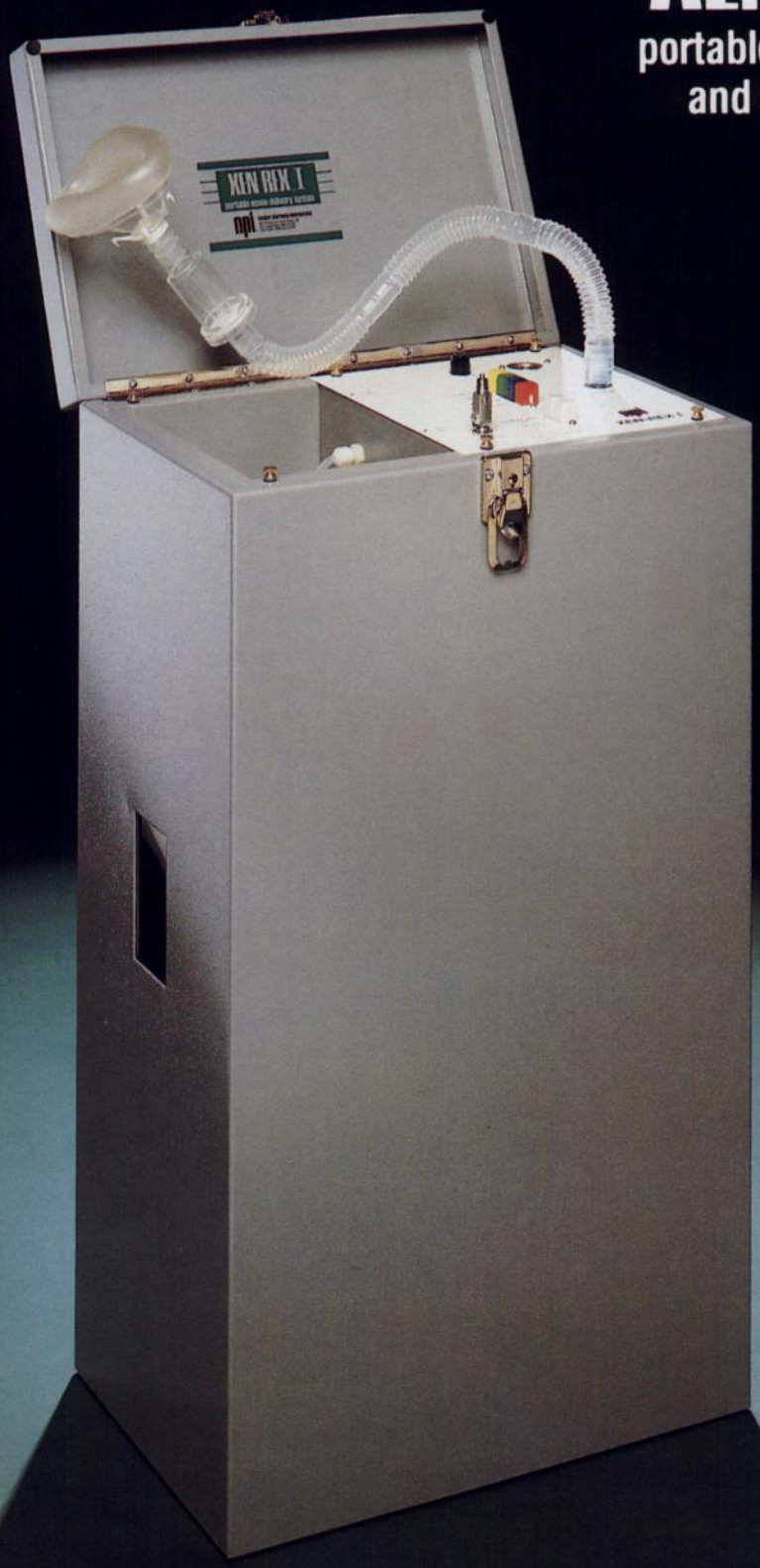
THE PRICE/PERFORMANCE LEADER IN RADIOISOTOPE CALIBRATORS

Circle Reader Service No. 2



XEN REX™ I

portable Xenon delivery and trapping system



for use in lung ventilation studies involving Xenon 133 and Xenon 127

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Radiation Exposure Surveys • Contamination Surveys
Nuclear Medicine Applications • Radioactive Package Surveys
Radioactive Waste Monitoring

The case above can be outfitted with seven possible detectors for the following applications:

- beta detection and contamination surveys
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- medium/high gamma energy detection
- energy compensated gamma/X-ray detection for measuring exposure rate

We will customize your case to accomodate specific detector assemblies and detectors of your choice.

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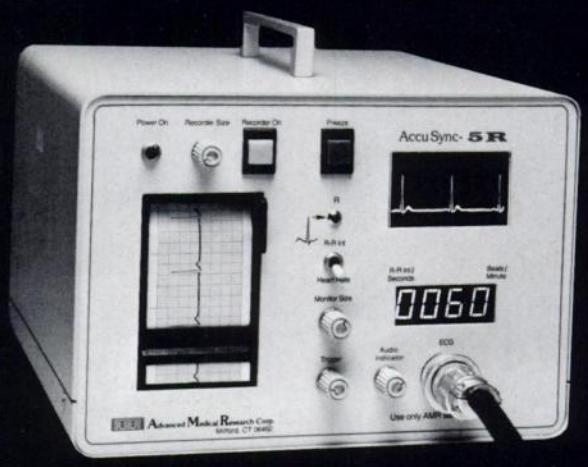
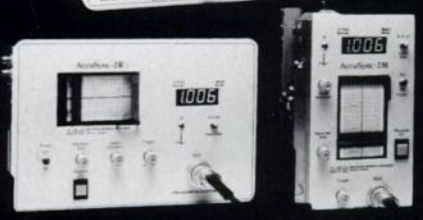
AMR's AccuSync provides R-wave detection with precision and reliability.

The finest R-wave Triggering device available for computerized gated cardiac studies.

AccuSync-5R Features

- Isolation Amplifier for Patient Safety.
- Digital CRT Monitor.
- ECG Strip Chart Recorder.
- Heart Rate/R-R int.
- Trigger Pulse LED.
- Trigger Control for Ease of Lead Placement and Precise Location of Trigger Pulse.
- R-Trigger Output, Compatible with all Computers.
- No Delay.
- ECG Output
- Playback Mode. (optional)
- Event Marker. (optional)
- Audio Indicator.



MODEL		FEATURES
AccuSync-6		All **AccuSync-5R** features with the exception of the Strip Chart Recorder.
AccuSync-IR		All **AccuSync-5R** features with the exception of Digital CRT Monitor.
AccuSync-2R AccuSync-2M		All **AccuSync-IR** features incorporated into a Module designed to fit into certain Mobile cameras.
AccuSync-3		All **AccuSync-IR** features with the exception of the Strip Chart Recorder, Playback Mode and Audio Indicator.
AccuSync-4		All **Accu Sync-3** features with the exception of the Heart Rate/R-R int. display.

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A new level of support
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33rd Annual Meeting
June 22–25
(Sunday–Wednesday)
Washington, D.C.

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Washington, D.C., will be the backdrop of our thirty-third Annual Meeting. The meeting includes four days of intensive learning opportunitites interspersed with exciting social events. Sites that are uniquely Washington, D.C., will house our get-togethers.

With our commitment to offering only the very best educational resources available in nuclear medicine, we feel that this meeting will be our finest to date.

SCIENTIFIC PAPERS

This year's presentation of over 600 scientific papers includes a distillation of the latest advancements and finest work achieved by outstanding scientists and physicians in the field of nuclear medicine. These papers, presented by the original authors, with over 30 subjects to choose from, will provide a unique opportunity for enhancing your knowledge or exploring new avenues in correlative areas of nuclear medicine. Ample time is allotted at these presentations for questions and discussions.

An extensive display of scientific posters and exhibits will augment the presentations.

CONTINUING EDUCATION COURSES

Refresher and state-of-the-art continuing education courses in chemistry, physics, quality assurance, cardiovascular nuclear medicine, PET, SPECT, and NMR will supply up-to-the-minute approaches and procedures for all clinical settings.

TECHNOLOGIST PROGRAM

The ever-increasing importance of the role of the nuclear medicine technologist will be explored in our Technologist Program, and over 70 hours of clinical updates wil provide chief and staff technologists with the latest in basic, intermediate, and advanced studies. This program will broaden expertise and enhance the technologist's contributions to nuclear medicine.

EXPOSITION

More than 1,800 exhibitors from over 90 pharmaceutical and equipment manufacturers will display their latest products in a lively atmosphere. These knowledgeable commercial representatives offer the technical depth our field demands, and they are valuable sources of timely and pertinent information.

AUDIOVISUALS, BOOKS, JOURNALS

The Society of Nuclear Medicine is continually adding to its library of audiovisuals, books, and other publications. A stop at the publications booth is well worth the time. Here you will find on display what the society has to offer for year-round educational advancement.

Networking opportunities and job referral boards are available at special locations throughout the meeting as well as membership information at our membership booth.

Registration: $120 SNM members; $215 nonmembers

Hotels: $89 average rate/night

If you need further information, please contact:

The Society of Nuclear Medicine
Education and Meetings Department
136 Madison Avenue
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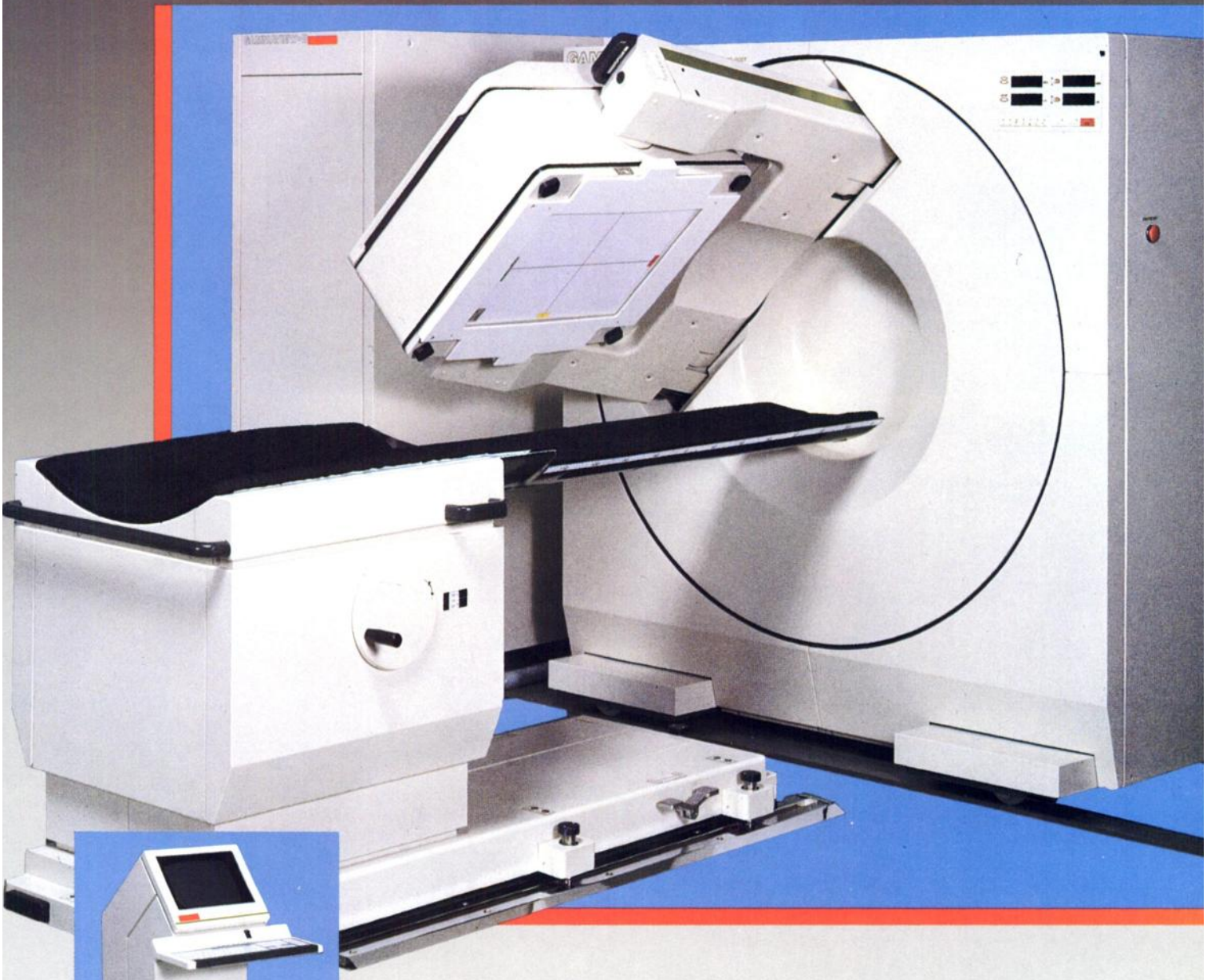
Circle Reader Service No. 9

The Raytheon Spectrum 150-DT: Nuclear medicine made faster...more exacting.



Spectrum 150-DT is the first totally integrated, digital nuclear imaging system with *complete* attention to detail throughout. For *complete* diagnostic imaging opportunities.

- Total imaging capability from whole body to precise, multi-angular ECT.
- Ultra large, rectangular, high-resolution field of view.
- Digital imaging up to 512^2 matrix with video output.
- Real-time digital image correction of linearity, energy and uniformity.
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- Precision parallel hexagonal collimators.
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Contact your dealer. Or call us toll-free at 1-800-323-2213 (in IL, 1-312-865-2600).

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Raytheon: Excitement in nuclear imaging.

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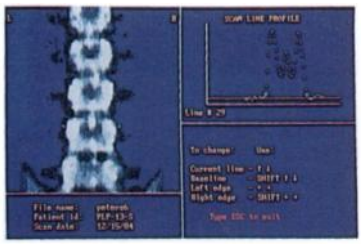
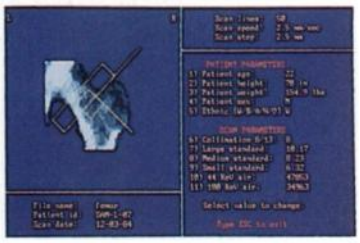
LUNAR DP3-XT/AT, The Unique Clinical Solution For Bone Densitometry





Over a decade of research and clinical testing has gone into the LUNAR DP3 dual-photon spine/femur scanners. LUNAR scientists pioneered both single and dual-photon absorptiometry and helped LUNAR become the world's largest manufacturer of bone measurement instrumentation.

LUNAR now offers the IBM-XT and AT* as options to our acclaimed DP3 scanner. Advanced features of the DP3-XT/AT include:

–Multi-tasking
–Automated peaking
–High-resolution color graphics
–Hard-disk storage

LUNAR continues to set the standard for bone measurement. These new features, plus a light-localizer and a belly-band, add to the DP3's proven capability.

Contact us to see why the clinical leaders have turned to LUNAR with confidence.

Ask A User!

Our customers comprise over 85% of all clinical facilities using dual-photon absorptiometry. They selected the DP3 because LUNAR's exclusive know-how ensures trouble-free, question-free operation and because of distinct advantages such as:

–**Intelligent scans** that reduce scan area, scan time, and patient exposure.
–**Multiple sites**—lumbar spine, proximal femur, tibia, proximal humerus and other areas
–**Graphics displays**—ultrafast, high-resolution images
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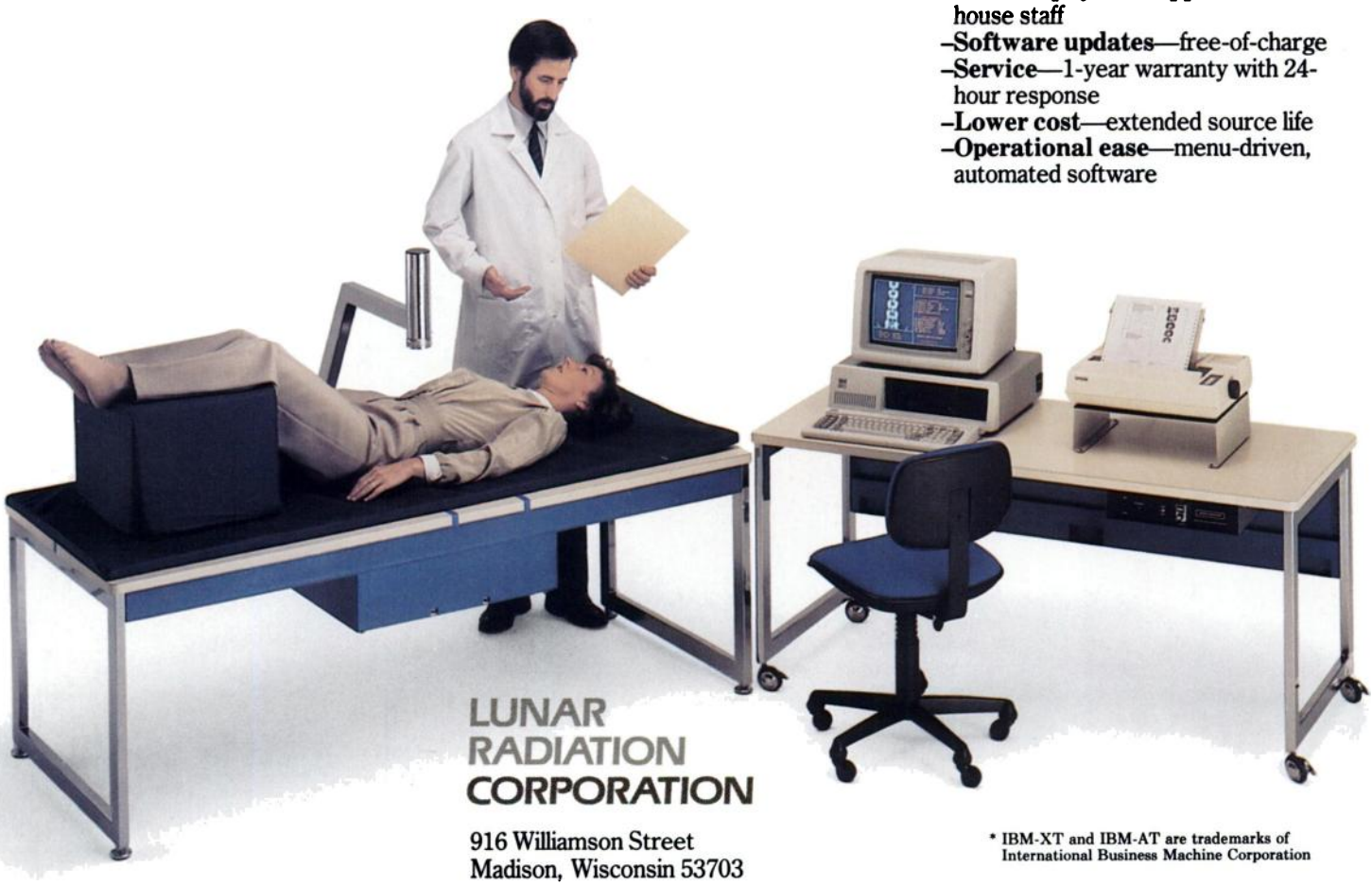
–**Sophisticated software** that takes the guesswork out of scanning
–**Medical physics support** from our in-house staff
–**Software updates**—free-of-charge
–**Service**—1-year warranty with 24-hour response
–**Lower cost**—extended source life
–**Operational ease**—menu-driven, automated software



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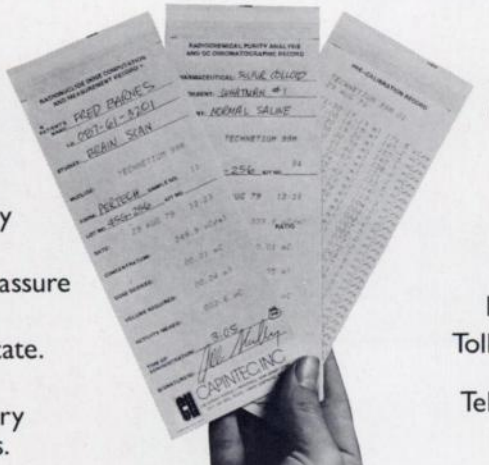
The CRC-30 calibrates and computes, analyzes radiochemical purity, and puts it all in print.

Computes radiopharmaceutical dose to assure that activity is exactly as prescribed.

Analyzes imaging preparations to assure radiochemical purity.

Prints permanent records in triplicate. Gives molybdenum assay printout.

Simplifies compliance with regulatory and hospital accreditation standards.



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Using advanced digital technology, General Electric has engineered a totally compact, *integrated nuclear diagnostic system* that gives you exceptional imaging capability and enhanced departmental productivity . . . in a single system. With the Starcam™ system, *all* acquisition functions are computer controlled. That means peak camera performance is maintained at all times, providing consistently high quality images. Our large image monitor offers acquisition and display in matrices up to 512^2, making images easier to view and giving you the best possible resolution.

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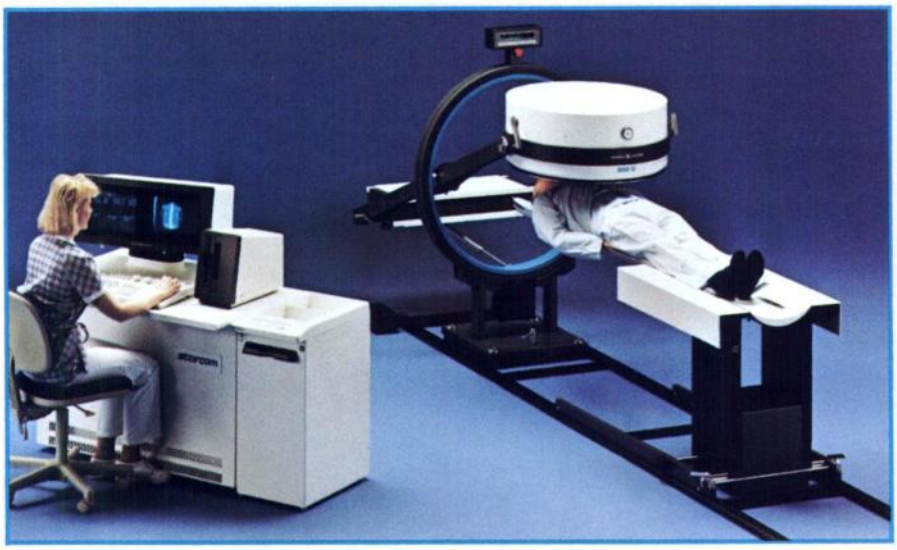
The Starcam system is the technological evolution of our Star® system data processor and MaxiCamera® line. It's entirely compatible with existing Star systems through floppy data transfer and the future Starlink™ network. Starcam's modular digital design makes it adaptable to technological enhancements; a feature that lets you broaden the scope of your imaging capabilities as innovations in technology are made.

Starcam



Starcam is available in 300, 400 and 500 mm configurations and as a fully mobile unit complete with a versatile 300 mm detector. And General Electric's field proven Autotune® detectors, integrated to the Starcam system, automatically adjust photo multiplier tubes "on-the-fly," stabilizing camera performance and reducing system downtime and maintenance caused by PM tube drifting.

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Starcam incorporates five high-speed microprocessors, two of them 16-bit multi-tasking units, that work together in a distributed processing fashion. Combined with an integrated Array Processor (optional), this delivers exceptional computing capability, essential when performing studies such as ECT.

Starcam features dual central processing units with over two megabytes of very high-speed expandable memory that's directly accessible for display and processing. An 84-megabyte Winchester disc, standard with Starcam, gives you more than twice the data storage available with other systems.

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Starcam is a breakthrough in imaging technology. It provides today's nuclear departments with procedural capabilities unsurpassed by any other system. It redefines the operation of your department, eliminating many time-consuming functions without compromising the diagnostic value of the information obtained. The result is a more effective, efficient imaging department; one that optimizes diagnostic capability without jeopardizing the economic well-being of your health care institution.

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For more information, call our toll-free number today:

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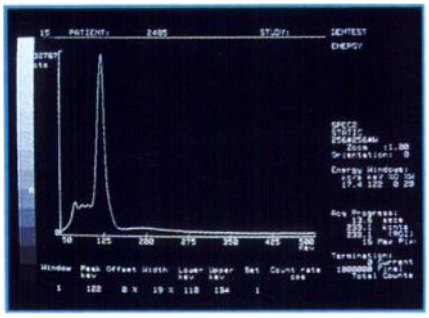
A fully mobile unit, complete with a versatile 300 mm detector, is available for remote imaging.



Starcam allows precise digital control of all detector parameters for up to three energy windows.

Starcam is available in 300, 400 (shown) and 500 mm configurations.

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GENERAL ELECTRIC

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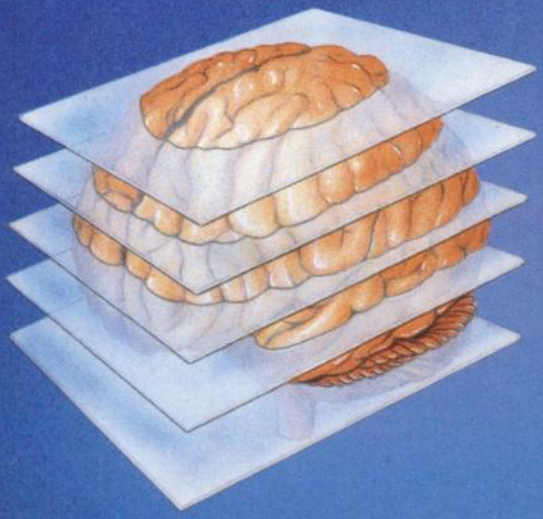
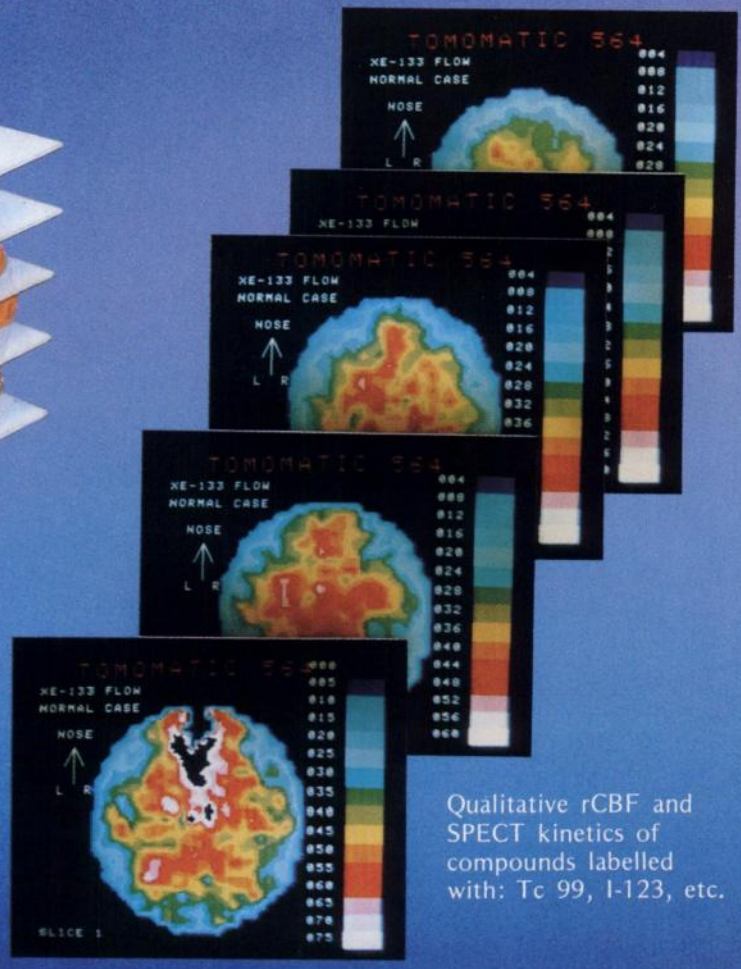
TOMOMATIC 564

fast — inexpensive — atraumatic



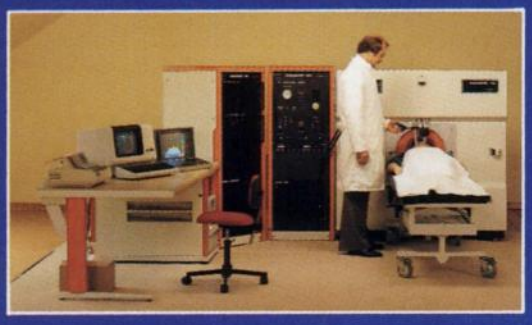


Quantitative rCBF measurements in five transaxial slices, recorded simultaneously in only five minutes.

Using:
the repeatable Xenon 133 gas inhalation method.

Qualitative rCBF and SPECT kinetics of compounds labelled with: Tc 99, I-123, etc.

TOMOMATIC 564



TOMOMATIC 564 a dedicated brain SPECT system, featuring a fast rotating multidetector emission tomograph, with high gamma photon sensitivity and high geometrical resolution.

TOMOMATIC 564 uses state of the art in computer technology, with advanced and versatile user software.

TOMOMATIC 564 is the latest devéloped instrument in a series of 1, 3 and 5 slice tomographs.

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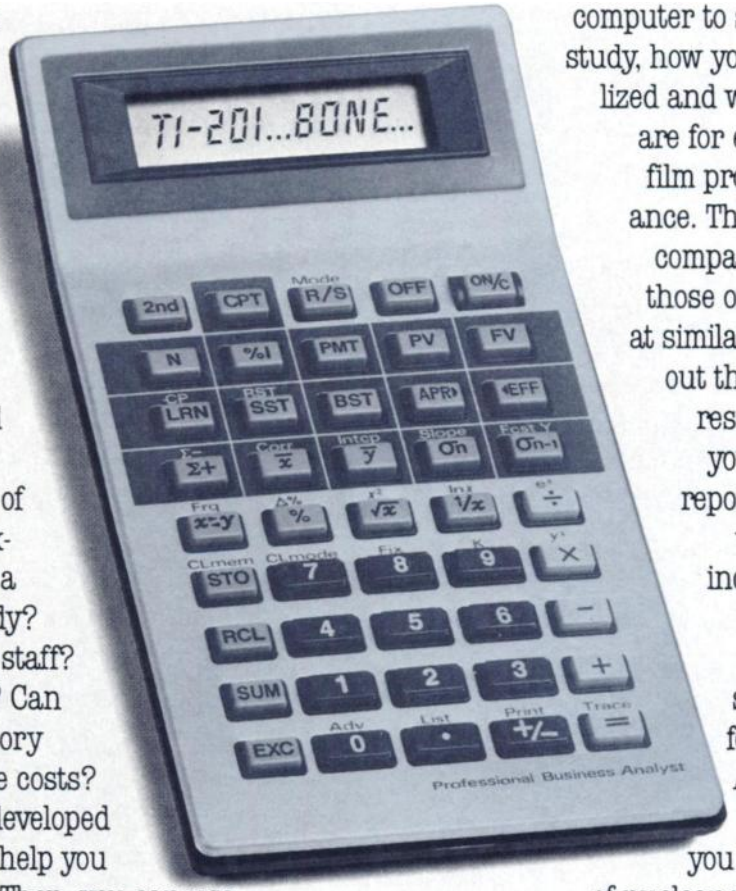
Understanding Your Costs

This means that you are being asked to become more of a businessman, adding terms like "efficiency" and "productivity" to your medical vocabulary. Now you have to know the real operating costs of your department. What, for example, does it cost to perform a bone scan? Or a thallium study? Are most costs attributable to staff? To equipment? Or to supplies? Can changes in scheduling, inventory or procedure mix reduce these costs?

At Du Pont NEN we've developed a computer-based program to help you determine and analyze costs. Then, you can use the results to increase productivity in your department. It's called Financial Management Analysis (FMA) and it's available to all our customers.



FMA—A Management Program for Nuclear Medicine

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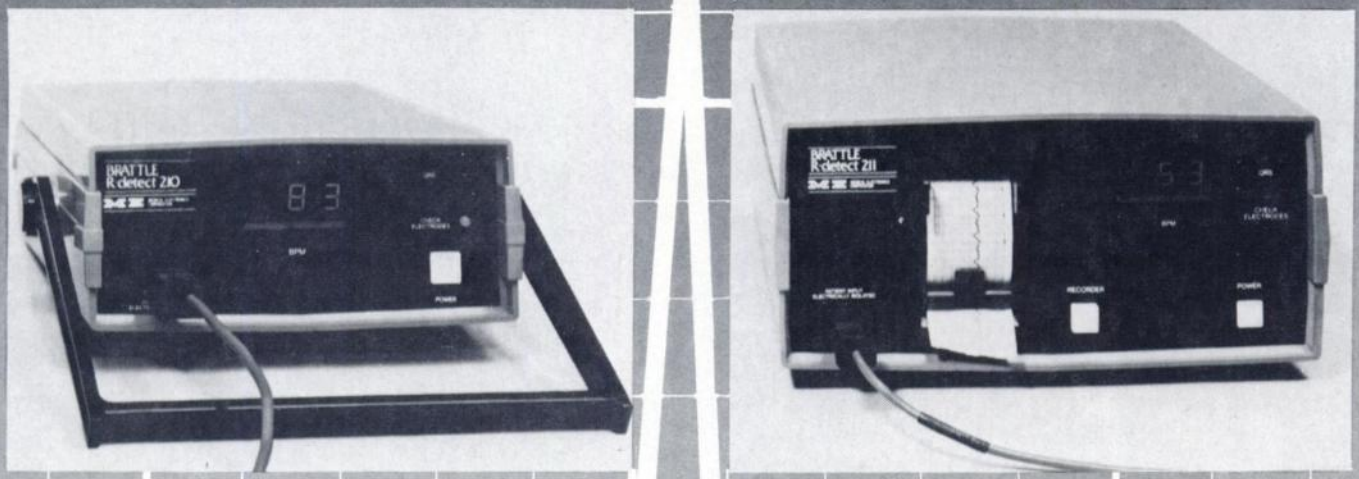

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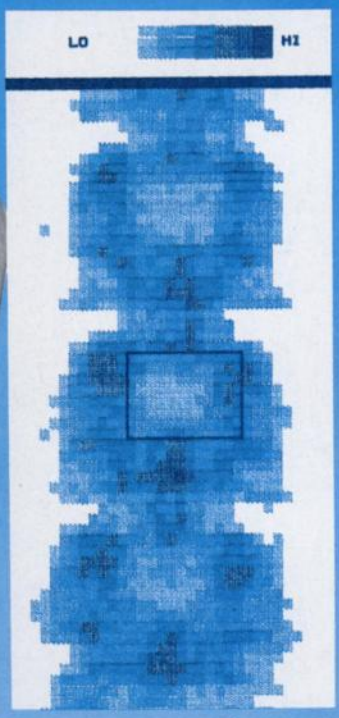

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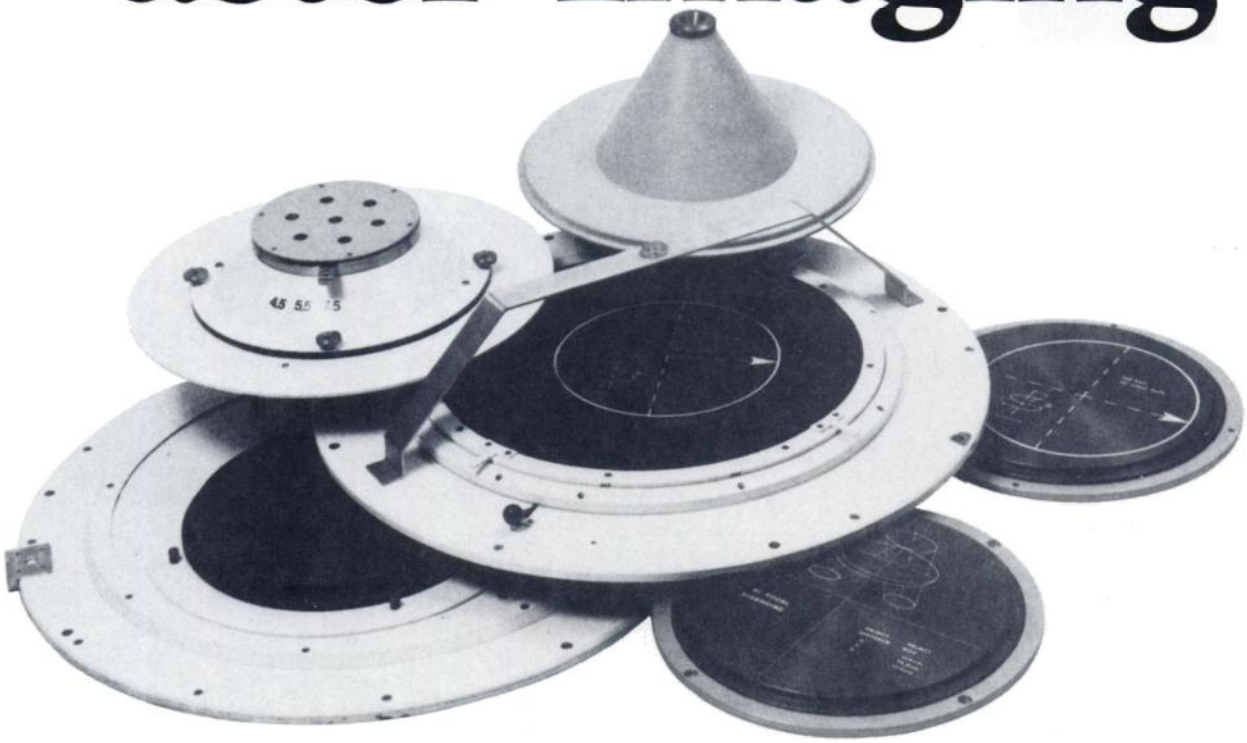

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NUCLEAR MEDICINE PHYSICIAN wanted for full-time position in large Veterans Administration Medical Center associated with medical school. Apply to: H.T. Haden, MD, VA Medical Center, Richmond, VA 23249; (804)230-1315. An Equal Opportunity Employer.

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Scientist

PHYSICIST. Medical physics group seeks an individual with expertise in health physics applied to nuclear medicine and diagnostic radiology. MS degree preferred, but will consider a candidate with a BS degree and appropriate experience. Excellent salary and benefits. Send resume and salary requirements to: Jack J. Merkin, MS, Bio-Med Associates, 753 Boulevard, Kenilworth, NJ 07033. An EOE.

NUCLEAR MEDICINE PHYSICIST. We are recruiting for a physicist to supervise nuclear medicine laboratory at Yale-New Haven Hospital. The laboratory includes eight imaging instruments and four computers. Approximately 10,000 examinations are performed each year. Major responsibilities include supervision of technology training program, instruction of residents, consultation with physician staff regarding clinical and research studies, supervision of clinical computer applications, supervision of quality control and advice regarding equipment purchase and maintenance. Excellent opportunities exist for collaboration with both clinicians and other scientists in the Department of Diagnostic Imaging. If you are interested, please send a copy of your CV by September 30, 1985 to Paul B. Hoffer, MD, Department of Diagnostic Imaging, Yale University School of Medicine, 333 Cedar Street, New Haven, CT 06510. Yale University is an affirmative action/equal opportunity employer. Applications from women and minority groups are encouraged.

ORGANIC RADIOCHEMIST. A position is available for a radiochemist in a research-oriented nuclear medicine laboratory. Experience in organic synthesis of radioactive tracers with both positron and single emitting radionuclides is extremely desirable. Active research is pursued in PET, SPECT, NMR, and monoclonal antibodies. Send CV to: Abass Alavi, MD, Chief, Nuclear Medicine, Hospital of the University of Pennsylvania, 3400 Spruce St., Philadelphia, PA 19104. The University of Pennsylvania is an Equal Opportunity/Affirmative Action Employer. Qualified female and minority candidates are encouraged to apply.

RESEARCH PHYSICIST. The Department of Radiology, Hospital of the University of Pennsylvania, invites applications for two research positions in medical imaging instrumentation. The successful applicant should have a PhD or equivalent and at least 3 years experience in nuclear physics and/or nuclear medicine research. They will join a group of investigators in developing advanced gamma-ray and positron imaging instruments for nuclear medicine. Submit CV to: Gerd Muehllehner, PhD, Department of Radiology, Hospital of the University of Pennsylvania, 3400 Spruce St., Philadelphia, PA 19104. The University of Pennsylvania is an Equal Opportunity/Affirmative Action Employer. Qualified minority and women applicants are encouraged to apply.

Resident

STANFORD UNIVERSITY SCHOOL OF MEDICINE, Nuclear Medicine Residency Program. Resident positions are available beginning July 1, 1986, for a 2-year program at Stanford University Medical Center and affiliated Veterans' Adm. Medical Center. Patients from the Children's Hospital at Stanford are also studied or treated at the University Hospital. The program, approved by the AMA and satisfying the requirements of the American Board of Nuclear Medicine, includes didactic instruction in radiologic mathematics and physics, radiation safety, dosimetry, electronics, and nuclear medicine instrumentation. A major portion provides practical experience in dynamic and static imaging, computer-assisted manipulation, radioimmunoassay methodology, other in vitro test procedures, and radiopharmacy as part of an integrated patient care program, both diagnostic and therapeutic. Prerequisite for entry into program: 2 years prior training in AMA-approved program in internal medicine, radiology, pathology or pediatrics. Requests for further information (include CV and reference list) should be directed to: I. Ross McDougall, MB, ChB, PhD, Professor of Radiology and Medicine, Stanford University Medical Center, Stanford, CA 94305. Stanford is an Equal Opportunity Affirmative Action Employer.

NUCLEAR MEDICINE RESIDENCY. The Division of Nuclear Medicine of the Department of Radiology of the New York Hospital-Cornell Medical Center invites applications for its accredited residency program in nuclear medicine beginning July 1, 1986. Requests for information and applications should be directed to: Dr. Salil Sarkar, Program Director, New York Hospital-Cornell Medical Center, 525 East 68th St., New York, NY 10021. An Affirmative Action/Equal Opportunity Employer.

UNIVERSITY OF MICHIGAN. Unexpected opening for postdoctoral fellow. Position open October 1, 1985. Laboratory involved in developing, evaluating in vitro and in vivo monoclonal antibodies for purposes of scintigraphic tumor diagnosis and therapy. PhD in immunology, molecular biology or chemistry desirable. Salary is in excess of $20K/yr. Send CV with letter of application and 3 references to: Richard L. Wahl, MD, Division of Nuclear Medicine, Box 21, W5514, University of Michigan Medical Center, Ann Arbor, MI 48109-10. A Non-Discriminatory, Affirmative Action Employer.

Technologist

NUCLEAR MEDICINE TECHNOLOGIST. Clinical research position available for an experienced certified nuclear medicine technologist to participate in research utilizing monoclonal antibodies for imaging and therapy of cancer. Knowledge of SPECT and computer desired. Send resume and list of references to: President, Center for Molecular Medicine and Immunology, 100 Bergen St., Newark, NJ 07103. Equal Opportunity/Affirmative Action Employer.

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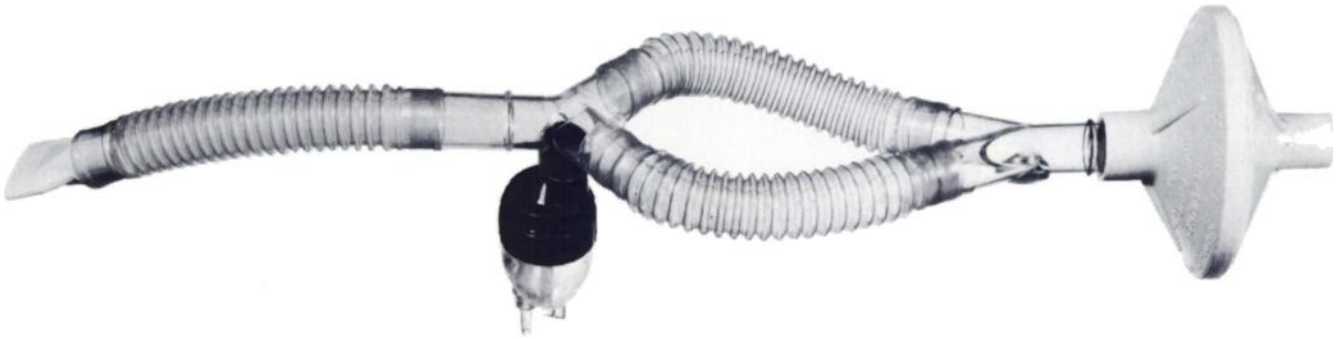

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For complete prescribing information consult package insert, a summary of which follows:

DESCRIPTION: Each kit contains sufficient material to prepare five (5) formulations. Each formulation consists of a reaction vial containing 0.5 ml 1.0 N hydrochloric acid, and two syringes, one containing a 1.1 ml aqueous solution of 1.9 mg sodium thiosulfate anhydrous and the other containing 5.3 mg gelatin in 2.1 ml of an aqueous buffer solution containing 177 mg sodium acetate anhydrous. All components are sterile and pyrogen-free. When a solution of sterile and pyrogen-free Sodium Pertechnetate Tc 99m Injection is mixed with these components, following the instructions provided with the kit, Technetium Tc 99m Sulfur Colloid Injection is formed. The product so derived is intended for intravenous injection. The precise structure of Technetium Tc 99m Sulfur Colloid Injection is not known at this time. Not less than 92 percent of the radioactivity corresponds to the Technetium Tc 99m in colloidal form.

INDICATIONS AND USAGE: Technetium Tc 99m Sulfur Colloid Injection is used in adults and children as an agent for imaging areas of functional reticuloendothelial cells in the liver, spleen and bone marrow.

CONTRAINDICATIONS: None known.

WARNINGS: Although rare, deaths have occurred following intravenously administered gelatin stabilized Tc 99m sulfur colloid. Advanced cardiopulmonary life support systems should be readily available where and when the drug is administered.

PRECAUTIONS:

General

The contents of the two syringes, one syringe containing the sodium thiosulfate solution and the second syringe containing the appropriate buffer solution, are intended *only* for use in the preparation of the Technetium Tc 99m Sulfur Colloid Injection and are NOT to be directly administered to the patient.

The contents of the kit are not radioactive. However, after the Sodium Pertechnetate Tc 99m Injection is added, adequate shielding of the final preparation must be maintained.

The contents of the kit are sterile and pyrogen-free. It is essential to follow the directions carefully and to adhere strictly to aseptic procedures during preparation. This preparation contains no bacteriostatic preservative.

Sodium Pertechnetate Tc 99m solutions containing more than 10 micrograms/ml of aluminum ion should not be used to formulate the Technetium Tc 99m Sulfur Colloid Injection. The Sodium Pertechnetate Tc 99m solution must also be free of oxidizing agents such as peroxides and hypochlorites.

Technetium Tc 99m Sulfur Colloid Injection is physically unstable, and the particles will settle with time. Failure to agitate the vial adequately before use may result in nonuniform distribution of radioactivity. If there is any delay in administration of the preparation, the syringe should also be gently agitated.

It is also recommended that, because of the increasing probability of agglomeration with aging, a batch of Technetium Tc 99m Sulfur Colloid Injection not be used after six (6) hours from the time of formulation.

Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

Technetium Tc 99m Sulfur Colloid Injection, as well as other radioactive drugs must be handled with care and appropriate safety measures should be used to minimize external radiation exposure to clinical personnel. Also, care should be taken to minimize exposure to patients, consistent with proper patient management.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No long term animal studies have been performed to evaluate carcinogenic potential, mutagenic potential, or whether Technetium Tc 99m Sulfur Colloid affects fertility in males or females.

Pregnancy Category C

Animal reproductive and teratogenicity studies have not been conducted with Technetium Tc 99m Sulfur Colloid Injection. It is also not known whether Technetium Tc 99m Sulfur Colloid Injection can cause fetal harm when administered to a pregnant woman, or can affect reproductive capacity. There have been no studies in pregnant women. Technetium Tc 99m Sulfur Colloid Injection should be given to a pregnant woman only if clearly needed.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability, should be performed during the first few (approximately 10) days following the onset of menses.

Nursing Mothers

Technetium Tc 99m is excreted in human milk during lactation. Therefore, formula feedings should be substituted for breast feedings.

ADVERSE REACTIONS: The following adverse reactions have been reported associated with the use of Technetium Tc 99m Sulfur Colloid: cardiopulmonary arrest, seizures, anaphylactic shock, hypotension, dyspnea, abdominal pain, fever, chills, bronchospasm, nausea, vomiting, perspiration, redness, urticaria, numbness, dizziness, and burning at the injection site.

Several deaths and cases of lung and soft tissue uptake other than RES have been reported in association with the use of Technetium Tc 99m Sulfur Colloid (see WARNINGS).

The size and physical-chemical properties of the sulfur colloid particles formed from the components of the kit may determine the biodistribution of the colloid and its uptake by the RES. Diseases affecting the RES may also alter the expected uptake pattern.

HOW SUPPLIED:

Kit Contents

5	STERILE REACTION VIALS, each containing 0.5 ml 1.0 N hydrochloric acid.
5	STERILE SYRINGES, (labeled "A"), each containing 1.9 mg sodium thiosulfate anhydrous in 1.1 ml aqueous solution.
5	STERILE SYRINGES, (labeled "B"), each containing 5.3 mg gelatin in 2.1 ml aqueous buffer solution containing 177 mg sodium acetate anhydrous.
10	PRESSURE-SENSITIVE LABELS for final preparation of Technetium Tc 99m Sulfur Colloid Injection.
1	PACKAGE INSERT

Storage

Store kit at room temperature; refrigeration not required.