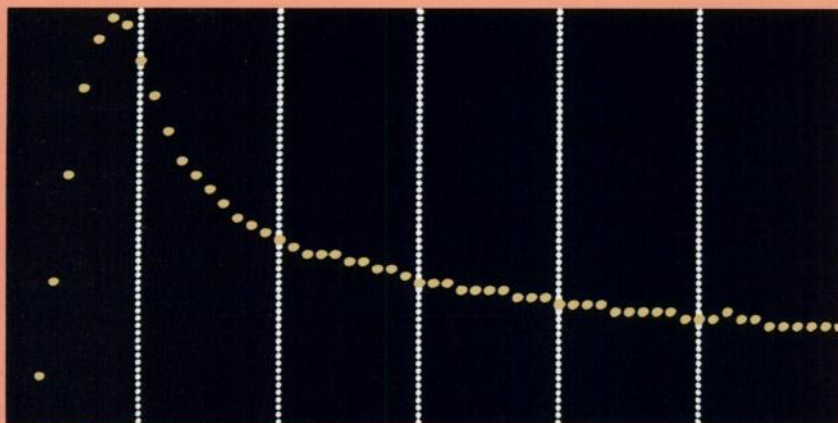


Introducing

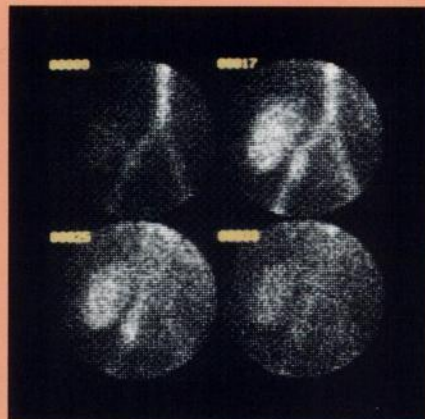
# Nephroflow<sup>TM</sup>

IODOHIPPURATE SODIUM I 123 INJECTION

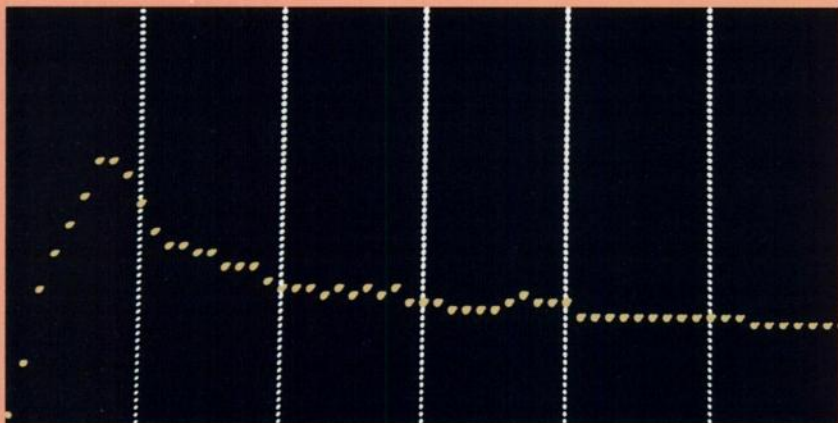
## Normal Transplant Renogram<sup>1</sup>



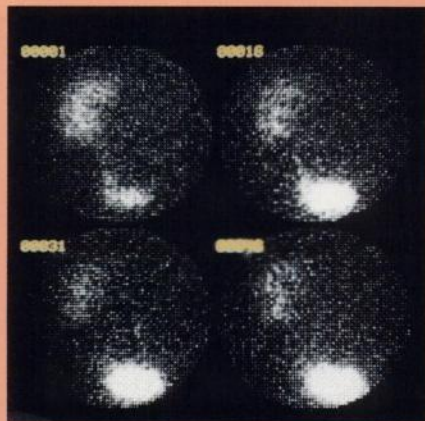
NEPHROFLOW, Iodohippurate Sodium I 123 Injection, 1.0 mCi



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.

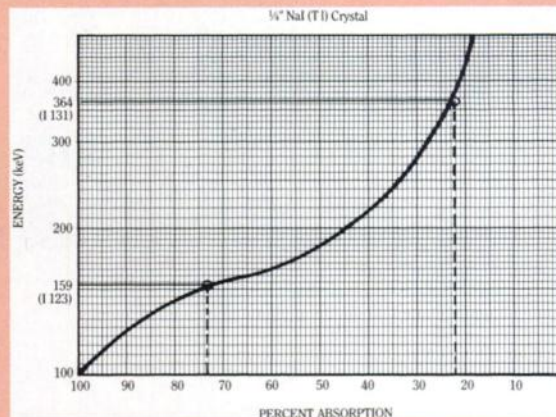
Now  
Available  
2 mCi  
Vial

To Order call (800) MEDI-123

<sup>1</sup>Reference: Data on file, Medi-Physics, Inc., Richmond, CA

# Nephroflow™

- Particularly useful in obstructed patients
- Slight advantage in photon intensity
- Major advantage in 1/4 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 <sup>-</sup> |
| 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:<br>1/4" 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 1.8 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 minimize 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 reproduction 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.

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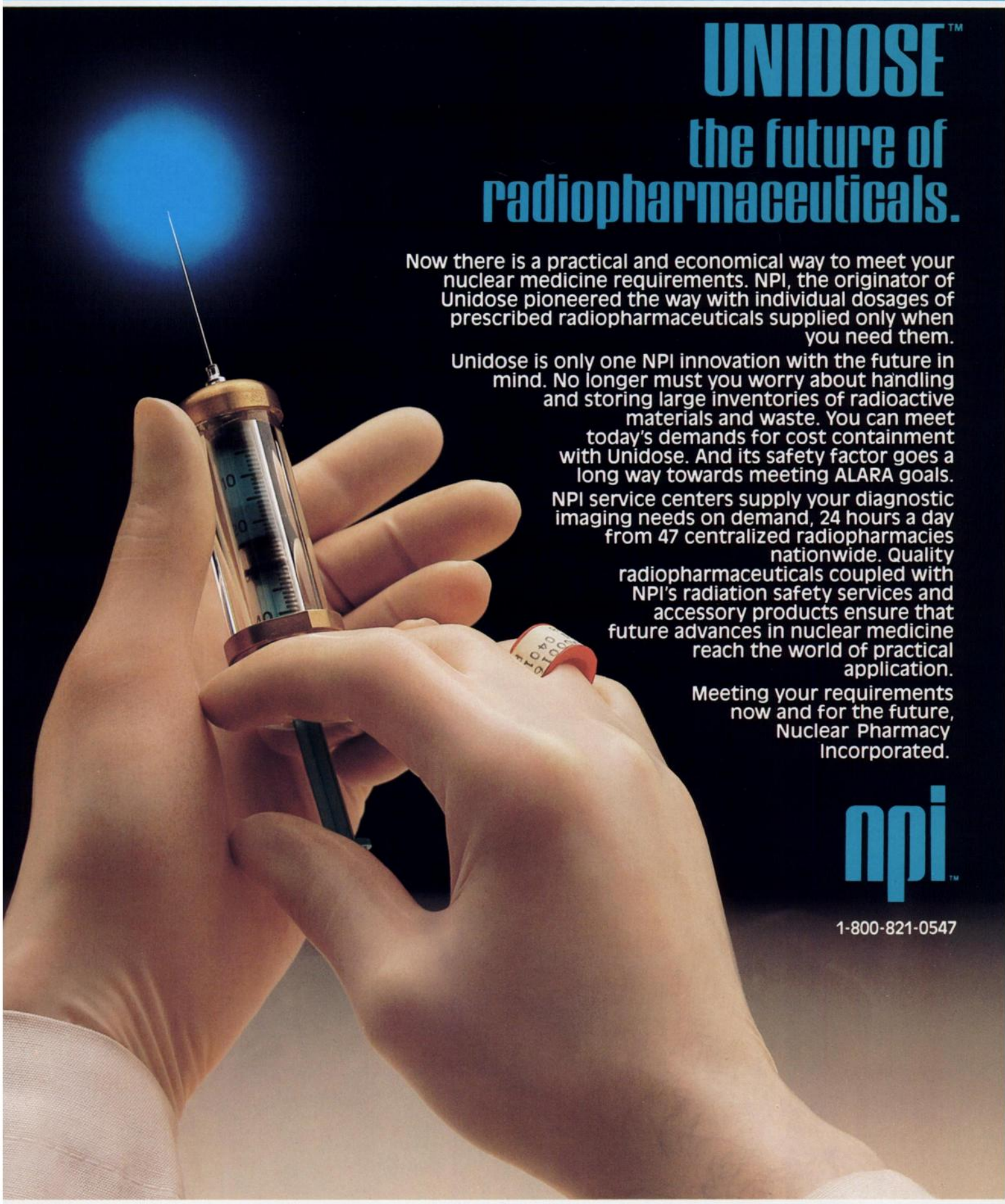
Unidose is only one NPI innovation with the future in mind. No longer must you worry about handling and storing large inventories of radioactive materials and waste. You can meet today's demands for cost containment with Unidose. And its safety factor goes a long way towards meeting ALARA goals.

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Meeting your requirements now and for the future, Nuclear Pharmacy Incorporated.



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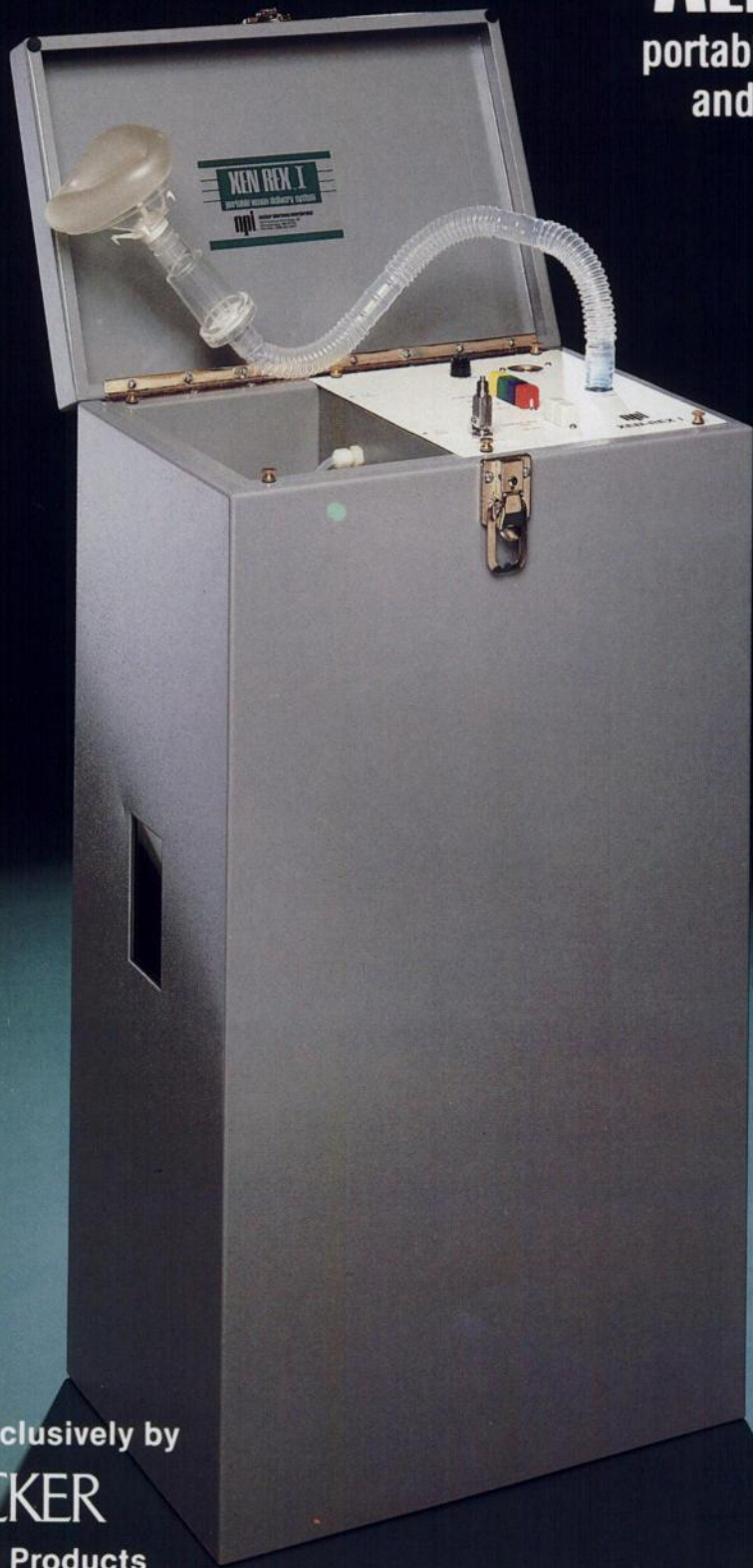
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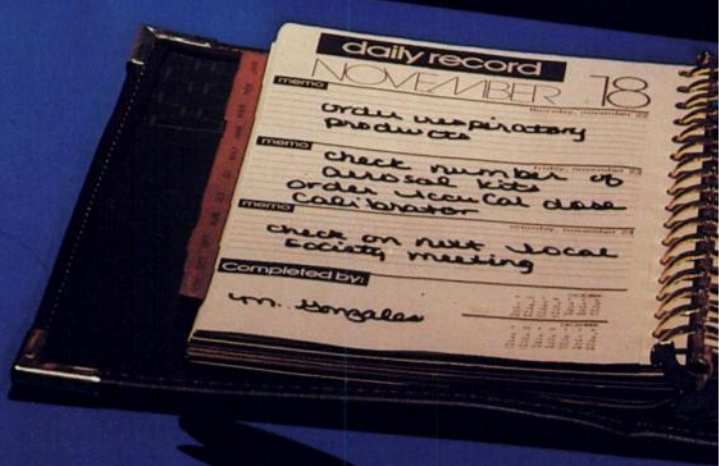
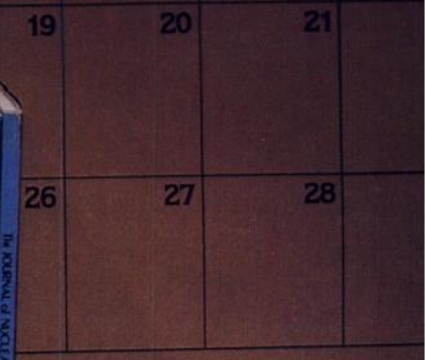
  
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**npi**<sup>TM</sup>



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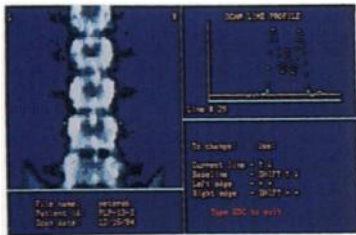
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Over a decade of research and clinical testing has gone into the LUNAR DP3 dual-photon spine/femur scanners. LUNAR scientists pioneered both single and dual-photon absorptiometry and helped LUNAR become the world's largest manufacturer of bone measurement 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
- Normal database of US subjects
- Accuracy/precision based on physically correct algorithms
- High patient throughput with 15-minute scans
- 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



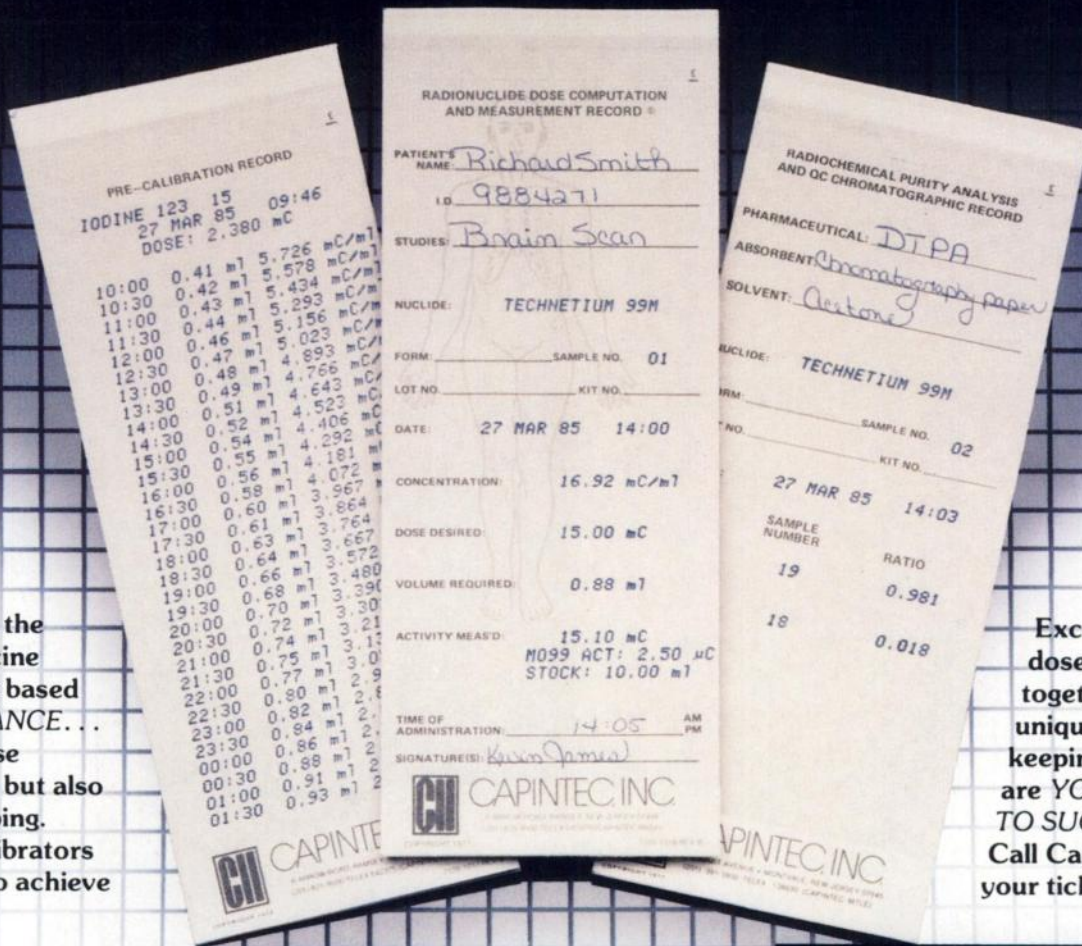
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# YOUR TICKETS TO SUCCESS.



"SUCCESS" in the Nuclear Medicine Department is based on PERFORMANCE... not only of dose measurement, but also of record keeping. Capintec's calibrators make it easy to achieve that success.

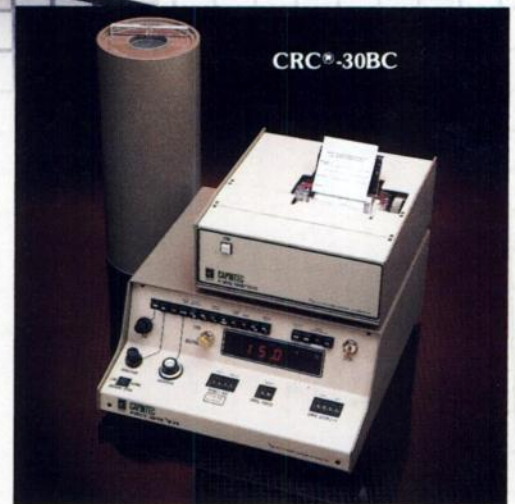
Excellence in dose measurement together with a unique record keeping system are YOUR TICKETS TO SUCCESS. Call Capintec to reserve your tickets... TODAY.

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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<sup>2</sup>, making images easier to view and giving you the best possible resolution.

### Evolution backed by experience

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

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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.

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## The bottom line... productivity

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.

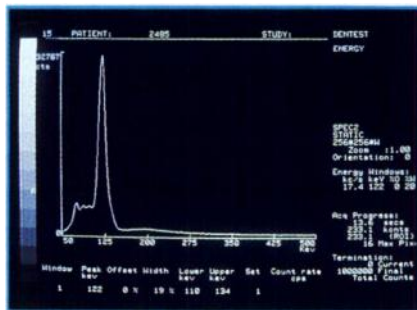
Starcam represents General Electric's continued commitment to developing nuclear diagnostic imaging technology that's innovative today and designed to stay that way tomorrow.

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

**1-800-433-5566.**  
**Ext. 5501**



*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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A renewed commitment  
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A new level of support  
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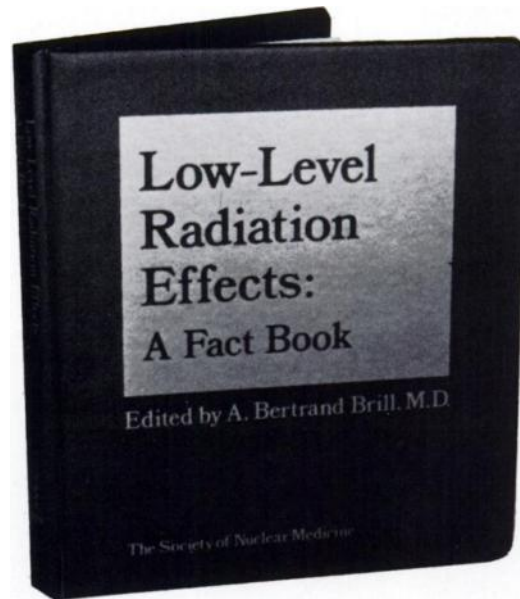
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# Low-Level Radiation Effects: A Fact Book

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This book represents a conscientious attempt to provide an unbiased, up-to-date source of knowledge regarding the potential long- and short-term effects of radiation exposure to humans. Because radiation exposure is an important and controversial topic, so much material is available. This fact book contains a concise reference list for readers wishing to obtain additional, or more detailed, information.

Important new sources of information provided the stimulus for publishing the 1985 updates to keep the fact book current. New reports issued by UNSCEAR, ICRP, and NCRP and references to recent publications of findings among Japanese A-bomb survivors have been added.

Available alone, or included with the original document, the 1985 updates will prove indispensable to a wide range of physicians, scientists, engineers, and technologists involved in the field.

*"Only when information issued in a publication such as this becomes widespread and understood can rationality prevail in the public's attitude toward low-level radiation."*

— from the Foreword by  
Rosalyn Yalow, Ph.D.  
Nobel Laureate

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## Contents

- Glossary, Units, and Conversion Factors
- Radiobiology
- Radiation Doses
- Late Somatic Effects of Low Doses of Ionizing Radiation
- Genetic Effects
- Risks—Statistical Facts and Public Perception
- Questions and Answers
- Appendix: Sources of Documents
- References
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**Prices: \$32.00 for original document plus 1985 update package  
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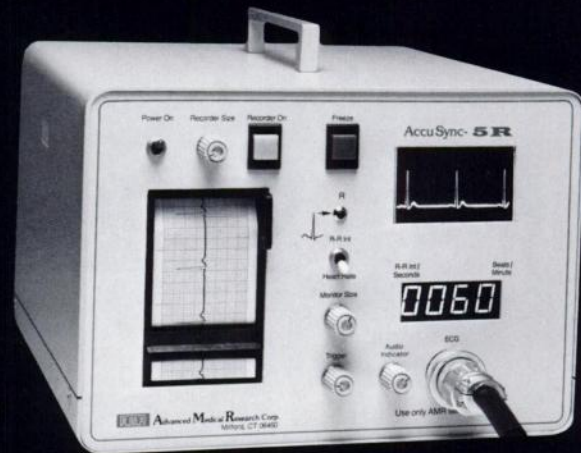
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- Audio Indicator.



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#### MODEL

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All AccuSync-5R features with the exception of the Strip Chart Recorder.

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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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# MICROLITE™

Kit for use in the preparation of  
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### FOR DIAGNOSTIC USE

**INDICATIONS AND USAGE:** Technetium Tc 99m Albumin Colloid is indicated for use as a diagnostic imaging agent for visualization of the functioning reticuloendothelial (RE) system, of the liver, spleen and bone marrow

**CONTRAINDICATIONS:** Technetium Tc 99m Albumin Colloid is contraindicated for persons with a history of hypersensitivity to products containing human serum albumin

**WARNINGS:** The theoretical possibility of allergic reactions should be considered in patients who receive multiple doses

**PRECAUTIONS:** The contents of the kit are not radioactive. However, after the sodium pertechnetate Tc 99m is added, adequate shielding of the final preparation must be maintained. The labeling reactions involved in preparing the agent depend on maintaining tin in the reduced state. Any oxidant present in the sodium pertechnetate Tc 99m supply may thus adversely affect the quality of the prepared agent. Hence, sodium pertechnetate Tc 99m containing oxidants, or other additives, should not be employed without first demonstrating that it is without adverse effect on the properties of the resulting agent.

The contents of the vial are sterile and non-pyrogenic. It is essential that the user follow the directions carefully and adhere to strict aseptic procedures during preparation of the radiodiagnostic

Technetium Tc 99m Albumin Colloid should be used within six hours from the time of reconstitution. Refrigerate at 2° to 8°C after reconstitution. If blood is withdrawn into the syringe, unnecessary delay prior to injection may result in clot formation *in situ*.

Do not use if clumping of the contents is observed.

Technetium Tc 99m Albumin Colloid (MICROLITE) as well as other radioactive drugs should be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to the patient consistent with proper patient management.

#### Carcinogenesis, Mutagenesis, Impairment of Fertility

No animal studies have been performed to evaluate carcinogenic potential or whether Technetium Tc 99m Albumin Colloid affects fertility in males or females.

#### Pregnancy Category C

Animal reproductive studies have not been conducted with Technetium Tc 99m Albumin Colloid. It is also not known whether Technetium Tc 99m Albumin Colloid can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Technetium Tc 99m 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 feeding.

#### Pediatric Use

Safety and effectiveness in children below the age of 18 have not been established.

#### General

This radiopharmaceutical preparation should not be administered to children or to pregnant women unless the expected benefits to be gained outweigh the potential risks.

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.

**ADVERSE REACTIONS:** Although no adverse reactions associated with the use of Microlite have been reported, hypersensitivity reactions are theoretically possible whenever protein-containing materials such as Tc 99m-labeled aggregated albumin are used in man. Epinephrine, antihistamines and corticosteroid agents should be available for use in the event such a reaction occurs.

**DOSEAGE AND ADMINISTRATION:** The recommended intravenous dose range for the average (70kg) patient is 37-296MBq (1-8 millicuries).

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to patient administration. Re-suspend colloid by repeated inversion of the shielded vial immediately prior to withdrawal of dose into syringe. Inspect the vial for foreign particulates. Do not administer if foreign particulates are found in the colloid (If blood is drawn into the syringe, any unnecessary delay prior to injection may lead to clot formation *in situ*). Do not backflush the syringe. Slow injection is recommended and for optimum results imaging may begin about 15 minutes after injection. Radiochemical purity should be checked prior to patient administration, using the following or equivalent procedure. (Please see complete prescribing information.)

**HOW SUPPLIED:** MICROLITE™ Kit for use in the preparation of Technetium Tc 99m Albumin Colloid is supplied in kits of five or thirty vials, sterile and non-pyrogenic, each vial containing in lyophilized form

|   |         |
|---|---------|
| Albumin Colloid   | 1mg     |
| Normal Human Serum Albumin  | 10mg    |
| Total Tin, maximum (as stannous chloride SnCl <sub>2</sub> · 2H <sub>2</sub> O) | 0.17mg  |
| Stannous Chloride (SnCl <sub>2</sub> · 2H <sub>2</sub> O) (minimum)             | 0.006mg |
| Poloxamer 188   | 11mg    |
| Medronate disodium  | 0.12mg  |
| Sodium Phosphate (anhydrous)  | 10mg    |

Prior to lyophilization the pH is adjusted with HCl and/or NaOH. The contents of the vial are lyophilized and stored under nitrogen. Included in each five (5) vial kit are one (1) package insert and twelve (12) radiation labels. Included in each thirty vial kit is one (1) package insert and seventy-two (72) radiation labels. Before reconstitution store at room temperature (15°-30°C) and protect from light.

The components of the Kit for use in the preparation of Technetium Tc 99m Albumin Colloid are supplied sterile and non-pyrogenic. Aseptic procedures normally employed in making additions and withdrawals from sterile, non-pyrogenic containers should be used during addition of pertechnetate solution and the withdrawal of doses for patient administration.

Technetium Tc 99m Albumin Colloid is prepared by adding 2.8ml of oxidant-free sodium pertechnetate Technetium Tc 99m solution to the vial and swirling for about one minute. Shielding should be utilized when preparing the Technetium Tc 99m Albumin Colloid.

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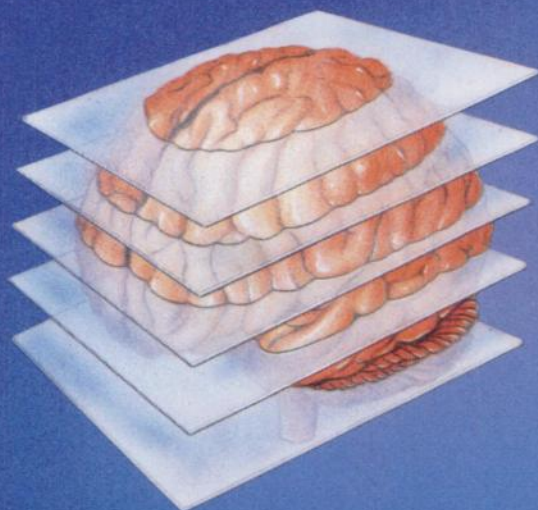
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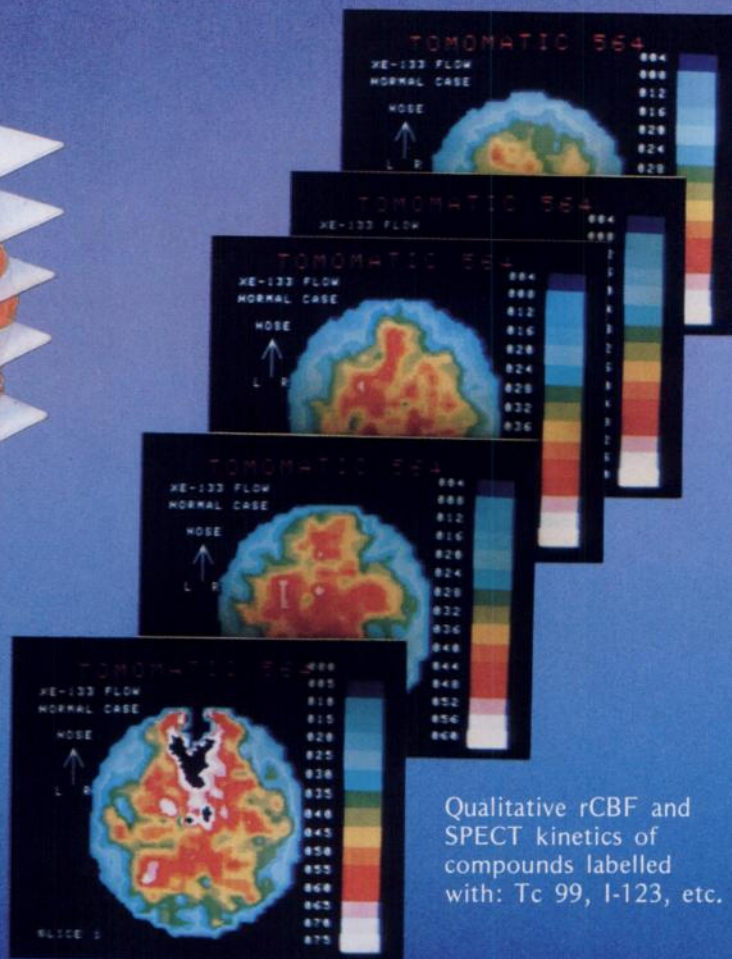
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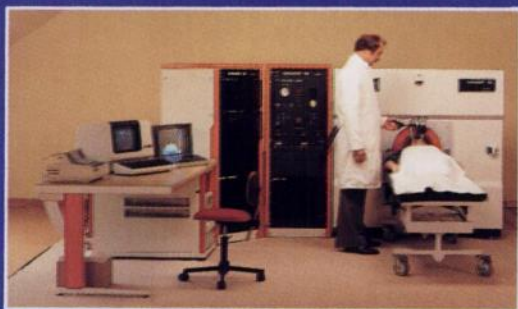
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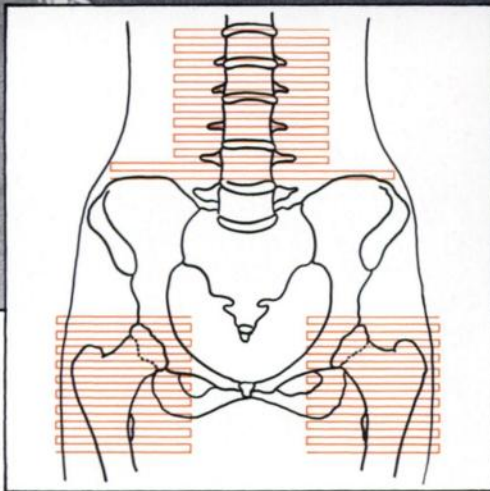
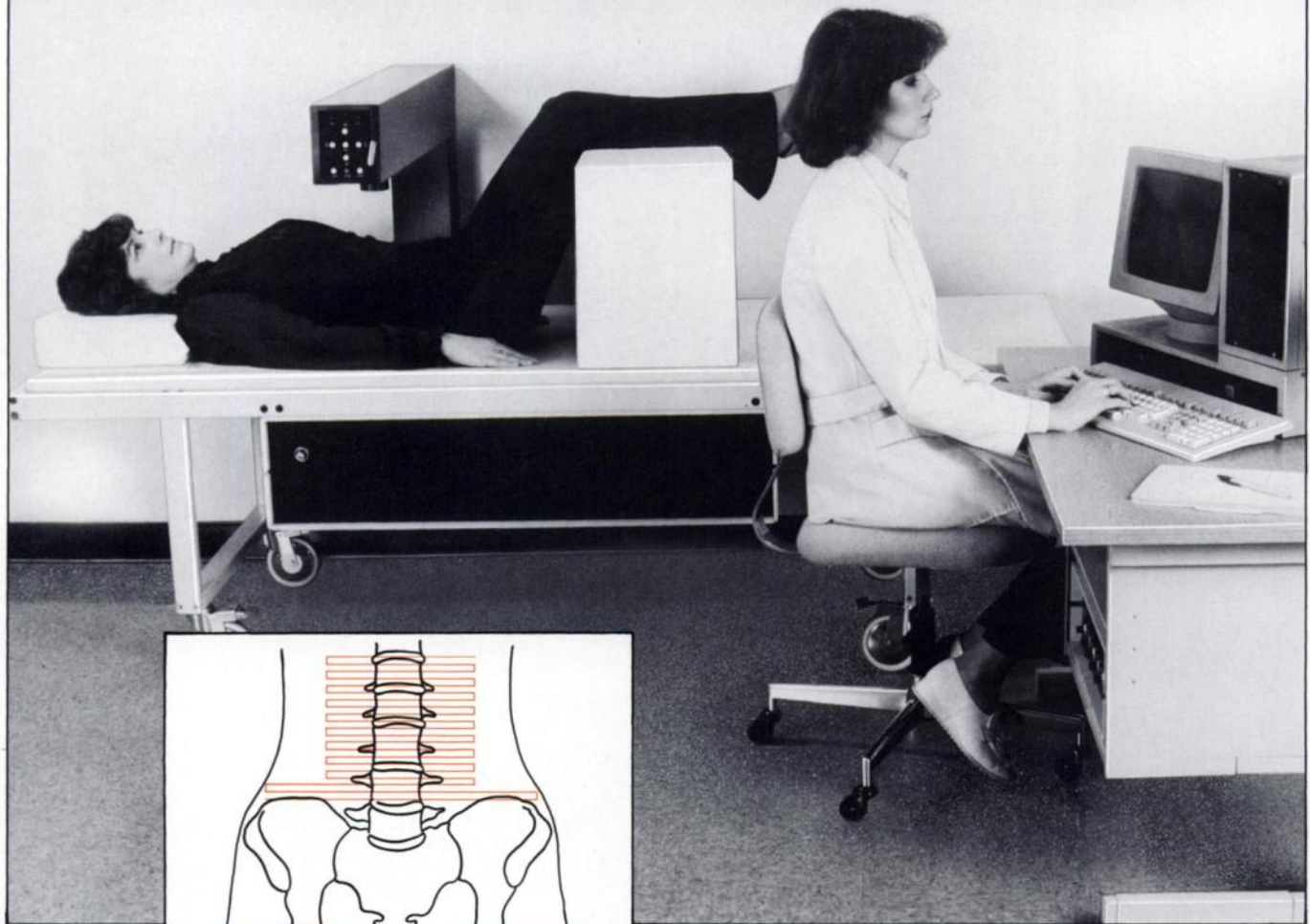
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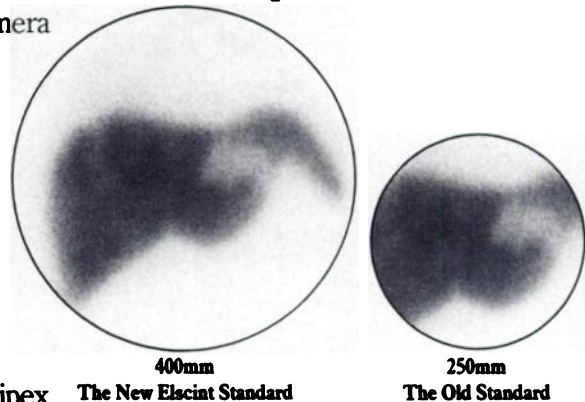
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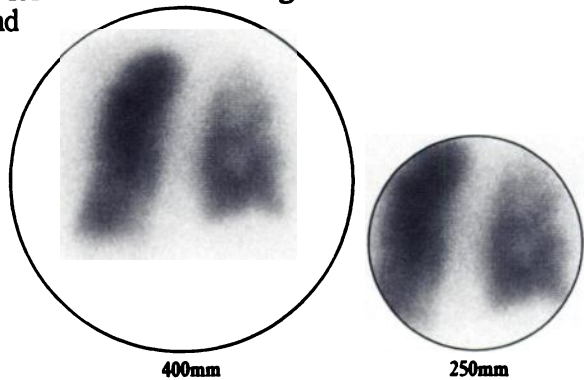
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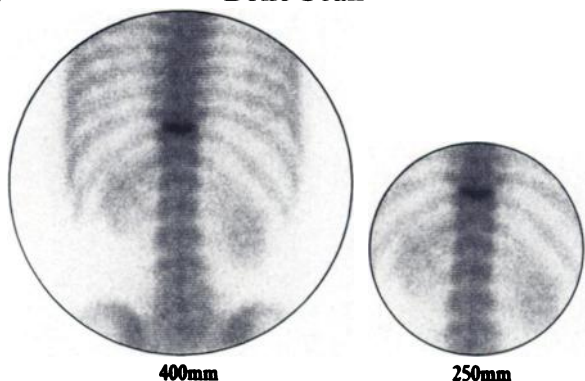
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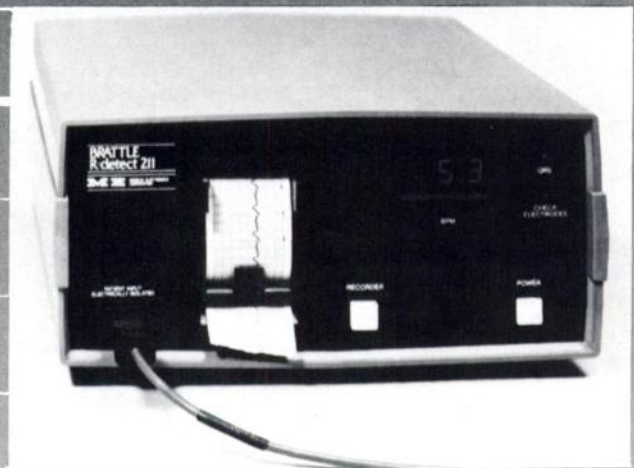


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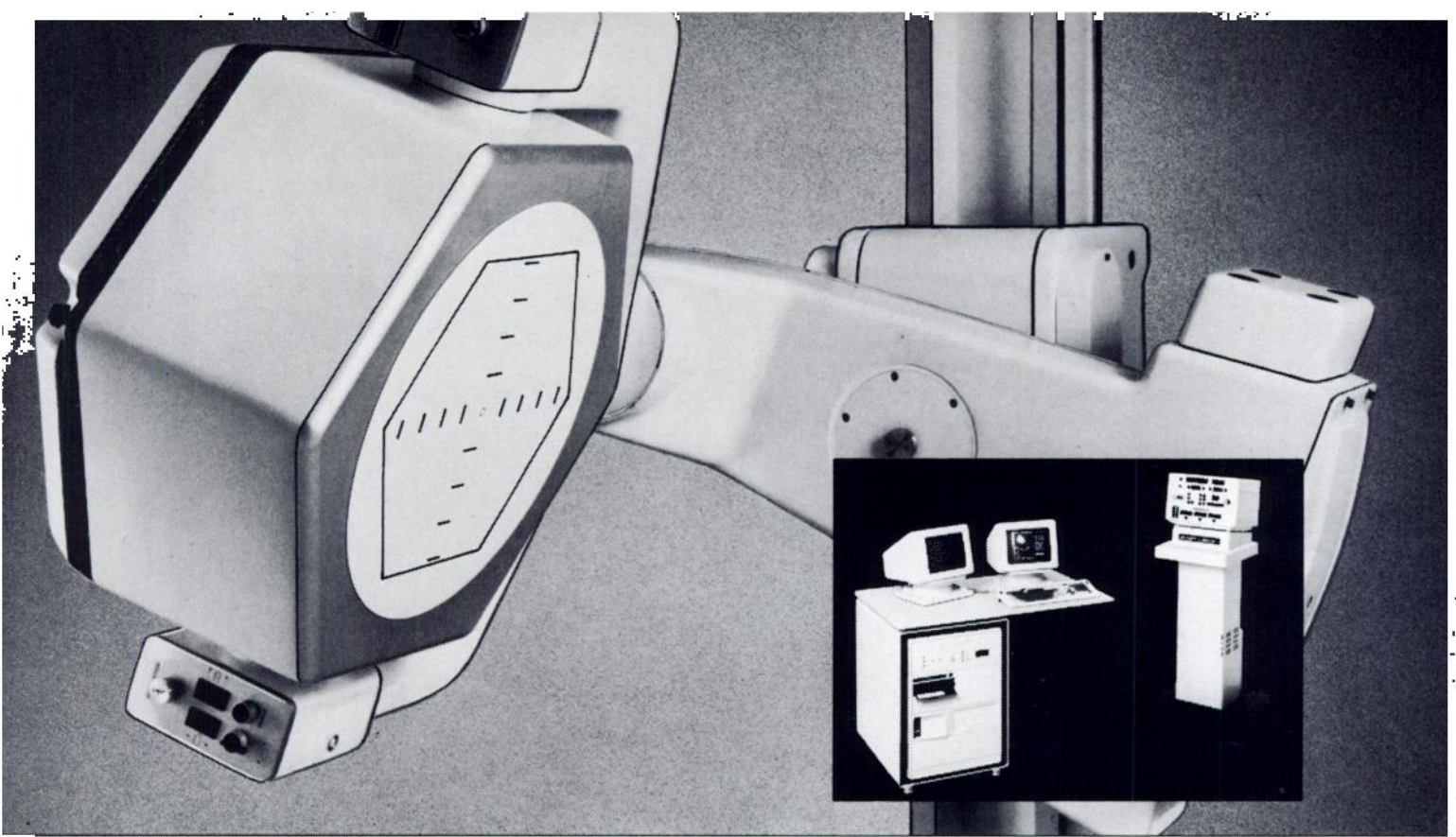
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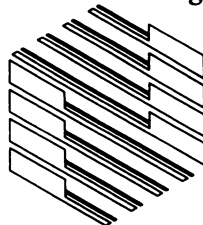
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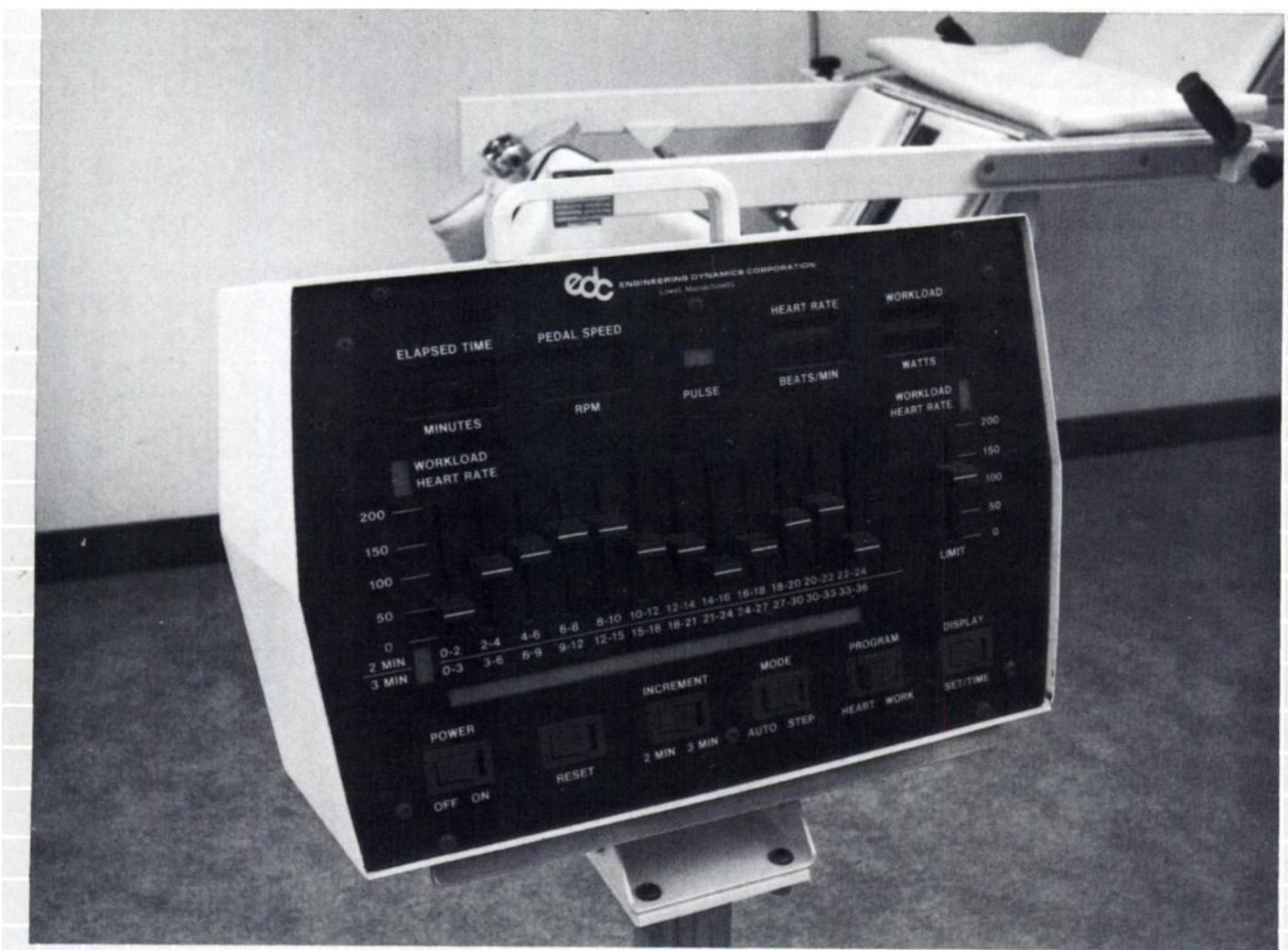
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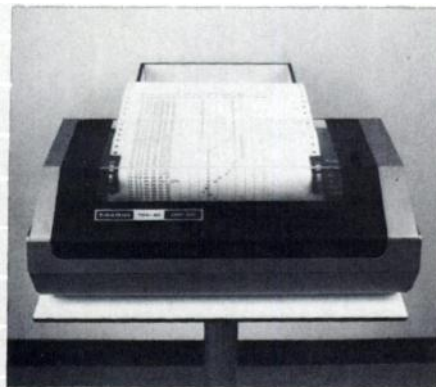
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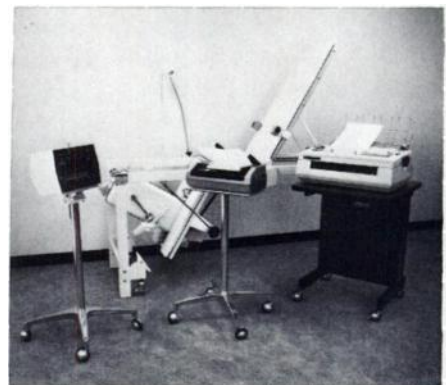


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BC/BE NUCLEAR PHYSICIAN. Preferably with internal medicine background. Position includes strong university/academic teaching involvement in an integrated nuclear medicine Residency Program. Seeking candidates interested in instrumentation application with computer experience. Apply with resumes to: Joseph A. Prezio, MD, FACP, Acting Chairman and Clinical Professor, State University of New York at Buffalo, VA Medical Center, Building #5, 3495 Bailey Ave., Buffalo, NY 14215. EOE.

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NUCLEAR MEDICINE RESIDENCY: JULY 1986. 699-bed VA general hospital offers accredited comprehensive 2-year program. Located in the San Fernando Valley area of Los Angeles, 15 min from affiliated hospitals (UCLA and Wadsworth VA). Program covers isotope and ultrasound imaging, in vivo and in vitro procedures, including RIA, isotope therapy, and all recent SPECT, computer, and cardiology procedures. Prerequisites: 2 (two) years postgraduate training in medicine, radiology, or pathology. Minimum stipend: \$29,477. Contact: Marvin B. Cohen, MD, Chief, Nuclear Medicine Service, VA Medical Center, 16111 Plummer St., Sepulveda, CA 91343 (Nondiscrimination in Employment).

### Technologist

ULTRASOUND TECHNICIAN. Immediate full-time position for certified ultrasound technologist with experience in ob/gyn and abdominal procedures and willing to assist with mammography procedures. Lake Charles Memorial Hospital is a progressive 344-bed acute care hospital designated as the Regional Trauma Center. Salary commensurate with experience. Excellent benefits including major medical and dental. Our city of 100,000 abounds with gracious traditions, relaxation, lakes and beaches, fine food, cultural activities, and sun and fun. Call collect or send resume to: Dianne Bertrand, Employment Manager, Lake Charles Memorial Hospital, 1701 Oak Park Boulevard, Lake Charles, LA 70601; (318)494-3221. EOE.

NUCLEAR MEDICINE CHIEF TECHNOLOGIST. Active nuclear medicine department is seeking applicants for the position of Nuclear Medicine Chief Technologist. This division performs over 5,000 procedures annually. Applicants must be registered as a nuclear medicine technologist with a bachelors degree in nuclear medicine technology. Six years of previous experience should include an in-

depth working knowledge of all methods for cardiac imaging including gated stress, stress thallium, and SPECT. Previous experience on supervisory level is strongly preferred. Excellent pay and benefits. Please send resume to: Baptist Medical Center, 3300 Northwest Expressway, Oklahoma City, OK 73112; (405)949-3250. EOE.

## Positions Wanted

### Technologist

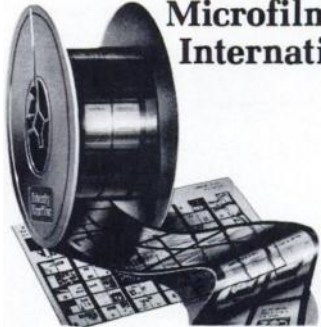
THE UNIVERSITY OF ALABAMA at Birmingham announces the graduation of its 1984-85 class of Baccalaureate nuclear medicine technology students in September, 1985. For information please contact: Nuclear Medicine Technology Program, Rm 214 RTI Bldg, Birmingham, AL 35294.

NUCLEAR MEDICINE TECHNOLOGIST. 16 years work experience. CNMT, NM, and MT (ASCP) registered. BS degree in medical technology. Call Kathleen (206)767-4376 or 763-1555. 931 S W Holden St. #303, Seattle, WA 98106.

## FOR LEASE

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## NUCLEAR MEDICINE TECHNOLOGIST

A 427 bed Southwestern CT community care hospital located on Long Island Sound and just 40 minutes from Manhattan has an opening for a Nuclear Medicine Technologist in the Dept. of Radiology.

The successful candidate must be registered or eligible for registration.

We offer an excellent salary and benefits package. To apply please call or write:

Mary Drew, RN, MS  
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## TECHNICAL DIRECTOR OF NUCLEAR

**MEDICINE.** The Ochsner Medical Institutions, a 536-bed teaching hospital and large multispecialty clinic, is currently accepting resumes for the position of Technical Director of Nuclear Medicine. The primary job responsibilities for the position include daily operations of the department as well as scheduling personnel, personnel recruitment, and purchasing decisions. Other responsibilities will include Research and Development for Nuclear Medicine. The Ochsner Medical Institutions Nuclear Medicine Department houses the latest in imaging instrumentation, SPECT reconstruction, and nuclear cardiology. Qualifications include registration in nuclear medicine technology, extensive technical experience, and experience as a supervisor in the nuclear medicine field. This position offers an excellent salary, fringe benefits package, and the added attraction of working with a team of highly regarded, progressive administrative and medical staff at an internationally known medical center. For confidential consideration send your resume to:



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## NUCLEAR MEDICINE TECHNOLOGIST

position available for a Registered or Certified Nuclear Medicine Technologist in a 448-bed acute care hospital in a northeast Texas city of 50,000-60,000 population with many recreational activities. Emphasis on nuclear imaging, ECT, thallium-201 stress studies, and gated heart studies. Equipment: Picker DDC ECT Gantry gamma camera and three Technicare sigma gamma cameras. Cameras are interfaced to ADAC 3300 or ADAC 2800 computers. For more information send resume or call: Assistant Personnel Director, Wadley Regional Medical Center, 1000 Pine St., Texarkana, TX 75501; (214)794-7334.

## SENIOR NUCLEAR MEDICINE INSTRUCTOR/TECHNOLOGIST

to be Coordinator of the Nuclear Medicine Learning Center of the Division of Nuclear Medicine of Emory University School of Medicine. Full-time position to develop and organize state-of-the-art educational center, which is equipped with advanced audiovisual equipment, a dedicated nuclear medicine computer system, and closed circuit television linking the Learning Center to imaging rooms. Emphasis is on SPECT and nuclear cardiology. The Coordinator will be responsible for establishing educational programs for technologists, nuclear medicine physicians, and cardiologists and will work closely with nuclear medicine physicians and physicists. Participation in research is encouraged. Outstanding career opportunity with competitive salary and comprehensive benefits package. Qualified candidates are invited to call or submit a resume to: Harvey J. Berger, MD, Director, Division of Nuclear Medicine, Emory University School of Medicine, 1364 Clifton Road, NE, Atlanta, GA 30322, (404)329-4843. Emory University is an Equal Opportunity/Affirmative Action Employer.

## PRODUCT-MARKETING MANAGER

A world leader in the manufacturing and marketing of monoclonal antibodies is seeking an aggressive individual responsible for product marketing of in vivo imaging and therapeutic products.

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# INTERNATIONAL SYMPOSIUM ON RECENT ADVANCES IN MEDICAL IMAGING AND NUCLEAR MEDICINE

*Magnetic Resonance, Computerized Tomography, Ultrasound, Digital Imaging, and Nuclear Medicine*

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Twelve outstanding faculties invited from the USA and Japan. The primary emphasis of the Symposium is on correlative imaging and all aspects of diagnostic imaging. This symposium will include talks on theory, clinical applications, equipment purchase, and specifications in the area of magnetic resonance, computerized tomography, ultrasound, digital radiography, and nuclear medicine. The topics will include social, economic, and cost analysis of the entire field of diagnostic imaging. Time has been set aside for proffered papers at the meeting. For further information please contact:

### Abstract Forms:

Vijay M. Varma, MD, Program Chairman  
Department of Radiology, George Washington University  
Medical Center, 901 23rd St. NW, Washington, DC 20037  
(202)676-3814

### Official Travel Agent

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**Deadlines: Abstracts, September 15, 1985; Travel, October 1, 1985.**

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## EUROPEAN NUCLEAR MEDICINE CONGRESS 1985

The Barbican Hall, London, Sept. 3-6, 1985

### PARTICIPATING ORGANIZATIONS

The Society of Nuclear Medicine-Europe  
23rd Meeting

The European Nuclear Medicine Society  
8th Meeting

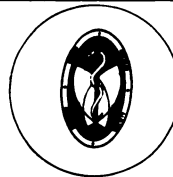
The British Nuclear Medicine Society  
13th Meeting

**SCIENTIFIC PROGRAM:** The clinical contribution of nuclear medicine to patient management and clinical strategy in relation to other imaging procedures will be emphasized together with the scientific contribution of nuclear medicine to the basic physiology and biochemistry of health and disease. There will be lectures from invited speakers, scientific and clinical papers, symposium, poster sessions, a technologist program, and pre-congress teaching courses.

**PRE-CONGRESS TEACHING COURSES:** Radioimmunoassay, Radioimmunoscintigraphy, Single Photon Emission Computed Tomography, and Nuclear Magnetic Resonance.

**DATES:** Saturday, August 31st, and Sunday, September 1st. (The Congress has applied for Category 1, AMA accreditation.) £25 before May 15; £35 after May 15.

**EXPOSITION:** A comprehensive exhibition of equipment



and radiopharmaceuticals will be held in the Barbican Exhibition Hall A. Products and applications will be featured from over 50 manufacturers.

**SOCIAL PROGRAM:** The registration fee includes: a concert by the world famous English Chamber Orchestra to be held in the Barbican Hall in association with the opening ceremony; conference banquet and dance at the London Hilton Hotel; and a farewell luncheon at the Dickens Inn, St. Catherine's Dock. A tour program is available to all attendees and accompanying persons.



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**REGISTRATION:** £75 after May 15, 1985

All payments must be made in British pound sterling as a **sterling bank draft**. Please make drafts payable to: European Nuclear Medicine Congress 1985.

**Mailing address for payment and further information:** European Nuclear Medicine Congress 1985, Institute of Nuclear Medicine, Middlesex Hospital Medical School, Mortimer Street, London W1N 8AA, U.K. Telephone: 01-6311066

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The new address of the Central Office of  
The Society of Nuclear Medicine  
is as follows:

**136 Madison Avenue**  
**8th floor**  
**New York, NY 10016**

Our telephone number has remained unchanged at:

**(212) 889-0717**

Please address all correspondence to our new address. During the transition, all correspondence received at our previous address will be forwarded so that there will be no interruption of services.

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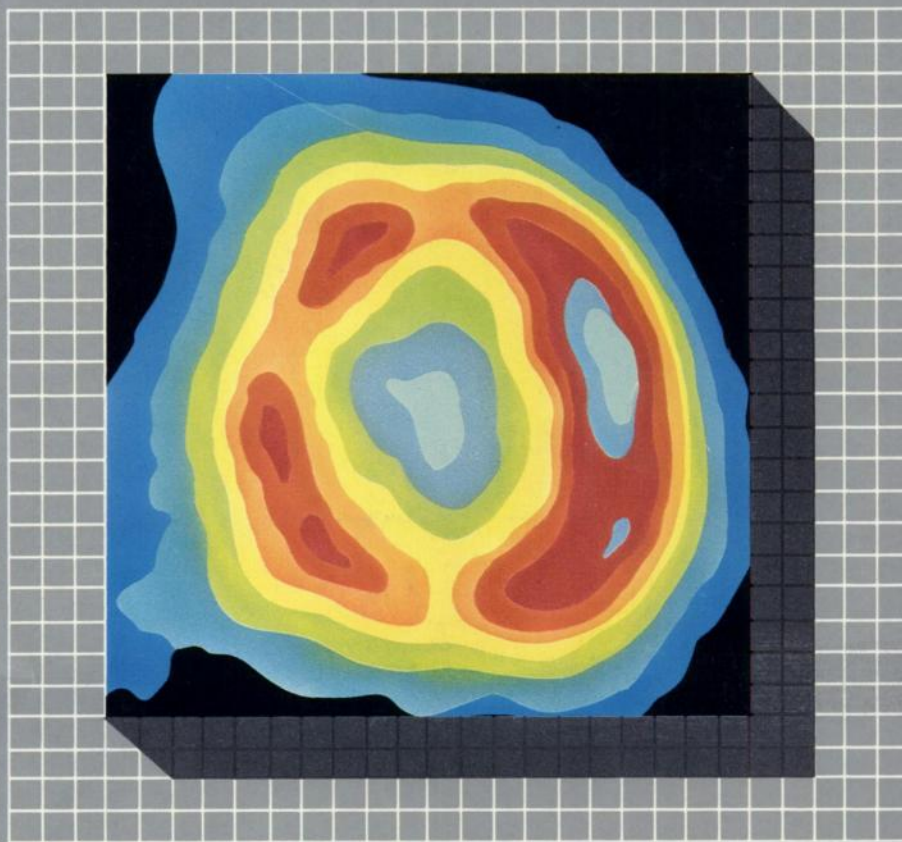


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# Thallous Chloride Tl 201



## For your patients, we have:

- Significantly increased our production to meet your demand... you get *WHAT* you want... *WHEN* you want it.
- Coast-to-coast distribution network which also allows you to receive your Thallous Chloride Tl 201 with other MPI products, saving multiple delivery charges.
- Precalibrated Thallium 201 Monday through Friday is now available.\*
- Single dose vials for easy record keeping—one vial per patient.
- The most complete line of up-to-date radiopharmaceuticals in the industry.

Take advantage of us. Let MPI be your prime supplier.

\*Activity at calibration time: 2.0 mCi at 10 p.m. Pacific Time.  
You receive 2.8 mCi per vial at noon of day preceding calibration.

## Thallous Chloride Tl 201

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

**DESCRIPTION:** Thallous Chloride Tl 201 is supplied in isotonic solution as a sterile, nonpyrogenic diagnostic radiopharmaceutical for intravenous administration. Each unit dose contains 1 milliliter and each milliliter contains 2 millicuries of Thallous Chloride Tl 201 at calibration time. pH adjusted to 5.0–8.0 with hydrochloric acid and/or sodium hydroxide. Contains no bacteriostatic preservative. Thallium Tl 201 is cyclotron produced and is essentially carrier-free. Radionuclidic purity at calibration time is at least 98.0% with less than 1.0% Thallium Tl 200, 1.0% Thallium Tl 202 and 0.2% Lead Pb 203. The concentration of each radionuclidic contaminant changes with time.

**INDICATION AND USAGE:** Thallous Chloride Tl 201 may be used in cardiac imaging to define the extent of myocardial infarction.

It may also be useful in conjunction with exercise stress testing as an adjunct in the diagnosis of ischemic heart disease (atherosclerotic coronary artery disease).

**CONTRAINDICATIONS:** None known.

**WARNINGS:** When studying patients suspected or known to have myocardial infarction or ischemia, care should be taken to assure continuous clinical monitoring and treatment in accordance with safe, accepted procedure. Exercise stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate resuscitation and support apparatus.

### PRECAUTIONS

#### General

Do not use after the expiration time and date (4 days after calibration time) stated on the label.

Discard vial after single use. Do not use if contents are turbid.

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

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

Thallous Chloride Tl 201 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. Also, care should be taken to minimize 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 Thallous Chloride Tl 201 affects fertility in males or females.

#### Pregnancy Category C

Animal reproduction studies have not been conducted with Thallous Chloride Tl 201. It is also not known whether Thallous Chloride Tl 201 can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Thallous Chloride Tl 201 should be given to a pregnant woman only if clearly needed.

#### Nursing Mothers

It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Thallous Chloride Tl 201 is administered to a nursing woman.

#### Pediatric Use

Safety and effectiveness in children have not been established.

**ADVERSE REACTIONS:** Adverse reactions related to use of this agent have not been reported to date.

**HOW SUPPLIED:** Thallous Chloride Tl 201 is supplied as a sterile, nonpyrogenic, isotonic solution in unit dose vials containing 1 milliliter. Each milliliter contains 2 millicuries of Thallous Chloride Tl 201 at calibration time. Contains no bacteriostatic preservative.



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