Both Triosorb and Tetrasorb are in vitro tests providing accuracy, speed and convenience. They are available in disposable kits ready for immediate use at room temperature.

"The T-3 uptake test was vastly improved by a resin-sponge . . . (Triosorb) . . . which is offered as a replacement for the red cells as well as for the loose granular resin which varies from day to day."³

Tetrasorb is the first diagnostic kit offering a direct measurement of thyroid function by determining serum thyroxine. Hypothyroid patients show a decrease in serum thyroxine while hyperthyroid patients show an increase. In euthyroidism, interfering conditions cause the T-3 and T-4 to move in opposite directions whereas in hypothyroidism or hyperthyroidism, both tests move in the same direction.

By requesting both Tetrasorb (a direct measure of thyroid activity) and Triosorb (an indirect measure of thyroid activity) for his patient, the physician can make his diagnosis with increased confidence.

"No single laboratory test of thyroid function is diagnostically perfect for all patients."¹
That’s why Abbott offers both a T-3 test (Triosorb) and a T-4 test (Tetrasorb).
"The serum T4, being completely specific, comes closest to the ideal test and is better correlated with clinical status than any other routine test. The serum T4 alone is adequate for the vast majority of patients. Because of variations in the T4 binding capacity of the serum proteins in pregnancy, in various disease states, and as a result of certain medications, misleading T4 results may be obtained occasionally."²
"Fortunately, the generally available resin uptake of ¹¹¹I-triiodothyronine (Triosorb test) is a useful procedure to complement the serum thyroxine determination, particularly when values of the latter do not seem consistent with the clinical picture."²
"In summary, our experience with the serum T4 in the past three years has proven it a completely specific and highly accurate diagnostic test. Diagnostic errors are relatively easily detected if a T3 Resin test is used concurrently. We now use the T4 instead of the PBI as the routine screening test of thyroid function."¹

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Contraindications: Radiopharmaceuticals should not be administered to pregnant women or to persons under the age of 18 years unless the indications are very exceptional. Because iodide is excreted in human milk, aggregated radioalbumin should not be administered to nursing mothers.

Side Effects and Precautions: There have been no reported cardiovascular or other untoward effects attributable to Albumotope—LS. Extensive clinical use of Albumotope—LS has not borne out the hypothetical possibility that particles of large size might induce deleterious cardiovascular or cerebrovascular effects. The product appears to possess no antigenic properties. One patient with a known history of angioneurotic edema, who had been given Lugol's solution in conjunction with aggregated radioalbumin similar to Albumotope—LS, developed urticaria.

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Available: As a sterile, nonpyrogenic, aqueous suspension. Each cc. contains approximately 0.5 mg. aggregated human serum albumin labeled with iodine 1³¹I. Not less than 90% of the aggregates are between 10 and 90 microns and none are more than 150 microns in size. The preparation also contains 0.9% (w/v) benzyl alcohol as a preservative. The potency ranges from 250 to 450 microcuries per cc. on date of assay.

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