By eliminating the disadvantages of earlier methods, the Triosorb Sponge has achieved a real breakthrough in thyroid testing. It is an in vitro test unmatched in accuracy, speed and convenience.

**Accuracy:** Because factors such as red blood cells and exogenous iodine have been eliminated from consideration in the Triosorb Test, it is unmatched in accuracy.

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more rapidly performed than any other T-3 test.

Convenience: Triosorb is in a disposable kit ready for immediate use at room temperature, making it the simplest and most convenient thyroid function test to perform.

McAdams* reported that “The resin sponge (Triosorb) technique is superior to the erythrocyte method for performing the $^{131}$I T3 test in terms of simplicity, convenience and elimination of errors characteristic of the erythrocyte procedure.”

Triosorb is available to all doctors, hospitals and clinical laboratories—AEC licensing is not required. Because Triosorb will enable far more screenings to be performed, this procedure may soon become as standard as today’s blood counts and urinalyses.

The Volk Radiochemical Company has been producing radiopharmaceuticals and radiochemicals for human and research use for the past ten years. This is our only business. Continued technological improvements and innovations have been constant goals as exemplified by our pioneering production of Iodine-125 as a useful medical isotope and our introduction of the “Silver Saddle” which removes free iodide from iodinated organic compounds such as Hippuran.

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4 Switch Selected Operating Modes

100-channel analysis—this provides a high resolution spectrum analysis of charged particles. Scale expansion provides resolution equivalent to 800 channels for storage of a selectable portion of the spectrum. In this capacity the Gammascope will effectively replace the single-channel spectrometer in nuclear medicine, radio-chemistry, and nuclear physics research.

Single-channel analysis—window controls on the Gammascope permit selection of an energy range of 0.5% in steps of 0.01% on the multi-channel spectrum display. With controls set for the range of interest, the instrument provides pulses in that range for counting on an external scaler. Pulses selected by the window can also be used for counting in the multi-scaler, mode, or for sampling of the velocity signal in Mössbauer studies.

Multiscaling—the Gammascope provides 100 channels of multiscaling with 8 selectable dwell times from 0.1 to 1000 milliseconds. The single-channel window selects pulses of the desired energy range, which are then automatically stored in successive channels corresponding to a preset time interval. Multiscaling is particularly useful in half-life studies of short-lived isotopes and for investigation of Mössbauer effects.

Mössbauer Analysis—The Gammascope is equipped with an input for an analog signal. In addition, in the Mössbauer mode pulses from the detector can be fed to the single-channel analyzer. The output is used to sample the velocity signal by the analog to digital conversion circuitry, thus providing a count in the channel corresponding to the instantaneous amplitude of the velocity. This mode of operation eliminates the necessity for precise timing by the counting channels and the Mössbauer drive, thus greatly simplifying demonstration of Mössbauer effects.

For full details on the GAMMASCOPE II, contact your nearest TMC office or write Technical Measurement Corp., 441 Washington Avenue, North Haven, Connecticut.
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The Ohio-Nuclear advertisement which appeared on page iii of the February 1965 issue of the Journal was incorrect as to price and delivery date of the merchandise mentioned. For current information, please contact Mr. Don Steel, President, Ohio-Nuclear, Inc., 1275 Fall Avenue, Cleveland, Ohio 44113.
Announcement to Authors

Preliminary Notes

Space will be reserved in each issue of THE JOURNAL OF NUCLEAR MEDICINE for the publication of one preliminary note concerning new original work that is an important contribution in Nuclear Medicine.

Selection of the preliminary note shall be on a competitive basis for each issue. One will be selected after careful screening and review by the Editors. Those not selected will be returned immediately to the authors without criticism. Authors may resubmit a rejected or revised preliminary note for consideration for publication in a later issue. The subject material of all rejected manuscripts will be considered confidential.

The text of the manuscript should not exceed 1200 words. Either two illustrations, two tables, or one illustration and one table will be permitted. An additional 400 words of text may be substituted if no tables or illustrations are required. Only the minimum number of references should be cited.

Manuscripts should be mailed to the Editor, Dr. George E. Thoma, St. Louis University Medical Center, 1402 South Grand Blvd., St. Louis, Missouri 63104. They must be received before the first day of the month preceding the publication month of the next issue, e.g., preliminary notes to be considered for the November, 1965 issue must be in the hands of the Editor before October 1, 1965.

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