



# Abbott's new **Computerized Curve** cuts testing **time-shows values** corrected for lab and lot variances

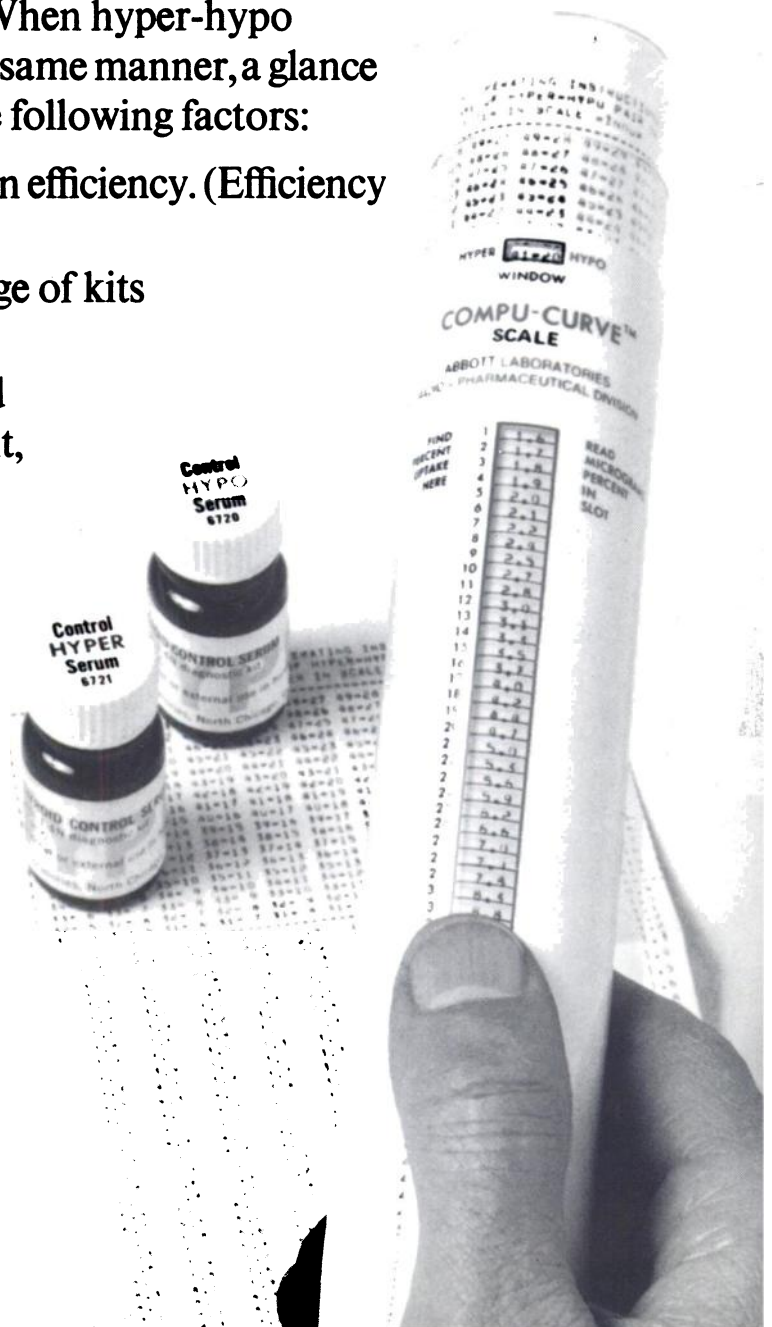
The standard curve is supplied as a table with corrections for variance pre-calculated for you by computer. Place the table in Abbott's new Compu-curve™ scale. When hyper-hypo controls and tests have been run in the same manner, a glance shows you compensated values for the following factors:

1. Variances in thyroxine extraction efficiency. (Efficiency determinations are not needed.)
2. Variances between kits and in age of kits within their dating period.
3. Consistent variances within and between labs due to types of equipment, laboratory set-up, and individual techniques of personnel.

In short: You save time and money. Results are more easily compared within your laboratory, and with the results of others.

**ABBOTT LABORATORIES**  
North Chicago, Illinois 60064  
**Radio-Pharmaceutical Products Division**

In Europe: Labor-Service GmbH,  
Abbott European Radio-Pharmaceuticals,  
D 6236 Eschborn, Germany, Postfach 1245



# QUANTISORB™

T<sub>4</sub>N Diagnostic Kit



## One step in Abbott's new T<sub>4</sub>N thyroid test **eliminates most false values due to TBG abnormalities.**

After thyroxine is extracted from patient serum, 10 lambda of the untreated patient serum is added.

Pregnancy, estrogens—almost all external factors that can raise or lower thyroxine levels—are then balanced out or normalized by corresponding amounts of protein binding sites in the added serum.

Both Quantisorb (T<sub>4</sub>N) and Tetrasorb® (T<sub>4</sub>) tests have the same normal range, and values are read in micrograms. When the tests are run together, the results are easily correlated, and provide several parameters for diagnosis. Values normalized to reflect thyroid status by Quantisorb are quickly compared with the total serum thyroxine levels shown by Tetrasorb.

305426

*How Quantisorb values correlated with thyroid status in 759 clinically diagnosed patients.*

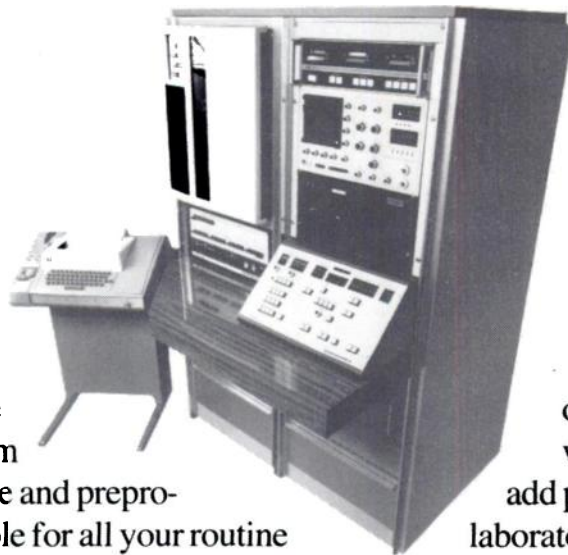
	Hypothyroid Range	Euthyroid Range	Hyperthyroid Range
472 Euthyroid Patients	7 Patients	461 Patients 98% Correlation	4 Patients
81 Hypothyroid Patients	74 Patients 91% Correlation	7 Patients	
109 Hyperthyroid Range		11 Patients	98 Patients 90% Correlation
25 Pregnant Euthyroid Patients		24 Patients 96% Correlation	1 Patient
72 Euthyroid Patients on Estrogen	2 Patients	68 Patients 94% Correlation	2 Patients

Chart represents findings by investigators in three separate geographical areas.

TM-Trademark

# How many data systems perform simultaneous real time image processing and general laboratory computation?

## Just one.



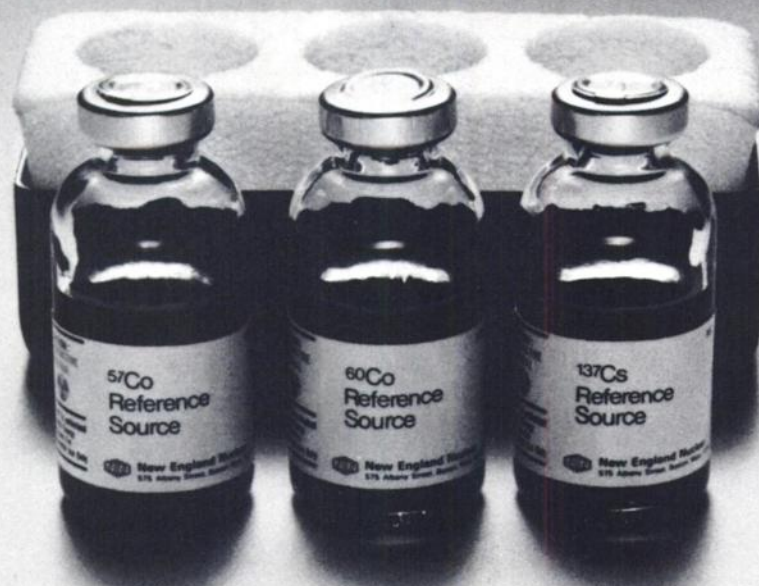
With the Intertechnique Cinescintigraphy system you have a simple-to-use and preprogrammed system suitable for all your routine clinical imaging needs. And at the same time a powerful general purpose computer for radio-immunoassay determinations and other laboratory applications. Competitive systems promise this dual versatility, but Raytheon delivers.

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or utilize the clinically proven software. What's more, you can easily add programs specific to your clinical and laboratory requirements with LEM — our user-oriented language.

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**NEN** New England Nuclear  
Radiopharmaceutical Division

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Telephone (617) 667-9531

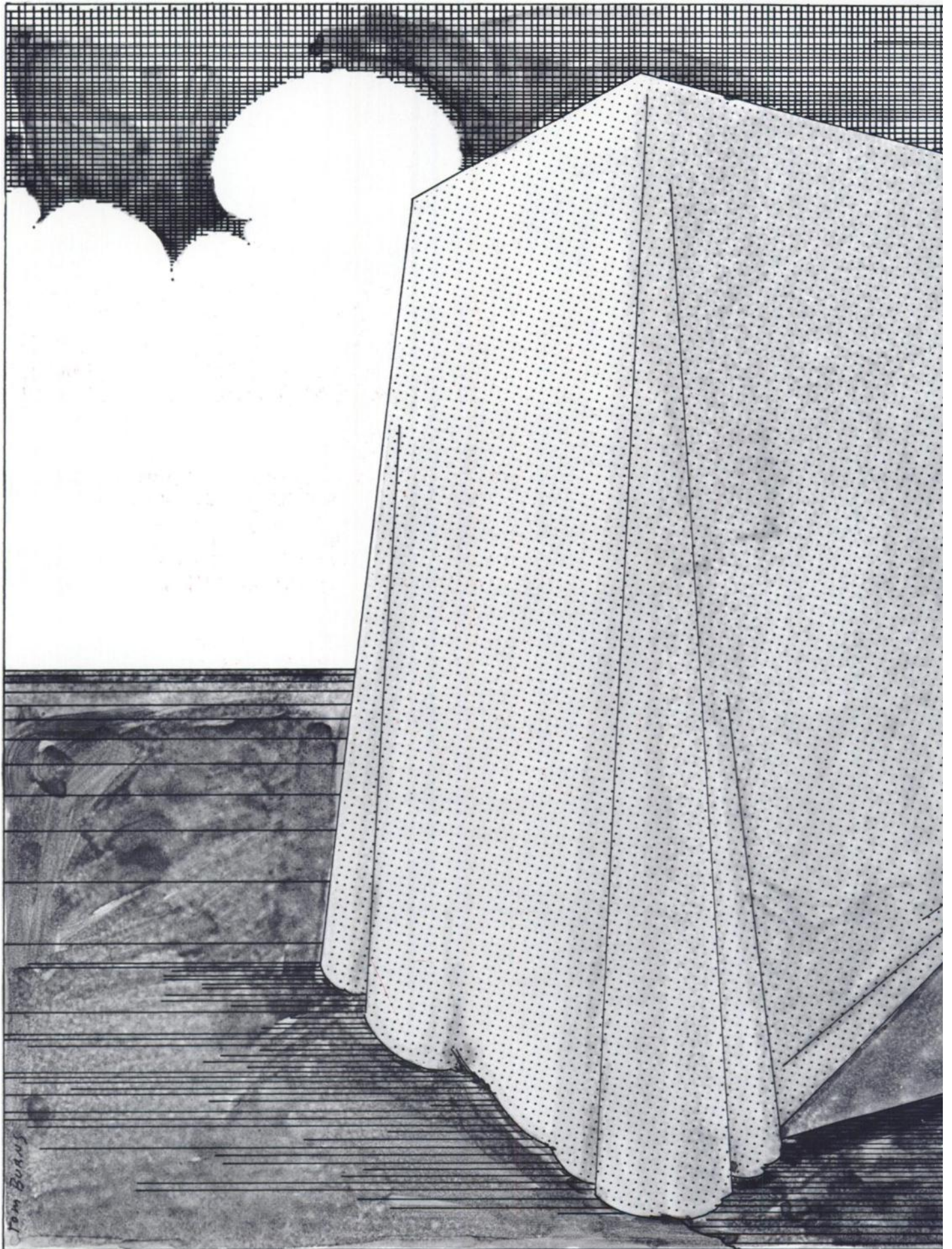
Canada: NEN Canada Ltd, Dorval, Quebec. Tel: (514) 636-4971  
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Tom Burns

A black and white illustration of a man in a suit and tie, seen from the side, pulling a large, perforated sheet across a landscape. The sheet is being pulled from the left towards the right, partially covering a background of a grid pattern and a textured, rocky terrain. The man is leaning forward, exerting effort. The overall style is a combination of fine-line drawing and halftone shading.

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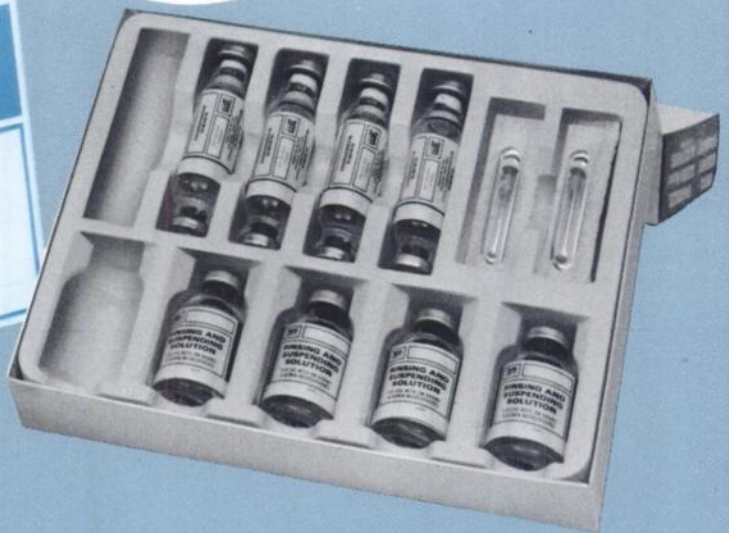
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 $^{99m}\text{Tc}$ -LABELING  
KIT**

FOR ROUTINE USE,  
NO LONGER  
INVESTIGATIONAL.





# FOR CONSISTENT LUNG IMAGES

day after day after day after day!

## USE $^{99m}\text{Tc}$ ALBUMIN MICROSPHERES

● **Uniform Shape and Size**  
Perfectly spherical, the 3M Albumin Microspheres are uniformly sized to 15-30 microns in diameter. This uniformity, coupled with an extremely low tendency to agglomerate, results in truer images of lung perfusion. The result — no hot spots or extra-lung activity.

● **Integral, yet Biodegradable**  
Each Albumin Microsphere is a single homogeneous sphere of albumin — they won't disintegrate in the vial or syringe. Yet, microspheres readily clear from the lung. Pulmonary clearance half-times are long enough for multiple view imaging but are still short enough to allow daily imaging, if required. Microscopic analysis of lung tissue in the mouse showed 99 percent of the administered microspheres were gone after 29 hours.<sup>1</sup>

1. Data on file at the 3M Company and the Bureau of Biologics.

● **Eliminate Interference from "Free" Technetium**  
"Free" isotope need no longer interfere with the scan. The unique filter construction of the Microsphere Labeling Vial allows the free isotope to be removed, leaving just labeled microspheres for suspension.



● **Stable Kit**  
Currently the expiration date of each kit is 6 months after the date of manufacture. You can stock the kit and have it available for immediate use. Even a department doing a moderate amount of lung imaging can take advantage of quantity discounts.

● **Each Lot FDA Approved**  
Thoroughly tested by 3M, each lot is checked by the Bureau of Biologics, FDA, and approved for shipment. This provides a double-check of sterility, lack of pyrogens, and all the important performance parameters of the kit.

**INDICATIONS** Scintillation imaging of the lungs with  $^{99m}\text{Tc}$ -Labeled Albumin Microspheres is indicated as an adjunct to other diagnostic procedures whenever information about pulmonary circulation is desired.

**CONTRAINDICATIONS** The safety of Albumin Microspheres in patients with a known right-to-left cardiac shunt has not been established and its use in such patients is contraindicated.

**SIDE EFFECTS** Although no anaphylactoid reactions have been reported in patients following the administration of Albumin Microspheres, the possibility should be considered that hypersensitivity reactions may occur rarely in patients who receive additional doses of the Microspheres.

**HOW SUPPLIED** Each kit contains five labeling units. Each labeling unit contains one day's supply of Albumin Microspheres (5mg — enough for 5 to 7 patients) plus all the reagents necessary to attach technetium to the microspheres.

For detailed information about Microspheres and the 3M Brand Albumin Microsphere  $^{99m}\text{Tc}$ -Labeling Kit, write: **Nuclear Products for Medicine**, 3M Company, 3M Center, St. Paul, Minnesota 55101, or phone TOLL FREE (800) 328-1671.

**3M**  
COMPANY



1

2

3

4

**Mallinckrodt**  
NUCLEAR  
**Ultra-TechneKow**  
GENERATOR

MULTIPLYING BY		TECHNEKOW SIZE		MILLICURIES	
ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500
600	600	600	600	600	600
700	700	700	700	700	700
800	800	800	800	800	800
900	900	900	900	900	900
1000	1000	1000	1000	1000	1000

**WARNING**  
Radioactive materials produced by nuclear reactors or sources of radiation should be used with the greatest care and attention and should be handled in accordance with the instructions and safety precautions, and handling procedures, and should be stored in accordance with the instructions and safety precautions.

**STERILITY**  
The generator of sterile, single-use syringe barrels.

For additional information see package insert.

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LOS ANGELES NEW YORK

# Introducing the New Ultra-TechneKow<sup>®</sup> Technetium Generator



with **4** New Features

**1. New enlarged lead shield reduces radiation exposure to the operator.** With at least 1½ inches of lead all around the generator column this is one of the best shielded generators available today.

**2. New "Ion Control" Process** (patent applied for) reduces aluminum level to a point where it is virtually undetectable by normal laboratory test methods. The eluate may be used with any of the currently available sulfur colloid kits or with other tagging

procedures requiring low aluminum levels.

**3. New 500-ml saline supply** allows as many as 15 or 16 elutions per week. The saline supply is built in and factory sealed, an exclusive feature of the new **Ultra-TechneKow**:

**4. New self-aligning milking station** makes the elution process simpler than ever. When the "Sight Glass" elution shield with evacuated vial is placed into the milking station, the needle is automatically centered over the evacuated vial. Press plunger down, turn slightly to lock into position, and elution proceeds automatically.

## It's the most advanced concept in technetium-99m generators.

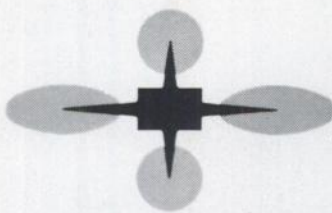
This all-new, redesigned version of our **Ultra-TechneKow** series is carefully engineered into an attractive, pre-assembled, completely self-contained unit. This model is the culmination of seven years of experience making technetium-99m generators. The **Ultra-TechneKow** Generator is shipped each week complete with evacuated elution vials, needle pack with labels, molybdenum-99

and technetium-99m reference tables, needle guard for operator safety, convenient carrying handles, and package insert with complete information.

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Insulin  
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Write for data. Schwarz/Mann,  
Orangeburg, New York 10962

# Concerned about over or under digitalization?



Then speak to your  
laboratory—they can  
now help you monitor  
digoxin and digitoxin  
blood levels.

Clearly the digitalis glycosides have been a mixed blessing. Their potential for good is inevitably coupled with the possibility of harmful effects due to inadequately low or toxically high blood levels. And then, as if the narrow margin of safety weren't enough, we also began to realize that there are variations in bioavailability of these glycosides. From glycoside to glycoside. From company to company. From one route of administration to another. From dosage form to dosage form. Sometimes even from lot to lot.

Yet, despite these multiple uncertainties, no really practical tool existed for monitoring digitalis glycoside blood levels. The result, according to some observers, can be serious. One worker stated that perhaps 20 to 25% of all digitalized patients are actually overdigitalized to the point of toxicity and that this situation had reached epidemic proportions.<sup>(1)</sup> Another reported that the mortality rate from overdigitalization ranges from 3% to 21%.<sup>(2)</sup>

And in the same study, 11% of the digitalized patients previously thought to be on adequate daily maintenance therapy were actually shown to be *underdigitalized*. One recent report indicated that while an oral digoxin solution was completely absorbed, a digoxin tablet was only 75% absorbed.<sup>(3)</sup>

Those are the problems. Now the news here is this: new radioimmunoassay techniques have been developed for monitoring digoxin and digitoxin blood levels. These are perfectly practical methods that offer exceptional sensitivity and specificity. So, if you're concerned about the problems of overdigitalization and underdigitalization, speak to your laboratory about the availability of these new radioimmunoassays. They can help minimize a serious problem. Perhaps you'll also be interested to know that we supply radioimmunoassay kits for renin activity and vitamin B<sub>12</sub> determinations. These, too, are characterized by unusual sensitivity, specificity and precision. Once again, speak to your laboratory. For further information, write Schwarz/Mann, Mountain View Avenue, Orangeburg, New York 10962.

- (1) J. F. Doherty, *Annals of Internal Medicine*, May 1971.
- (2) G. A. Beller, et al., *New England Journal of Medicine*, May 6, 1971.
- (3) D. H. Huffman, et al., *JAMA*, November 20, 1972.

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- **10 vials per kit; \$40/kit.**

**Other Kits—Lung, DTPA, Polyphosphate, Diphosphonate**

*For further information, call Gwen Harris, 201-825-2310.*

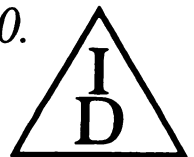
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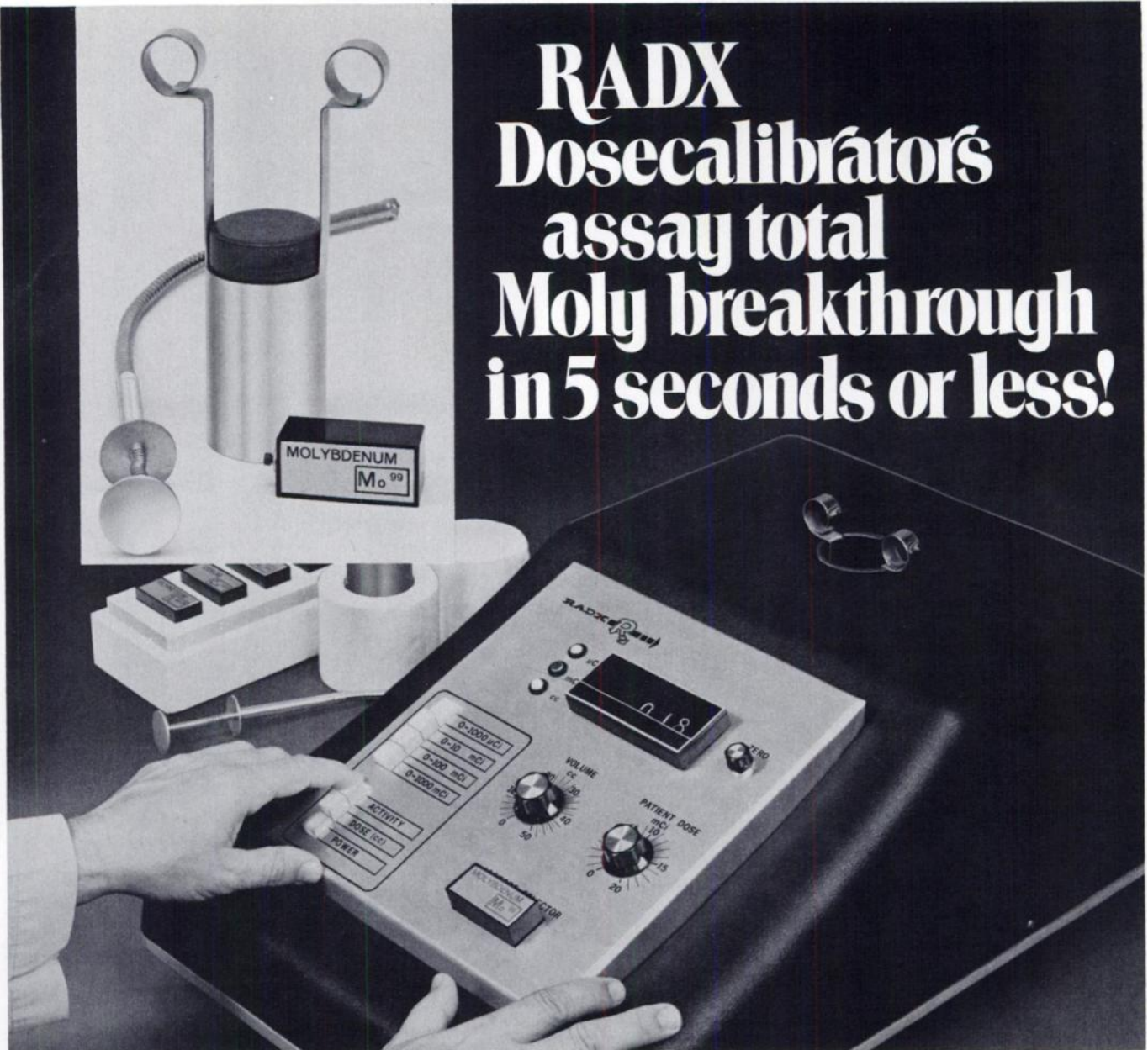
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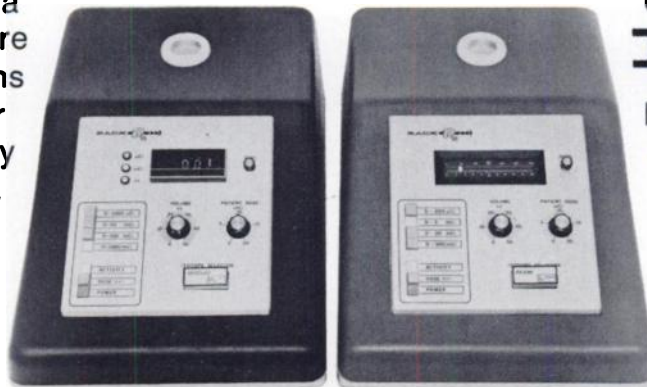
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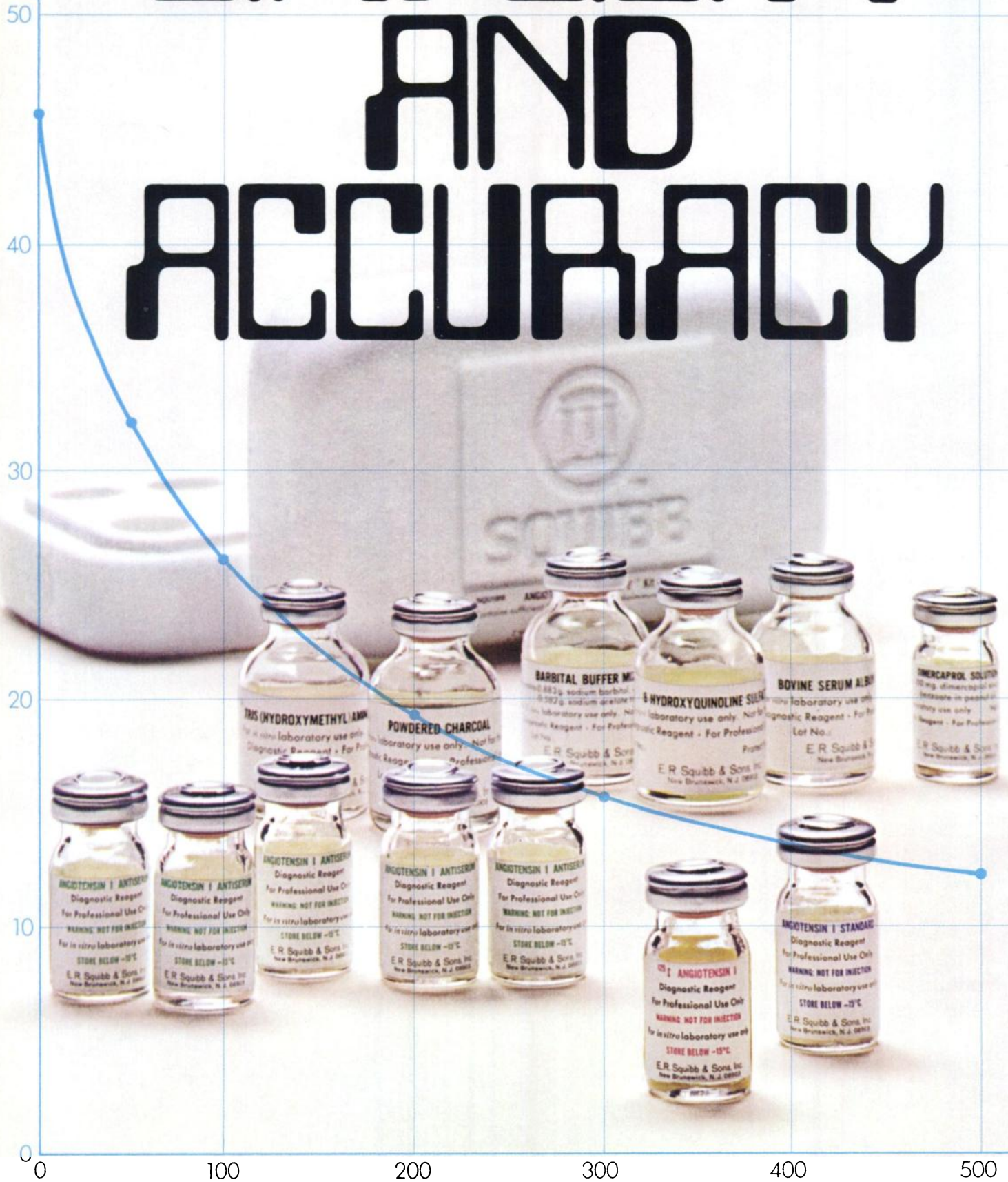


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Three important features of the Immutope Kit assure reliable, reproducible results in determination after determination. First, a special formulation makes the Angiotensin I Standard stable. Second, standardization is protected by a built-in iodine scavenger. Third, *all* the reagents in the Immutope Kit are stable (when properly stored) and all are matched — specifically formulated and tested to assure compatibility.

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for determination of plasma renin  
activity by radioimmunoassay

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**"No, 'tis not so deep as a well, nor so wide  
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Mr. Shakespeare was obviously not thinking of our new ICON 380 Scintillation Camera when he wrote those words. But compared to other Cameras, the ICON 380 is a very deep well and a very wide church-door indeed. (We agree that wells and church-doors are hardly accurate units of measure, but we like the quotation). For those who insist on more exact terms, here is what the new ICON 380 offers:

A useful field of view of **38 cm.** (15 inches) diameter.

Delay line arithmetic.

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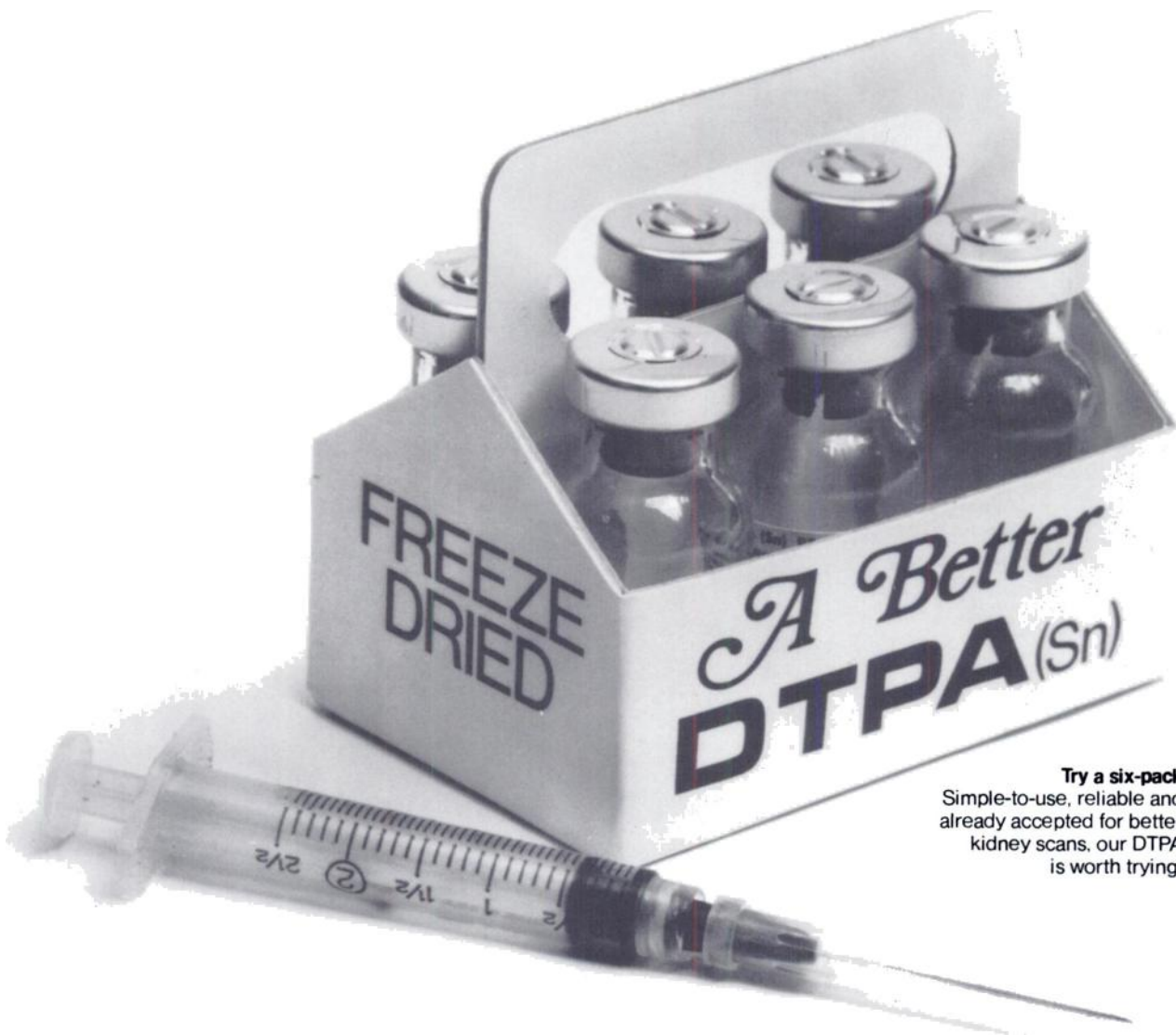
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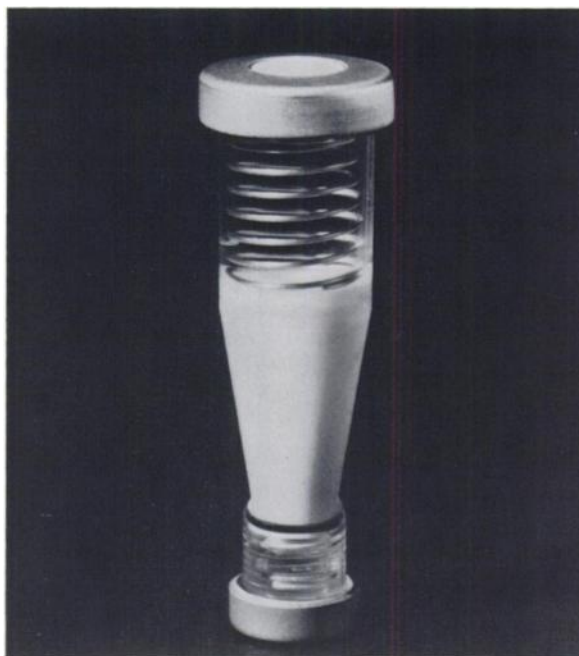


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# You defined it, we designed it:



## the tapered body of our new sterile Tc 99m generator.

At The Radiochemical Centre we believe in meeting the customer's needs exactly. So, before designing our new sterile technetium-99m generator, we asked users of sterile generators to define precisely the improvements they would like to see. First on the list of improvements was a smaller elution volume with a higher radioactive concentration, making bolus injection a feasible operation if required.

To meet this requirement we designed an entirely new kind of body, tapered to give maximum length with minimum volume. The length of the bed is sufficient to eliminate molybdenum-99 breakthrough, whilst the volume substantially reduces the amount of eluate required.

Within the body, the stability of the elution bed is maintained by a spring-loaded frit so that there is no disturbance by sterilization or trans-

port and minimum risk of channelling. This ensures consistently good yields, from generator to generator and from day to day.

Also included in the body is an improved filter system, using nylon mesh instead of sintered glass—making for more reliable elution with fast reproducible flow, and no blockage by particles.

Finally, we chose plastic as the material for the body, because it is tougher than glass and eliminates the risk of radioactive contamination due to breakage during transport and handling.

In keeping with the simplicity and efficiency of the body, you will find that the total operation of The Radiochemical Centre generator is remarkably fuss-free.

The positive pressure flow system allows maximum control of operation with easy possibility of fractional elution (and no evacuated

vials to go wrong), which means that the volume of any fraction can be as small as the user demands.

Slotted lead end plugs are used (so there is as much shielding above and below the generator as there is around it) with special right angle needles in the eluent flow line: this eliminates the need for holes above and below the generator and minimises the radiation dose to the operator.

The generator is free-standing, takes up the minimum amount of space on the laboratory bench, and requires no elaborate extras.

It allows you, the user, full control over a safe and reliable system which can be used to deliver the daughter isotope in discrete fractions of maximum radioactive concentration.

Further information on the new sterile technetium-99m generator is available on request.



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Available only outside Canada and the USA.




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Take advantage of us. Your personal consultant can be reached by just calling the local Raytheon sales office or Mike Bono at our Waltham headquarters. Raytheon Company, Medical Electronics, 190 Willow St., Waltham, Mass. 02154. Tel. 617-899-5949.



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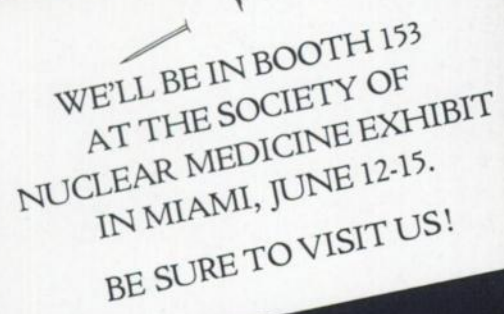
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From a copper engraving: Hippocrates helping the sick in the market place. (Bettmann Archives).



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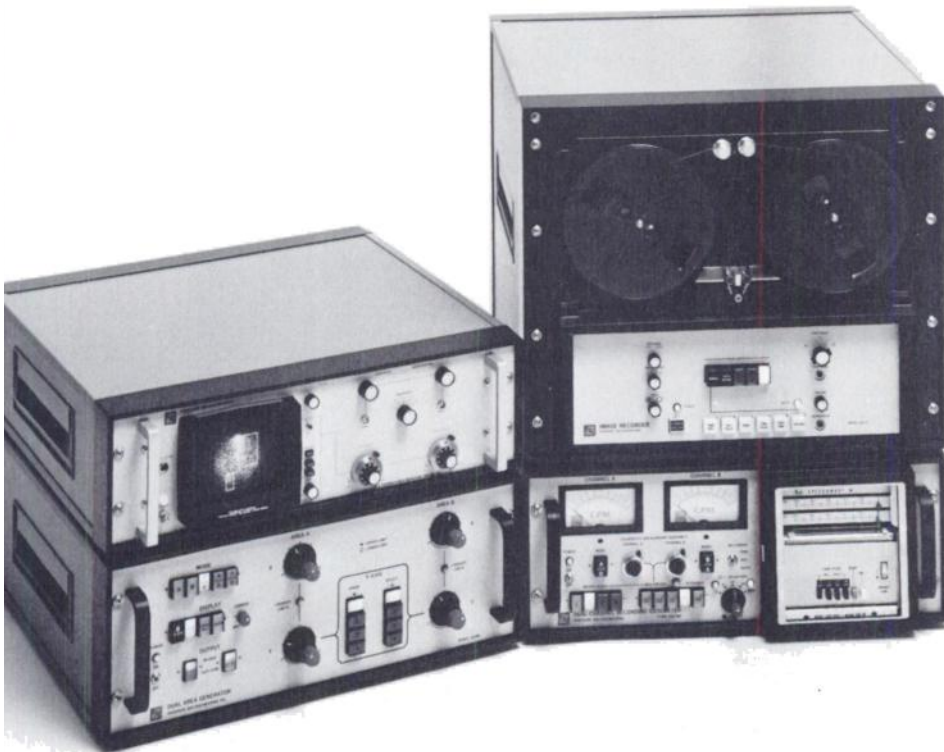
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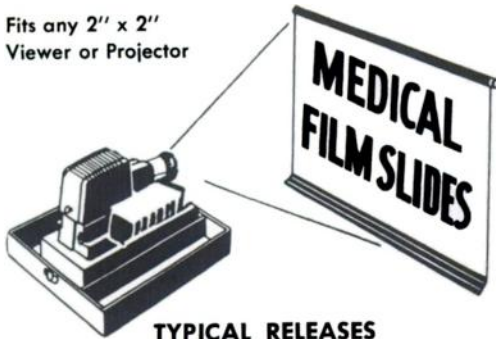


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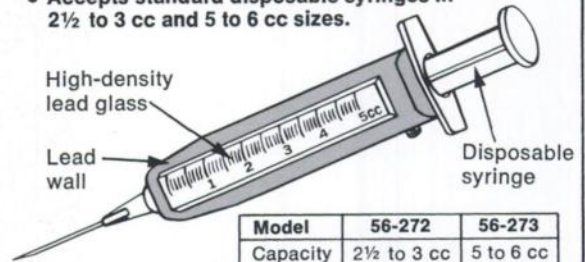
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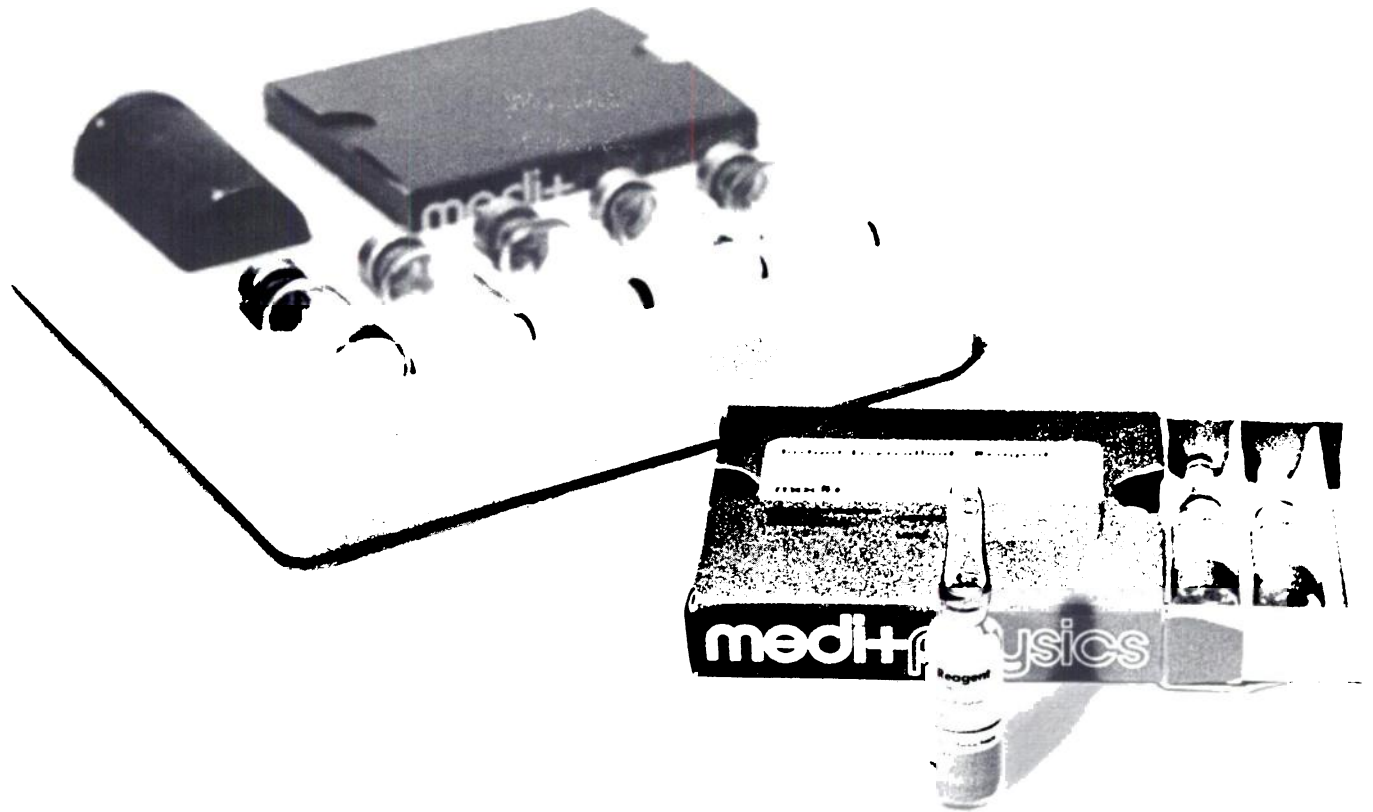
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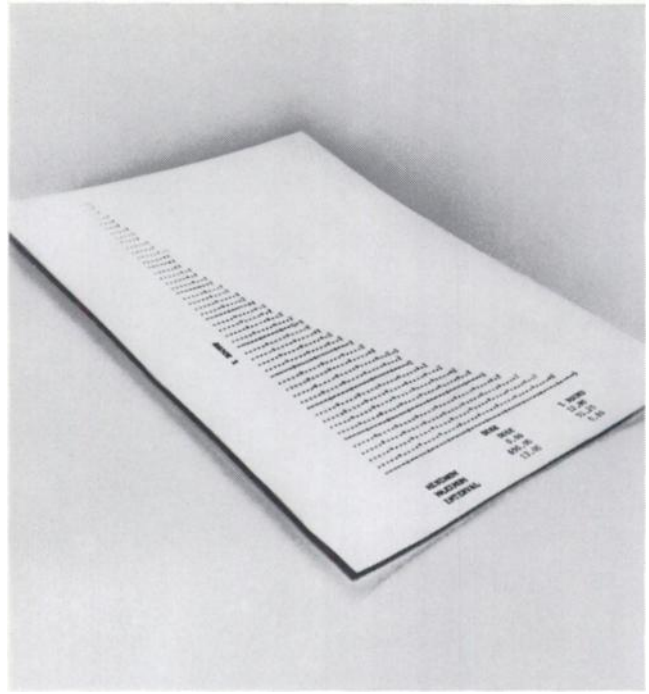
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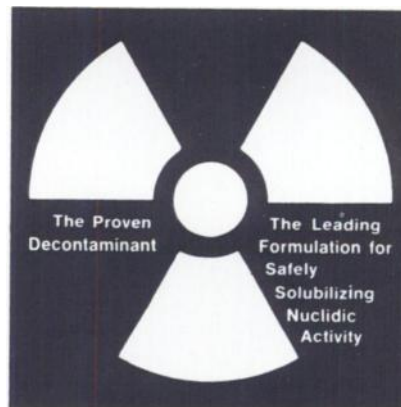
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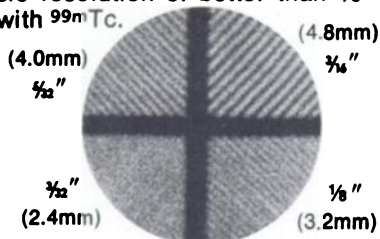
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Scintiphoto (above) taken using  $\frac{1}{8}$ " (3.2mm) thick bar phantom. No collimator. 500,000 counts  $^{99m}\text{Tc}$ .



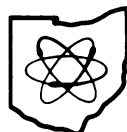
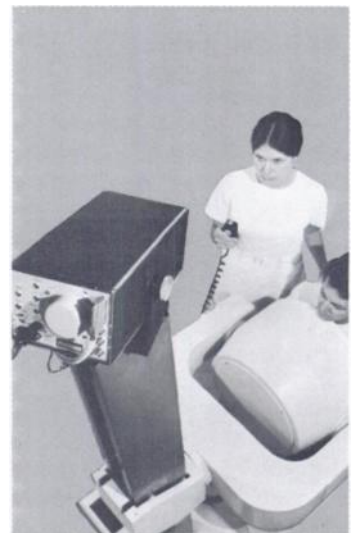
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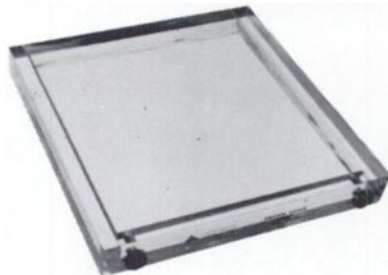


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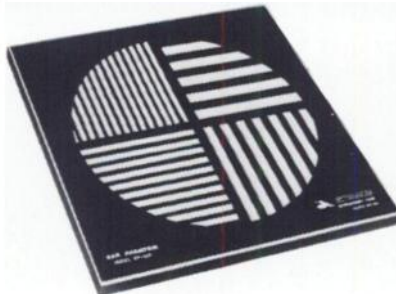
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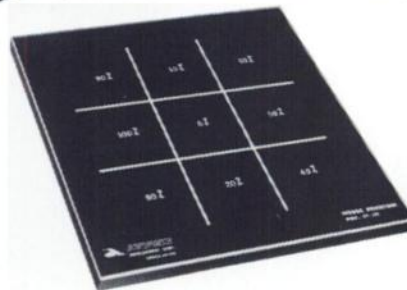
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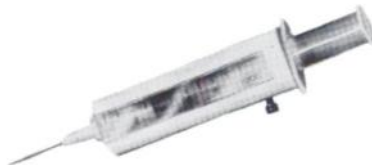
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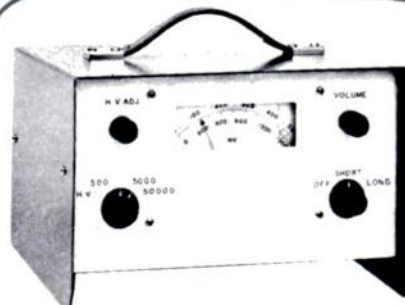
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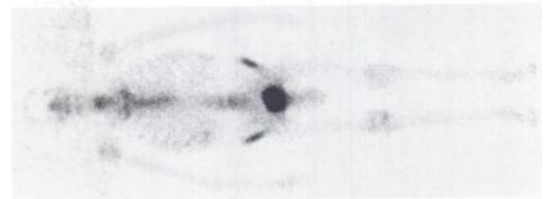
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# Maxiscan asks: what scan information do you need?

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General Electric's Maxiscan™ two-probe whole body scanner is answering these diagnostic demands, and more, with in-hospital performance. Performance that combines more usable information with reduced procedural set-up time and less chance of technic error.

Maxiscan permits skeletal surveys within a range of 2 feet

wide and 6 feet 8 inches long. The image, minified to fit 14 x 17 inch film, permits location and diagnosis of bone metastases, without a series of small area scans.

For any single organ, select full size view or minifications of 2:1, 3:1, 4:1, or 5:1. Up to four scans may be displayed on one film, with precise quadrant placement and no image overlap.

During any scanning procedure, Maxiscan minimizes patient movement. Two probes, top and bottom, cover the required

isoresponse of the body without turning the patient. The patient table smoothly rolls out to permit changing of the lower probe collimator. The upper probe angulates through 270°, locks in place for safe, convenient collimator interchange. Upper or lower collimators take only seconds to change. The unit's optional vertical plane scanning permits studies with patients seated upright, as well as vertex views of the brain with patients reclining normally.

All scans may be viewed with a choice of image display: standard film photorecording or GE's optional Videodisplay unit.

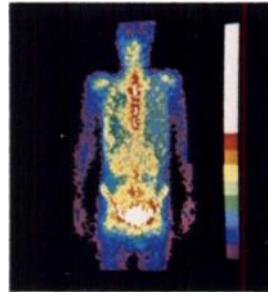
# Hospitals report scanning performance like this from the Maxiscan system:

These reproductions of scans, from clinical examinations, illustrate the range of diagnostic information possible with Maxiscan and the Videodisplay Processor.

A GE motion picture demonstrates the full capability of both units. Ask your GE representative to schedule a desk top showing, at your convenience.



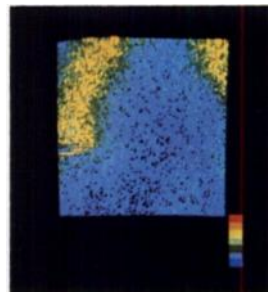
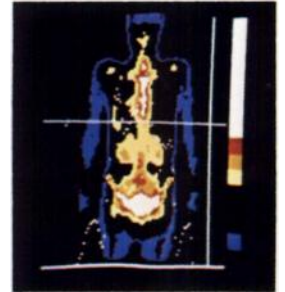
**Don't miss seeing Maxiscan and the VDP at the SNM Meeting in Miami Beach**



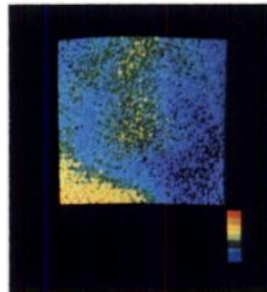
These three images, from a single whole body scan, demonstrate how manipulation of data stored in the VDP electronic memory can enhance desired details and aid diagnosis. The isotope used was  $^{99m}\text{Tc}$  Polyphosphate. At left, an anterior view displays raw, unmanipulated data from the



memory. At right, smoothed data is shown with a Y axis electronic slice through the area of suspicion. The count profile superimposed over this image and shown separately, center, confirms greater uptake on the right side. The photorecorded image showed only a suspicion of greater isotope uptake.



In a case of suspected pericardial effusion, a transmission scan (left) of the chest was obtained using an Iodine 131 source. An emission scan (center) of the same region was simultaneously obtained with the same probe, 15 minutes after an intravenous injection of  $^{99m}\text{Tc}$  labeled albumin. The heart and liver are outlined. Note how the intracardiac activity (central area of center scan) fails to fill the large mediastinal shadow (central blue



area of left scan). This discrepancy, between heart size and that of the mediastinum, is more easily seen when these two scans are superimposed (right); a technic easily accomplished on the VDP. The resulting diagnosis, a large pericardial effusion which appears to be predominantly left-sided, was confirmed by the aspiration of 1800 ml. of fluid from an encysted pericardial effusion.

Scans courtesy of Dr. M. J. Chamberlain, University Hospital, London, Ontario.

General Electric Medical Systems, Milwaukee and Toronto.  
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To view and quantify patient count information in black and white or fully functional color, Maxiscan can be combined with GE's Videodisplay and Processing Unit. Images are displayed on a video monitor; count data is stored in the unit's electronic memory, and can be manipulated to enhance desired details and to aid interpretation and diagnosis. Enhanced VDP data may be played back to Maxiscan and recorded on 14 x 17 inch film. Scans can also be recorded on cassette tape for off-line playback and teaching

purposes. Count information, obtained from any scanner or camera, can be transmitted from one VDP to another over regular telephone lines.



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hospitals are getting  
with Maxiscan...**

# Clinical Newsletter

from Bio-Rad

## Straight talk about a new T-3 test

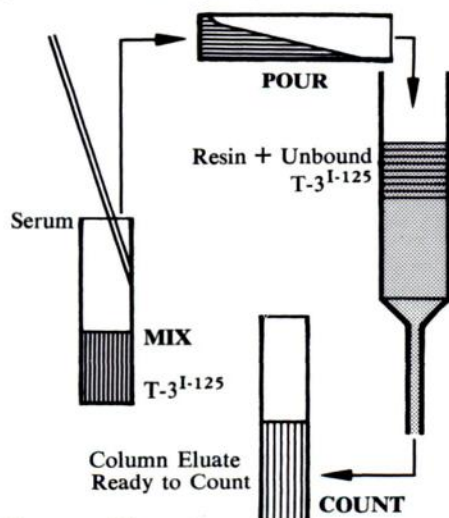
### Bio-Rad's new TRI-COUNT T-3 combines simplicity, reproducibility and low cost.

Bio-Rad recently introduced a new T-3 by column test called **TRI-COUNT** that combines simplicity and reproducibility at a price you may find hard to believe. We accomplished all this by utilizing the same ion exchange technology as the Bio-Rad T-4 by Column Test. We kept the test as simple and uncomplicated as possible, building the reproducibility into the test itself rather than depending on operator technique.

#### Simplicity

**TRI-COUNT T-3** has only three quick steps: mix, pour and count.

The sample is first mixed with radioactive T-3 buffer solution and allowed to stand at room temperature 15 minutes or more. The time is not critical. If the operator can't get to the next step for an hour it won't make any difference in the final results. Next, the mixture is poured into the **TRI-COUNT T-3** column and the eluate collected. Finally, the eluate is counted to determine T-3 value. That's all there is. No centrifugation, no incubation, no precise timing. It's a simple matter of mix, pour, count.



#### Low Cost

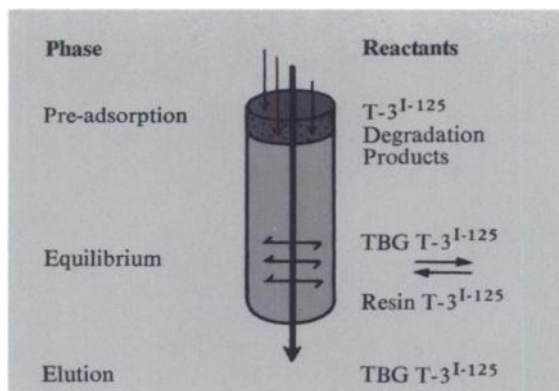
We set out to design the simplest and most reproducible T-3 test possible. When the laboratory results were fully evaluated and the test's simplicity became readily apparent, the low cost came as no surprise. Actually laboratories save money two ways with **TRI-COUNT T-3**: They save money when they buy it and they save time when they use it. An individual test can be performed in only 20 minutes and 20 tests can be completed in just 40 minutes.

#### Reproducibility

**TRI-COUNT T-3** has the highest degree of reproducibility of any T-3 test now on the market. There are three major reasons for this.

1. The **close control** of the ion exchange resin manufactured by Bio-Rad specifically for this T-3 test.
2. The **simplicity** of the test that practically eliminates any effect of differences in operator technique.
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# Radioimmunoassay

from New England Nuclear's Biomedical Laboratories



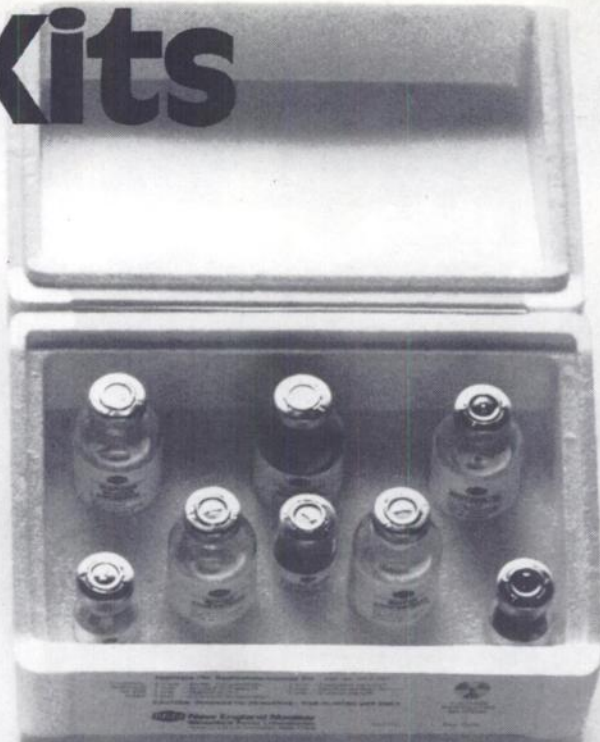
Digoxin [ $^3\text{H}$ ]



Human Chorionic  
Somatomammotrophin [ $^{125}\text{I}$ ]\*



# Kits



Digitoxin [ $^3\text{H}$ ]



Angiotensin I [ $^{125}\text{I}$ ]\*\*

New England Nuclear's Biomedical Assay Laboratories has had ten years' experience in specialized assay work. These kits are a natural outgrowth of the past four years' experience in the performance of radioimmunoassay testing for numerous facilities. NEN Biomed has reduced its special chemistries into radioimmunoassay kit form. These kits are identical in performance with methods used within NEN Biomed itself.



## New England Nuclear Biomedical Assay Laboratories

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Digoxin [ $^3\text{H}$ ]  HCS [ $^{125}\text{I}$ ]  Digitoxin [ $^3\text{H}$ ]  Angiotensin I [ $^{125}\text{I}$ ]

A number of kits are now under development. Please indicate those in which you are most interested. Technical information will be sent as it becomes available.

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 Aldosterone [ $^3\text{H}$ ]  Cortisol [ $^3\text{H}$ ]  TSH [ $^{125}\text{I}$ ]  T-3 [ $^{125}\text{I}$ ]  
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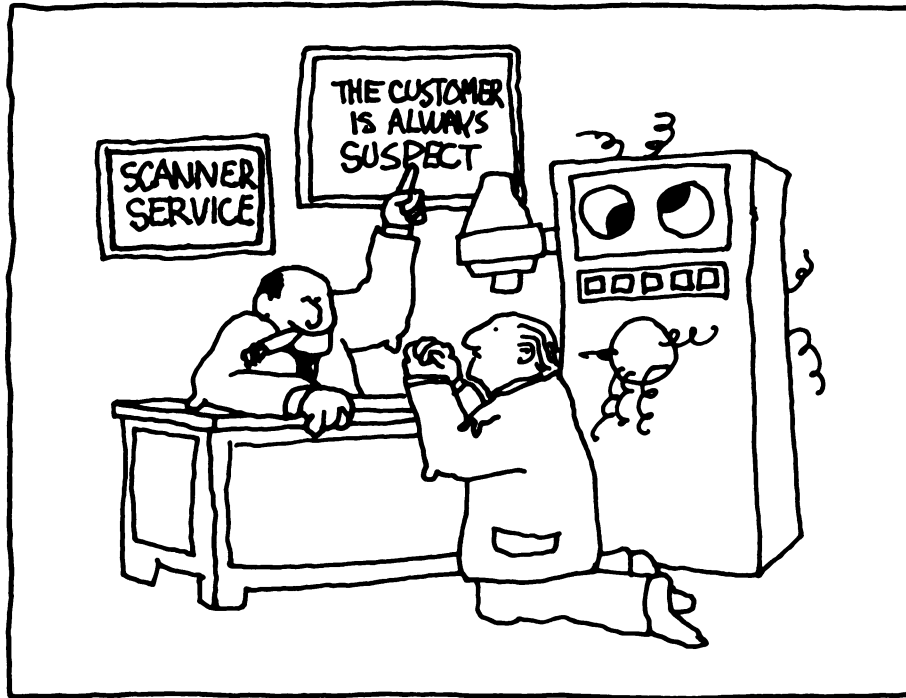
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AOP AMT CC CLP JCM JSM LM ML

\*Human placental lactogen

\*\*Plasma renin activity

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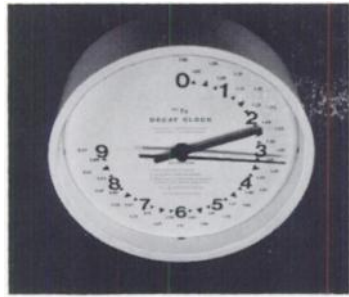
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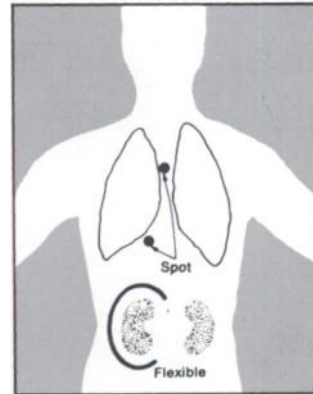


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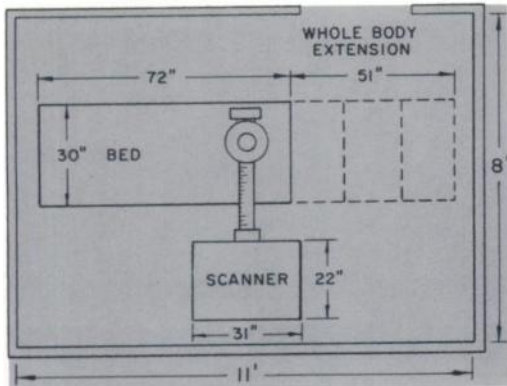


FIGURE 1 — MINIMUM SPACE



FIGURE 2 — EASE OF OPERATION

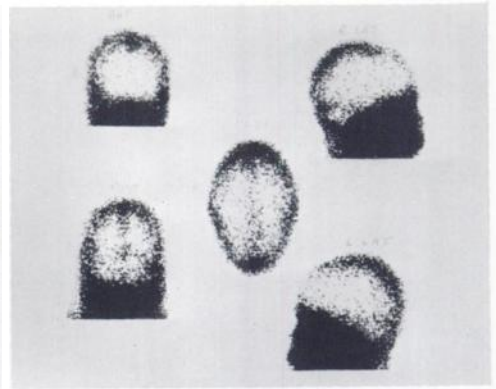


FIGURE 3 — MINIFICATION, 5:1

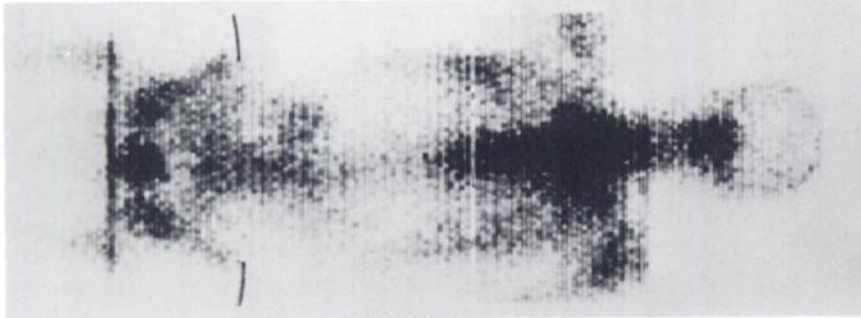


FIGURE 4 — MINIFICATION, WHOLE BODY IMAGING

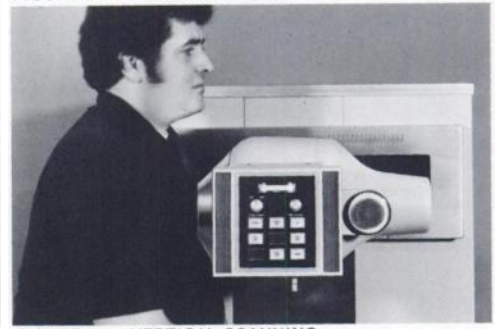


FIGURE 5 — VERTICAL SCANNING

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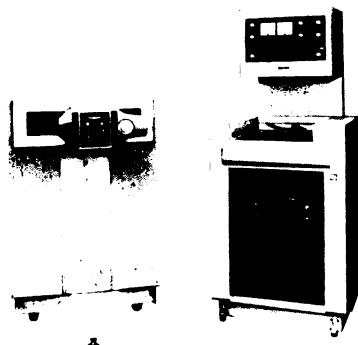
Competitive systems with a dual head usually list for \$35K. Is dual head scanning really worth the \$12K more than our scanner? We don't think so. Especially when you're getting started, you need a scanner that does the most, for less; because you'll eventually get a gamma camera to compliment your scanner.

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Baird-Atomic also provides two shielded collimators (ten to choose from) with every system, plus free installing service, full one year warranty, complete technologist and physician training, plus modular service contracts where you perform your own system checks.

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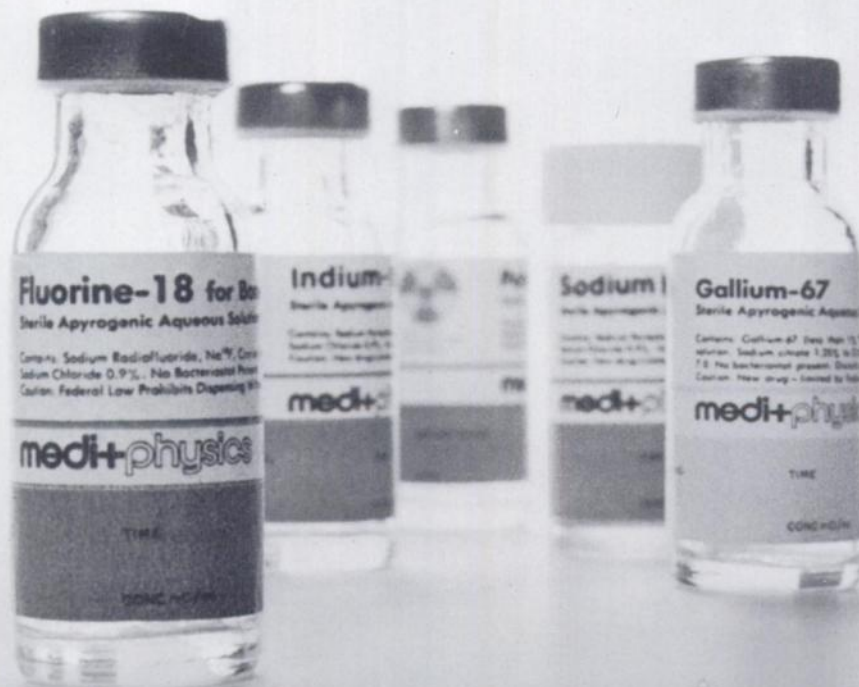
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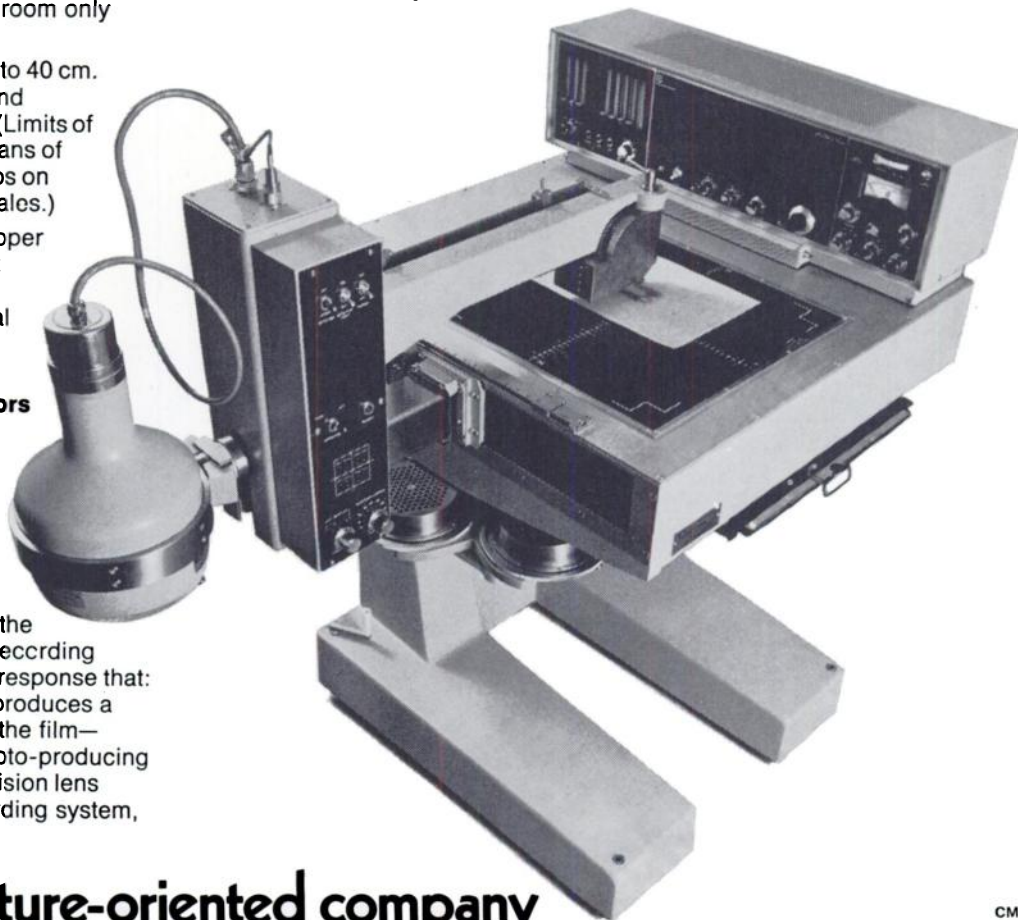
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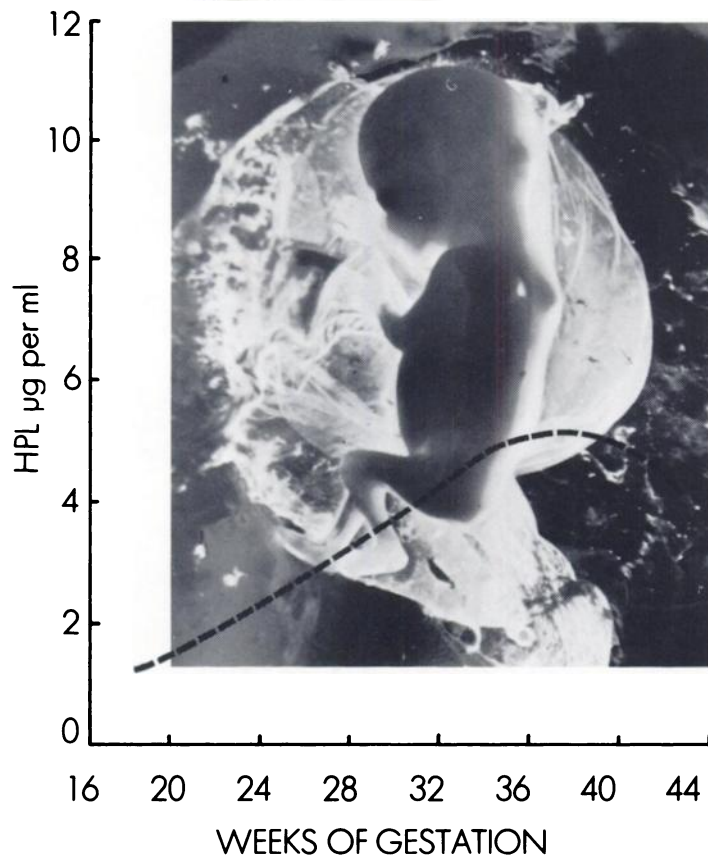
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## POSITIONS WANTED

**PHYSICIST, PH.D., SEVERAL YEARS** experience in various phases of nuclear medicine. Desires research, staff, teaching or radiation safety position. Box 501, Society of Nuclear Medicine, 211 East 43 Street, New York, N.Y. 10017.

**PHYSICIST, PH.D. NUCLEAR PHYSICS,** experience and training in nuclear medicine, teaching nuclear medicine residents and technologists, radiological physics, isotope production, animal studies, research, computers, electronics. Seeks position in nuclear medicine. Box 502, Society of Nuclear Medicine, 211 East 43rd Street, New York 10017.

**NUCLEAR CHEMIST, Ph.D., EXPERIENCED** in labeling pharmaceuticals, activation analysis, radioisotope production, FDA drug regulatory affairs, teaching, seeks position in New York metropolitan area. Please write to Box 503, S.N.M., 211 E. 43rd St., New York, N.Y. 10017.

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of the

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October 26, 27, 1973

Newport Beach, California

NEWPORTER HOTEL

The Scientific Program Committee welcomes the submission of abstracts of original contributions in nuclear medicine from members and nonmembers of the Society of Nuclear Medicine. Abstracts from Technologists, and new and young members are encouraged.

#### INSTRUCTIONS

1. Abstract format should follow the "Abstract Reproduction Form" used for the National Meeting.
2. Abstracts must be postmarked before July 1, 1973.
3. They should contain: Purpose, Methods, Results, Conclusions.
4. Separate sheets with supporting data should be included.
5. The original and four copies of 3 and 4 should be submitted to:

Joseph L. Izenstark, M.D.  
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## ONE WEEK PHYSICIAN COURSE—NUCLEAR MEDICINE

Cleveland, Ohio

Contact: D. Bruce Sodee, M.D., Nuclear Medicine Institute  
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1973

June 4–8, 1973

August 27–31, 1973

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Contact: D. Bruce Sodee, M.D., Nuclear Medicine Institute  
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1973

October 1–December 21, 1973

1974

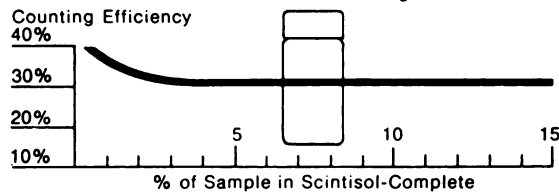
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## CALL for PAPERS

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November 14, 15, 16, 1973

Sheraton Palace Hotel

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Original papers describing significant contributions in the following or related areas are invited:

- Nuclear Techniques in Environmental Research
- Low Level Environmental Radionuclide Analysis Systems
- Nuclear Techniques in Elemental Analysis
- Nuclear Techniques in Biomedicine
- Radiation Detectors
- Data Acquisition and Processing
- CAMAC Systems
- Reactor Instrumentation and Control
- Plasma and Fusion Instrumentation
- Nuclear Instrumentation

Each author should submit 10 copies each of a 50-word abstract and a 500-word summary. The abstract must be typed on a separate page and include the title, author's name, affiliation, complete address and telephone contact. The summary will be used as a basis for paper selection. It should include concise statements of results and interpretation of the significance of the work. Illustrations and figures will facilitate the selection. All papers accepted for the Symposium will also be candidates for the Symposium issue of the IEEE Transactions on Nuclear Science subject to another review. It is not necessary to be an IEEE member to present a paper. Manuscripts of accepted papers must be prepared in IEEE format and must be submitted at the time of the Symposium.

Abstract and Summary deadline: June 15, 1973

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\*U.S. Patent 3,673,411

For more details, ask for Bulletin 454-B.



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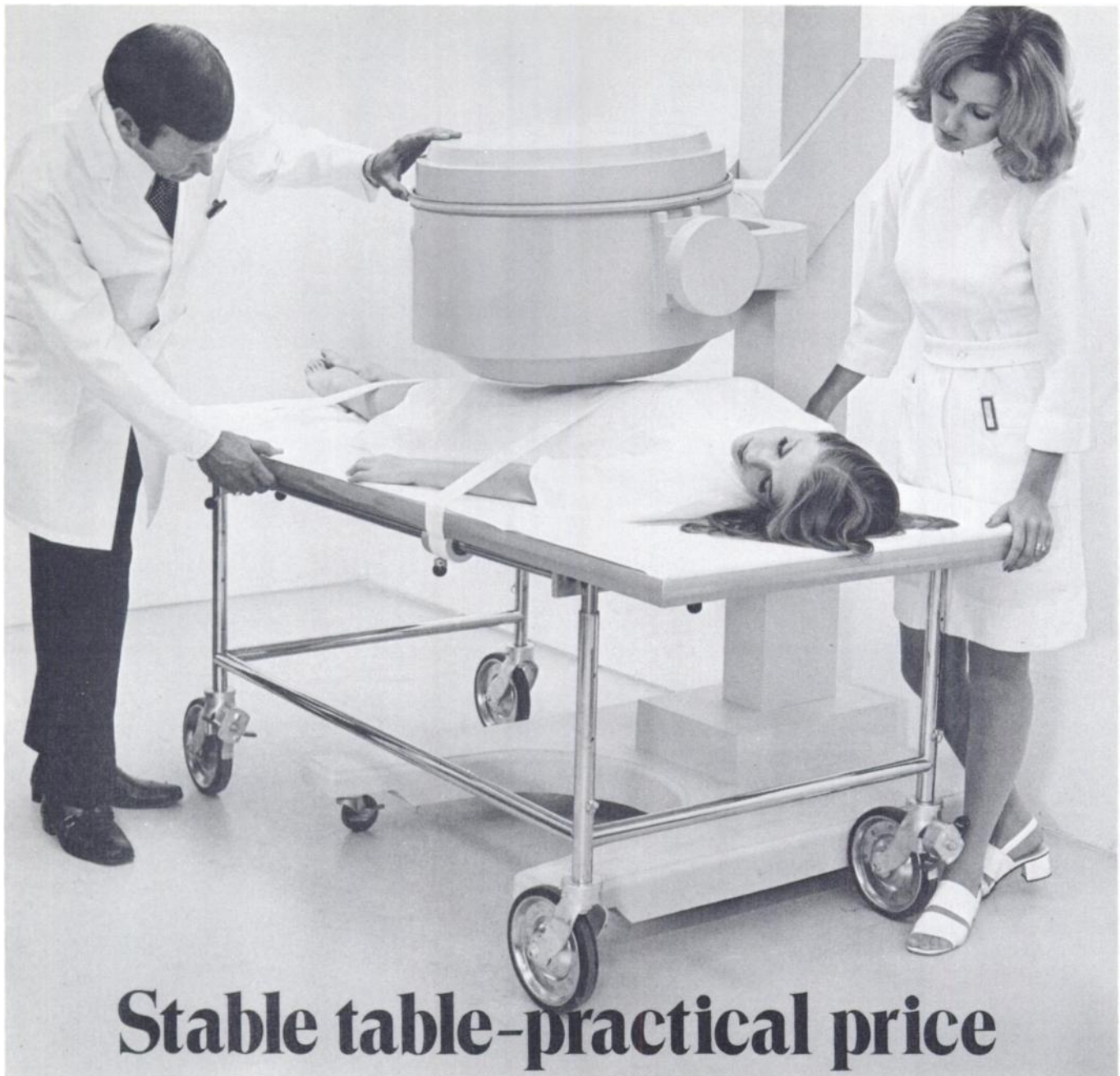
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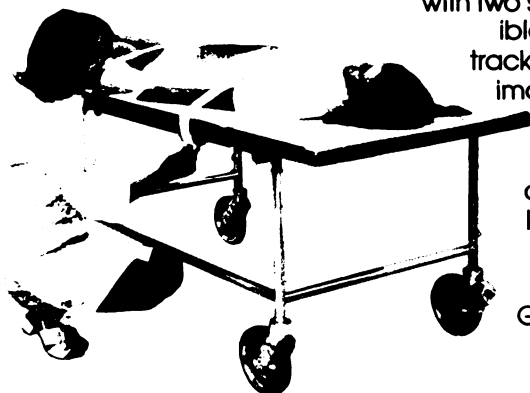


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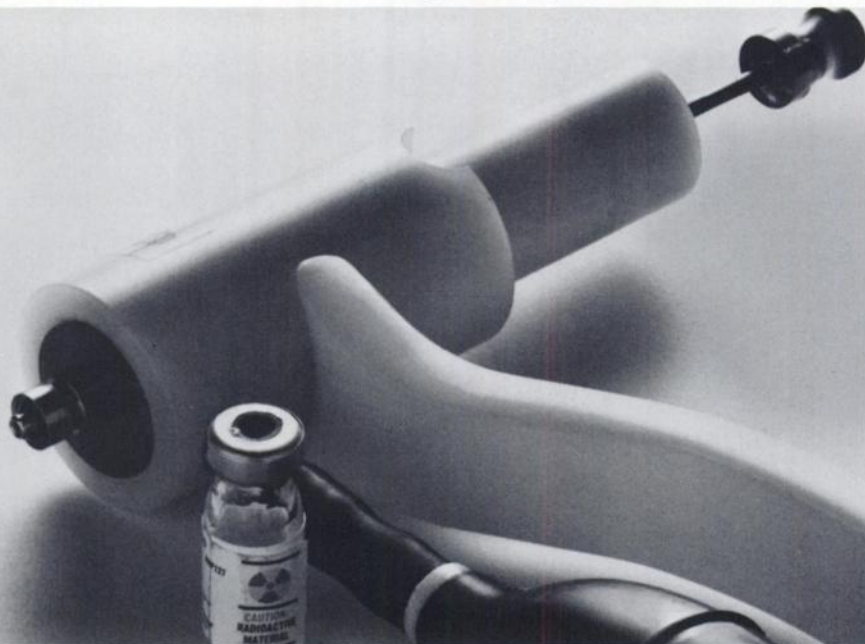
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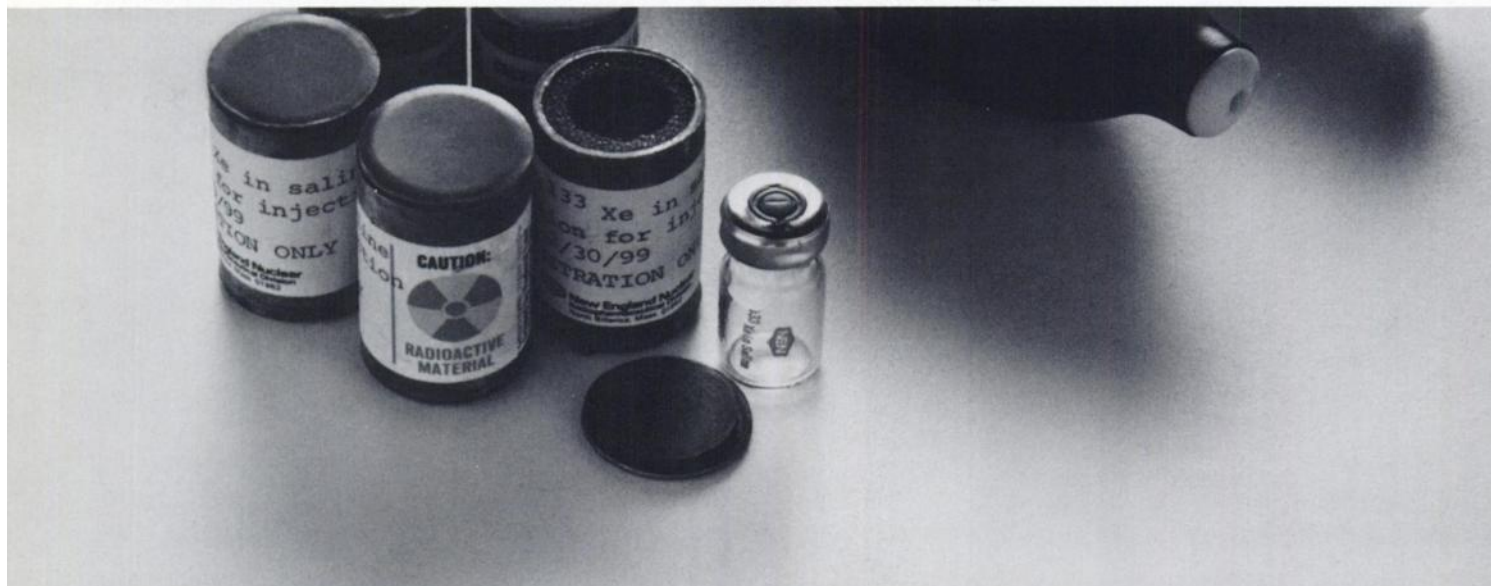
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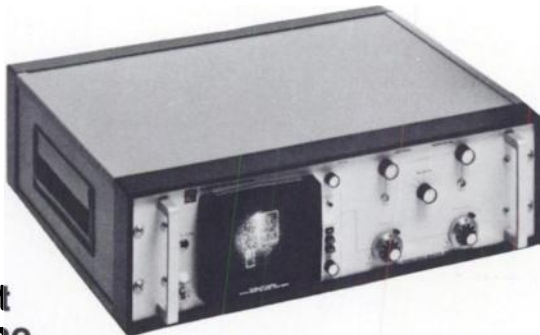
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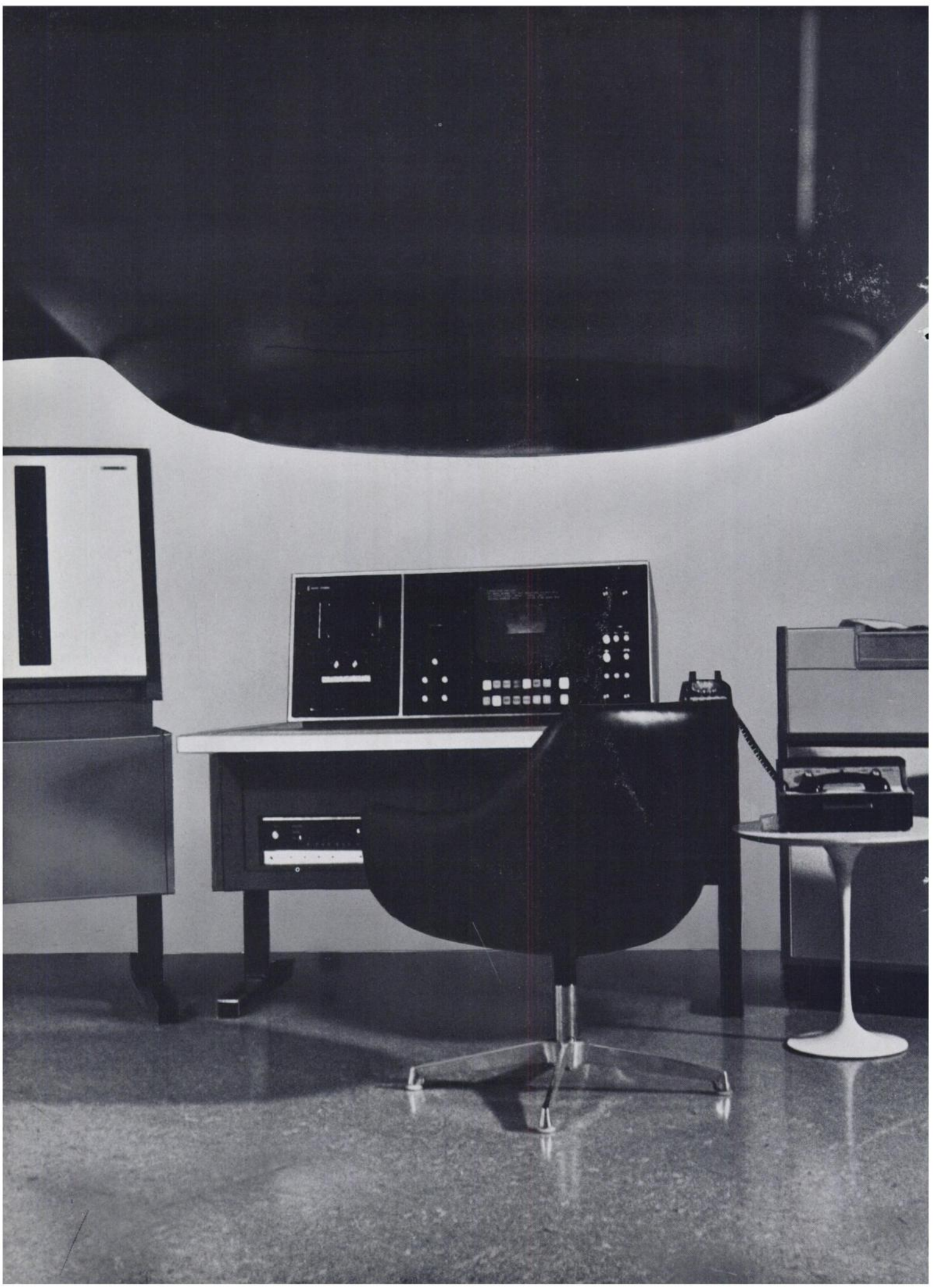
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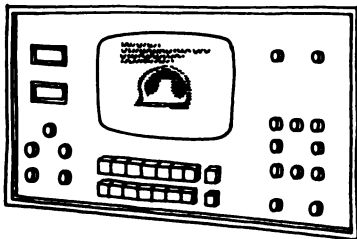


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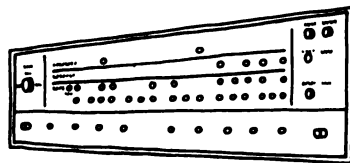
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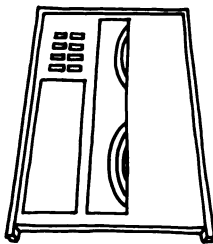
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You might call it a result of our decade of concerned commitment to the nuclear medical community.



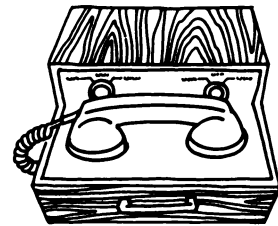
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