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:

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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.

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North Chicago, Illinois 60064
Radio-Pharmaceutical Products Division
In Europe: Labor-Service GmbH,
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D 6236 Eschborn, Germany, Postfach 1245
One step in Abbott's new T4N 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 (T4N) and Tetrasorb® (T4) 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.

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

<table>
<thead>
<tr>
<th></th>
<th>Hypothyroid Range</th>
<th>Euthyroid Range</th>
<th>Hyperthyroid Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>472 Euthyroid Patients</td>
<td>7 Patients</td>
<td>461 Patients 98% Correlation</td>
<td>4 Patients</td>
</tr>
<tr>
<td>81 Hypothyroid Patients</td>
<td>74 Patients 91% Correlation</td>
<td>7 Patients</td>
<td></td>
</tr>
<tr>
<td>109 Hyperthyroid Range</td>
<td>11 Patients</td>
<td>98 Patients 90% Correlation</td>
<td></td>
</tr>
<tr>
<td>25 Pregnant Euthyroid Patients</td>
<td>24 Patients 96% Correlation</td>
<td>1 Patient</td>
<td></td>
</tr>
<tr>
<td>72 Euthyroid Patients on Estrogen</td>
<td>2 Patients</td>
<td>68 Patients 94% Correlation</td>
<td>2 Patients</td>
</tr>
</tbody>
</table>

Chart represents findings by investigators in three separate geographical areas.
How many data systems perform simultaneous real time image processing and general laboratory computation?

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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 radioimmunoassay determinations and other laboratory applications. Competitive systems promise this dual versatility, but Raytheon delivers.

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1. Data on file at the 3M Company and the
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Concerned about over or under digitalization?

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

Clearly the glycosides have been a mixed blessing. Their potential for good is inevitably coupled with the possibility of harmful effects due to inadequately low or toxicologically high blood levels. And then, as the narrow margin of safety wasn'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. Another reported that the mortality rate from overdigitalization ranges from 3% to 21%.

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 72% absorbed.

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 B₁₂ 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.
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<tr>
<th>Product Description</th>
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<tr>
<td>CP-101 Uniform Source Holder</td>
<td>$195.00</td>
</tr>
<tr>
<td>CP-102 Bar Phantom</td>
<td>$295.00</td>
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<tr>
<td>CP-103 Transmission Wedge Phantom</td>
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<td>VS-101 Vial Shield</td>
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<td>Pbz-5W Lead Lined Refrigerator</td>
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<tr>
<td>Brain &amp; Thyroid Phantom</td>
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<tr>
<td>VC-101 Vertex Scanning Cape</td>
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<td>PR-252 Personal Radiation Monitor</td>
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<tr>
<td>ER-176 Laboratory Monitor</td>
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7 FAIRCHILD COURT ■ PLAINVIEW, NEW YORK 11803 ■ (516) 433-8010
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 $^{99m}$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 $^{99m}$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.
In Europe, Elscint GmbH, Wiesbaden; Elscint France SARL, Buc.

GENERAL ELECTRIC
Videodisplay Processor
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.

GENERAL ELECTRIC

Here's the information hospitals are getting with Maxiscan...
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.
3. The elimination of hormone degradation products as a cause for error. The TRI-COUNT T-3 column is designed to adsorb hormone degradation products and separate them from the equilibration reaction.

None of this "just happened". It was all designed into the test at the start to reduce and eliminate potential errors before they occurred.
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Telephone (617) 791-0911

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- Digitoxin [125I]
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INTERNIST, ABNM CERTIFIED, presently Director of Nuclear Medicine at university-affiliated hospital. Seeks staff position or Directorship. References and credentials in confidence. Please contact Box 505, Society of Nuclear Medicine, 211 East 43rd Street, New York, N.Y. 10017.

NUCLEAR MEDICINE PHYSICIAN. Young woman, Ph.D., seeks position in nuclear medicine department. Experienced in supervising chemistry, physics, clinical, and radiopharmaceutical production, thin layer chromatography, computerized tomography, cyclotron, Van de Graaff production of '?F, tagging of tritium with 'PF3, and university teaching experience. Contact Box 506, Society of Nuclear Medicine, 211 East 43rd Street, New York, N.Y. 10017.

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For further information contact
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FIFTH ANNUAL CONJOINT MEETING
NORTHERN AND SOUTHERN
CALIFORNIA CHAPTERS
of the
SOCIETY OF NUCLEAR MEDICINE
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.
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:

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Cleveland, Ohio
Contact: D. Bruce Sodee, M.D., Nuclear Medicine Institute
6760 Mayfield Road, Cleveland, Ohio 44124

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*U.S. Patent 3,873,411*

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