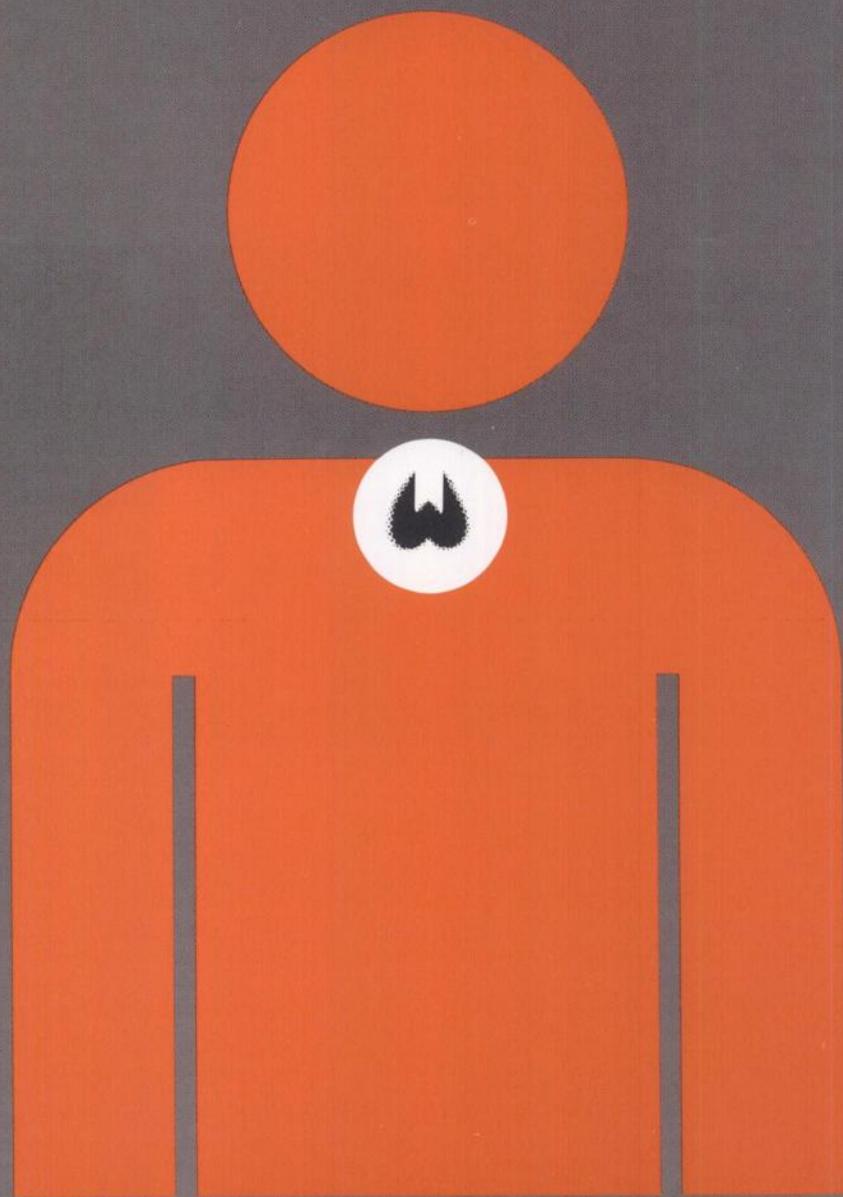


Sodium Iodide I 123 for thyroid studies



medi+physics™

One of the safest decisions you'll ever have to make...and as easy as 1,2,3.

Consider the benefits of MPI-Iodine-123 and your course of action becomes clear. Don't you and your patients deserve these important benefits?

Greater patient safety because of reduced radiation absorbed dose.

Substitution of I 131 with MPI-Iodine-123 reduces the absorbed radiation dose more than 24 times to the thyroid gland.

Compare:

| Maximal Thyroid Uptake % | Rads/100 μ Ci MPI-Iodine-123 | Rads/100 μ Ci I 131 |
|--------------------------|----------------------------------|-------------------------|
| 5 | 1.05 | 26.0 |
| 15 | 3.19 | 80.0 |
| 25 | 5.36 | 130.0 |

High counting statistics. MPI-Iodine-123 159 keV gamma rays are detected more than 3 times as efficiently on Anger-type cameras as the 364 keV gamma rays emitted by I 131. You get a higher count rate with MPI-Iodine-123 than with equivalent amounts of I 131 on gamma cameras. Therefore, scintiphotos can be obtained more rapidly.

Images that demonstrate true thyroid function. MPI-Iodine-123 is organified by the thyroid so images obtained will depict total thyroid function—not the trapping mechanism alone.

You save money when MPI-Iodine-123 is delivered with other Medi-Physics products. Your Medi-Physics representative will be glad to show you how you can receive MPI-Iodine-123 without delivery charges in certain areas. Call for full information about MPI-Iodine-123, our reliable shipping procedures and other products you can receive along with MPI-Iodine-123.

Use the appropriate toll-free number:

Outside California 800-227-0483

Inside California 800-772-2446



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

**SODIUM IODIDE I 123
CAPSULES AND SOLUTION FOR ORAL ADMINISTRATION
DIAGNOSTIC**

DESCRIPTION: Sodium iodide I 123 for diagnostic use is supplied as capsules and in vials as an aqueous solution for oral administration. At calibration time each capsule has an activity of 100 microcuries and each vial contains solution with a total specific concentration of 2 millicuries per ml at calibration time.

INDICATIONS: Sodium iodide I 123 is indicated for use in the diagnosis of thyroid function and imaging.

CONTRAINDICATIONS: None known.

WARNINGS: This radiopharmaceutical should not be administered to children or to patients who are pregnant or to nursing mothers unless the information to be gained outweighs the potential hazards. Ideally, examinations using radiopharmaceuticals, especially those elective in nature, in women of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses. However, when studies of thyroid function are clinically

indicated for members of these special population groups, use of I 123 would be preferable to the use of I 131 in order to minimize radiation dosage.

PRECAUTIONS: Sodium iodide I 123 as well as other radioactive drugs must be handled with care, and appropriate safety measures should be taken to minimize radiation exposure to the patient consistent with proper patient management. The prescribed I 123 dose should be administered as soon as practicable in order to minimize the fraction of radiation exposure due to relative increase of radionuclidic contaminants with time. The uptake of I 123 may be decreased by recent administration of iodinated contrast materials, by intake of stable iodine in any form, or by thyroid, anti-thyroid and certain other drugs. Accordingly, the patient should be questioned carefully regarding diet, previous medication, and procedures involving radiographic contrast media.

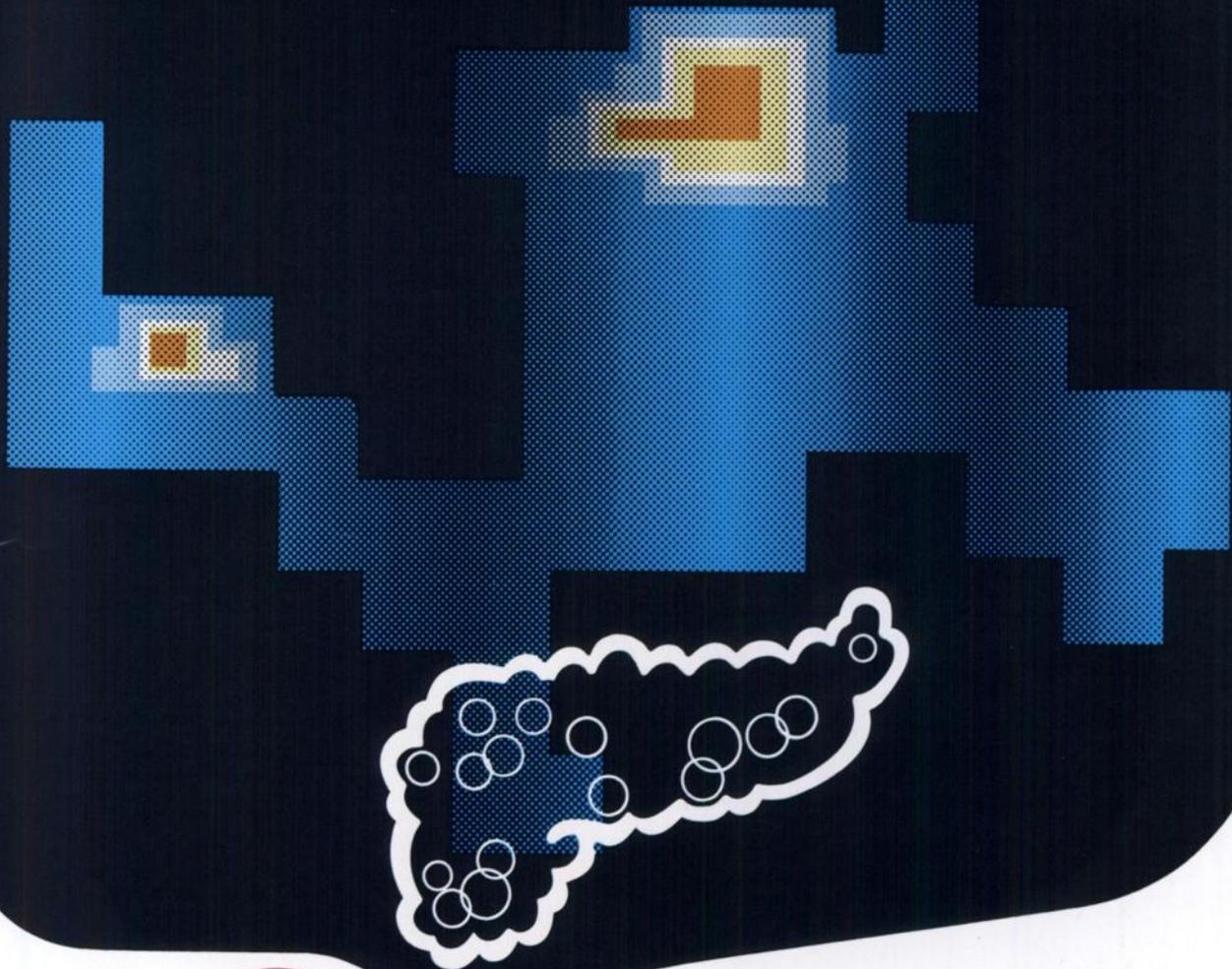
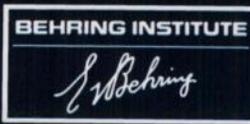
ADVERSE REACTIONS: There were nine adverse reactions reported in a series of 1,393 administrations. None of these were attributed to I 123. Five adverse reactions, consisting of gastric upset and vomiting, were attributed to a filler in the

capsule. Two cases of headache and a case of nausea and weakness were attributed to the fasting state. One case of garlic odor in the breath was presumed to be attributable to the presence of tellurium.

DOSAGE AND ADMINISTRATION: The recommended oral dose range for diagnostic studies of thyroid function in the average adult patient (70 kg) is from 100 to 400 microcuries. The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration. Concentration of I 123 in the thyroid gland should be measured in accordance with standardized procedures.

SPECIAL CONSIDERATION: 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.

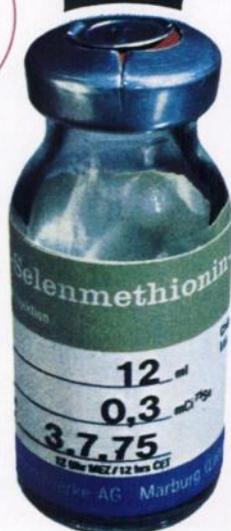
HOW SUPPLIED: Sodium iodide I 123 for oral administration is supplied in glass vials and in capsules.



According to our own new method

L-Selenomethionine (Se-75)

For pancreas scintigraphy as a simple detection method for space occupying lesions like tumors or cysts and alterations of parenchyme.



Already after 10 min maximum count rate
At least 75% of the initial activity after 60 min

Low radiation dose for 100µCi in liver, pancreas and kidneys
Whole body dose: 0.8rd
High radiochemical purity (98%) at calibration date
Recommended dose: 300µCi

Contraindications

Radioactive material should be handled with special care to insure minimum radiation exposure to personnel and patients.
Unless strictly indicated, radiopharmaceuticals should not be administered to pregnant or nursing women or to juvenile patients.

Specification

L-Selenomethionine-(Se-75)
Less than 5% D-Selenomethionine.
Concentration of activity:
0.2 mCi Se-75/ml
Specific activity:
5-10 mCi Se-75/mg Selenomethionine

Pack

L-Selenomethionine-(Se-75)

in physiological saline for injection (12 ml beaded rim vial)

Order No.: SE-515

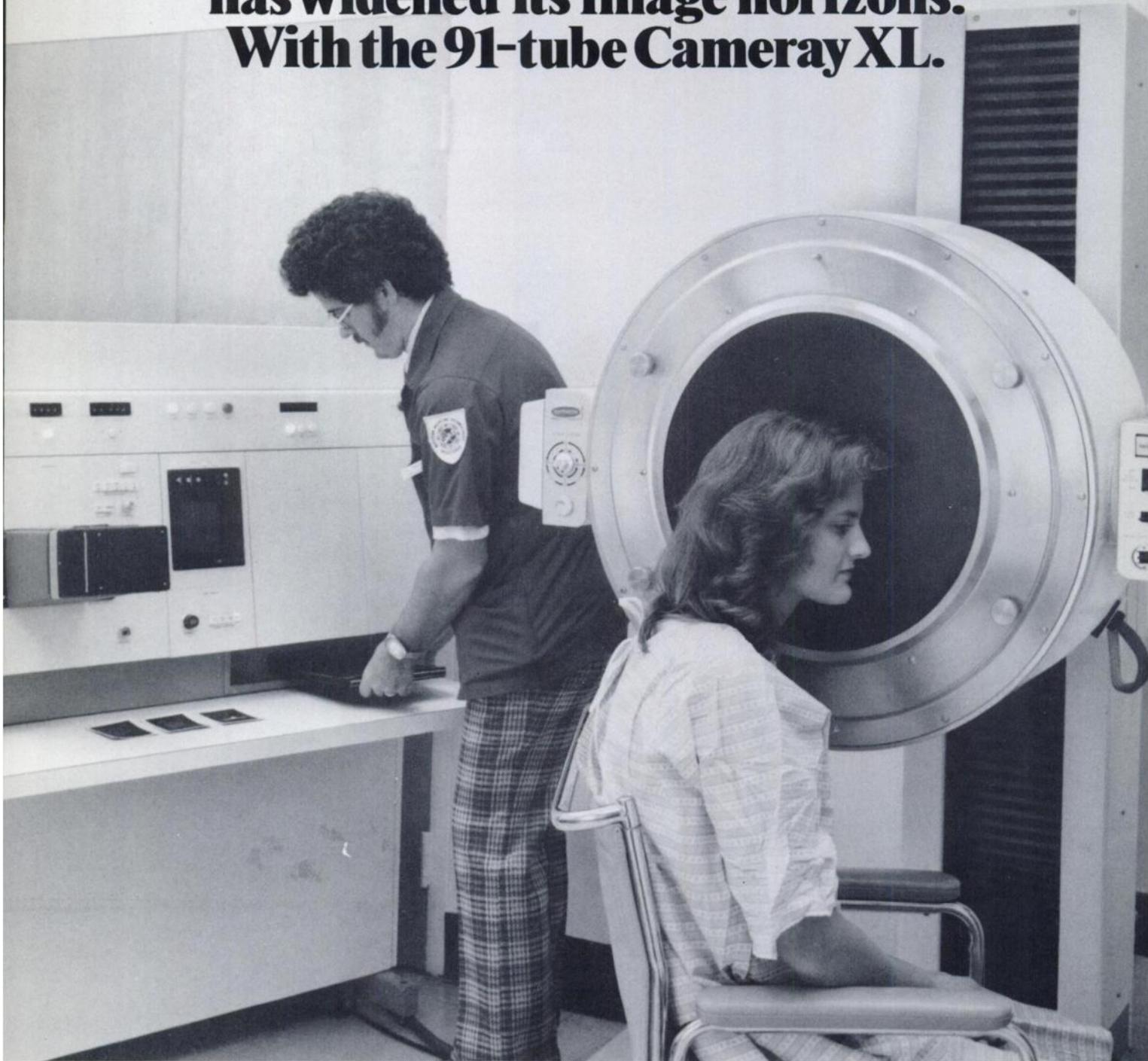
Calibration day: 1st of the month

Dispatch: daily from the 1st of the previous month on

Shelf life: 3 months from the day of first dispatch

Lh 71185

The Baptist Memorial Hospital has widened its image horizons. With the 91-tube Cameray XL.



The Baptist Memorial Hospital in Memphis, one of the nation's biggest and busiest medical institutions, is getting more patient per scan these days. At the same time, the nuclear medicine section, under Doctors John Rockett and Mohammed Moinuddin, is getting high resolution images with every reading. The Cameray XL-91 is on the scene.

Cameray XL-91 just might be the ultimate gamma camera. Because it offers you the widest undistorted field of view you can get. A big 16½

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TECHNETIUM-99M DTPA(TIN)

Brief summary of package insert. Before using, please consult the full package insert included in every kit.

DESCRIPTION

The kit contains 10 vials, each vial containing 5 mg sterile, pyrogen-free Sodium salt of Diethylenetriamine-pentaacetic Acid (DTPA) and 0.25 mg Stannous Chloride.

Administration is by intravenous injection for diagnostic use. The product as supplied is sterile and pyrogen-free.

When sterile, pyrogen-free Sodium Pertechnetate Tc 99m is added to the vial, a chelate, Technetium Tc 99m DTPA is formed.

HOW SUPPLIED

Diagnostic Isotopes' Technetium Tc 99m DTPA Kit (Chelate) is supplied as a sterile, pyrogen-free kit containing 10 vials. Each vial contains 5 mg of Sodium salt of DTPA and 0.25 mg of SnCl₂. The pH is adjusted with HCl or NaOH prior to lyophilization. Following lyophilization the vials are sealed under a nitrogen atmosphere.

CLINICAL PHARMACOLOGY

Following its intravenous administration, Technetium Tc 99m DTPA rapidly distributes itself throughout the extracellular fluid space from where it is (promptly) cleared from the body by glomerular filtration. There should be little or no binding of the chelate by the renal parenchyma. A variable percentage of the Technetium Tc 99m DTPA binds to serum proteins; this ranges from 3.7% following the single injection to approximately 10% if the material is continuously infused. Although the chelate gives useful information on the glomerular filtration rate, the variable percent which is protein bound leads to a measured glomerular filtration rate which is lower than the glomerular filtration rate as determined by inulin clearances.

Technetium Tc 99m DTPA tends to accumulate in intracranial lesions with excessive neovascularity or an altered blood-brain barrier. The chelate does not accumulate in the choroid plexus.

Since Technetium Tc 99m DTPA is excreted by glomerular filtration, the images of the kidneys obtained in the first few minutes after injection represent the vascular pool within the kidney. Subsequent images of the kidneys represent radioactivity which is in the urine of both the collecting system and the renal pelvis.

INDICATIONS AND USAGE

Technetium Tc 99m DTPA may be used to perform kidney imaging, brain imaging, to assess renal perfusion, and to estimate glomerular filtration rate.

CONTRAINDICATIONS

None known.

WARNINGS

Technetium Tc 99m DTPA should not be administered to children or to patients who are pregnant, or to nursing mothers unless the benefits to be gained outweigh the potential hazards.

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

PRECAUTIONS

Technetium Tc 99m DTPA as well as other radioactive drugs must be handled with care and appropriate safety measures should be used to minimize external radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to patients consistent with proper patient management.

To minimize radiation dose to the bladder, the patient should be encouraged to void when the examination is completed and as often thereafter as possible for the next 4-6 hours.

Pregnancy Category C: Adequate reproductive studies have not been performed in animals to determine whether this drug affects fertility in males or females, has teratogenic potential, or has other adverse effects on the fetus. Technetium Tc 99m DTPA should be used in pregnant women only when clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. As a general rule nursing should not be undertaken while a patient is on the drug since many drugs are excreted in human milk.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

No adverse reactions specifically attributable to the use of Technetium Tc 99m DTPA have been reported.

DOSAGE AND ADMINISTRATION

The suggested dose range for I.V. administration to be employed in the average patient (70 kg) is:

Kidney imaging and glomerular filtration rate estimation: 3 to 5 mCi.

Brain imaging or renal perfusion: 10 to 20 mCi.

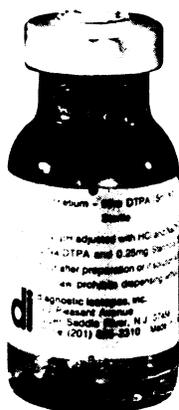
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By the
time
some
people
can say:

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it mixed
and ready
to use!



Unless you're in the business, this tongue-twister may tie you up for some time. However, it only takes one minute of mixing time to prepare Diagnostic Isotopes' one-step Technetium-99m DTPA agent for injection.

DTPA becomes Technetium-99m DTPA (Tin) after adding sodium pertechnetate Tc-99m. Technetium-99m DTPA may be used to perform kidney imaging, brain imaging, to assess renal perfusion and to estimate glomerular filtration rate.

Each DTPA kit contains 10 vials. The product is sterile, pyrogen-free, has a labeling efficiency of over 95% and a shelf life of one year . . . all good reasons for ordering now.

See opposite page for a brief summary of the package insert.



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permanent documentation
of all pertinent information

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Melétron—Programmed sequenced instruction eliminates operator errors. All you do to assay a radionuclide is insert the proper key—from the 33 isotope keys now available, with others to come as they are needed—your insurance against instrument obsolescence.

The melétron calculates the volume to administer (in 0.1 ml increments from 0.1 to 99.9) for all patient doses (in 10 uCi increments from 10 uCi to 99.99 mCi.) Accuracy is $\pm 5\%$, traceable to a reference dosecalibrator calibrated against 16 known standards at the National Bureau of Standards June 20, 1975.

Range capability is up to 10 curies. Lets you handle high-activity Mo 99/Tc 99m generators. Melétron's automatic ranging eliminates manual selection—and another chance for operator

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Melécord prints permanent copies of all functions—the vital part of your record keeping system. You get hard copy in triplicate. Saves time. Prevents errors. Makes NRC (AEC) accountability far easier.

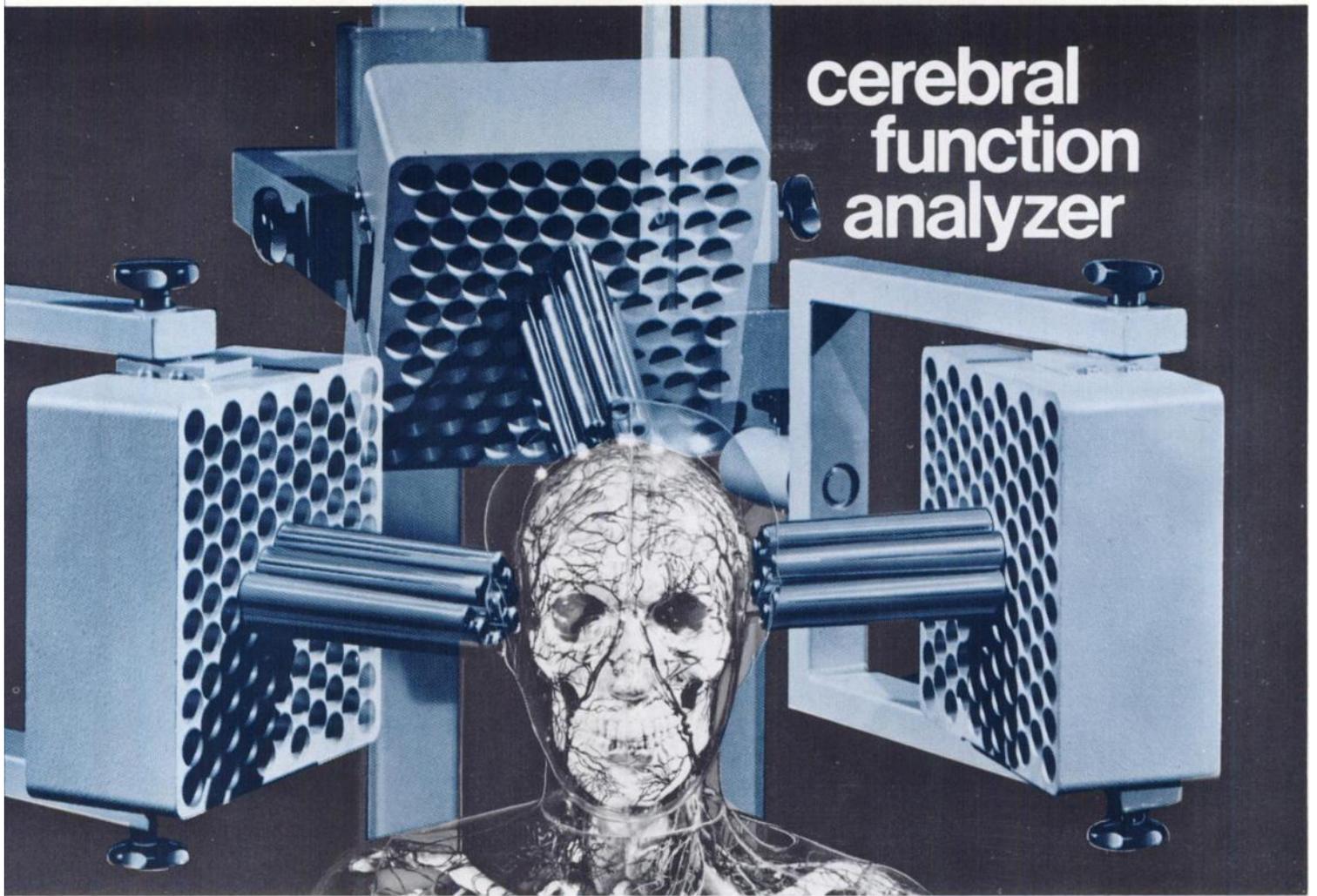
Melécord also prints the exact time and date of each assay automatically, while it alternately displays them on a digital calendar/clock on the front panel, and Melécord can be factory programmed to generate three lines for printing institution identification on each data card.

To find out how easy it is to solve your dosecalibration and record-keeping problems, call RADX—the innovators in nuclear medicine.

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Incubate 45 minutes.
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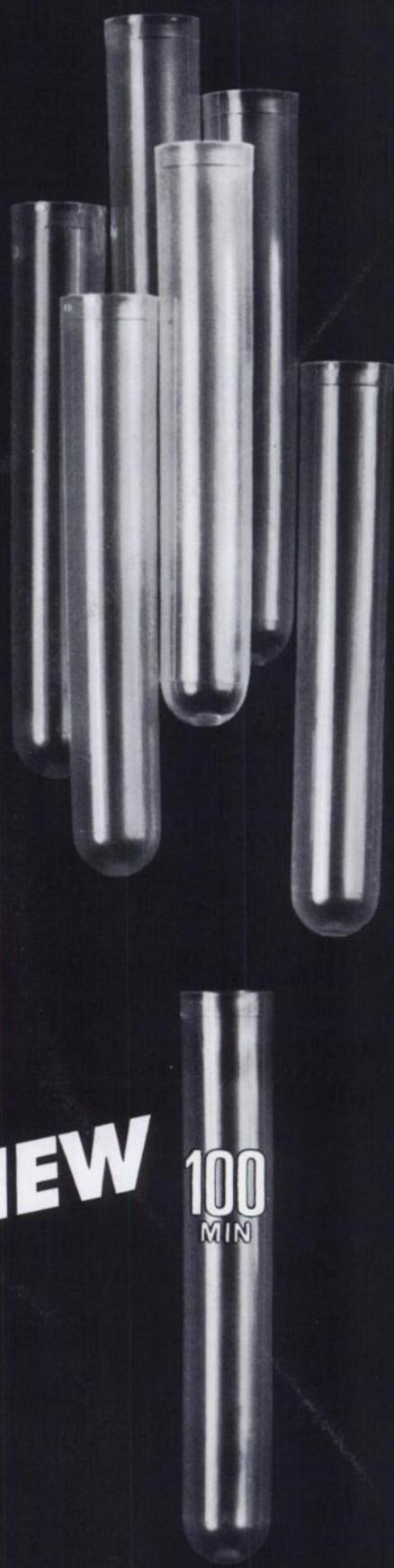
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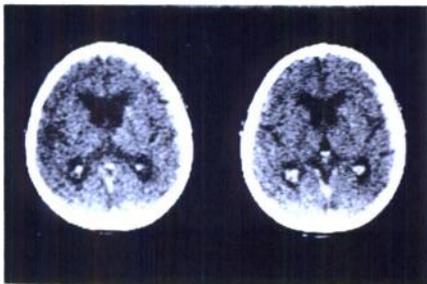
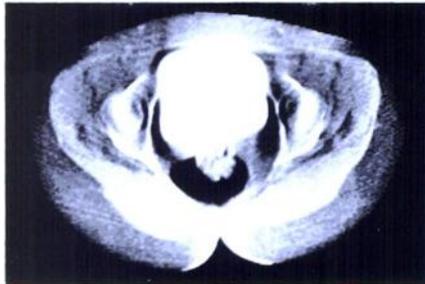


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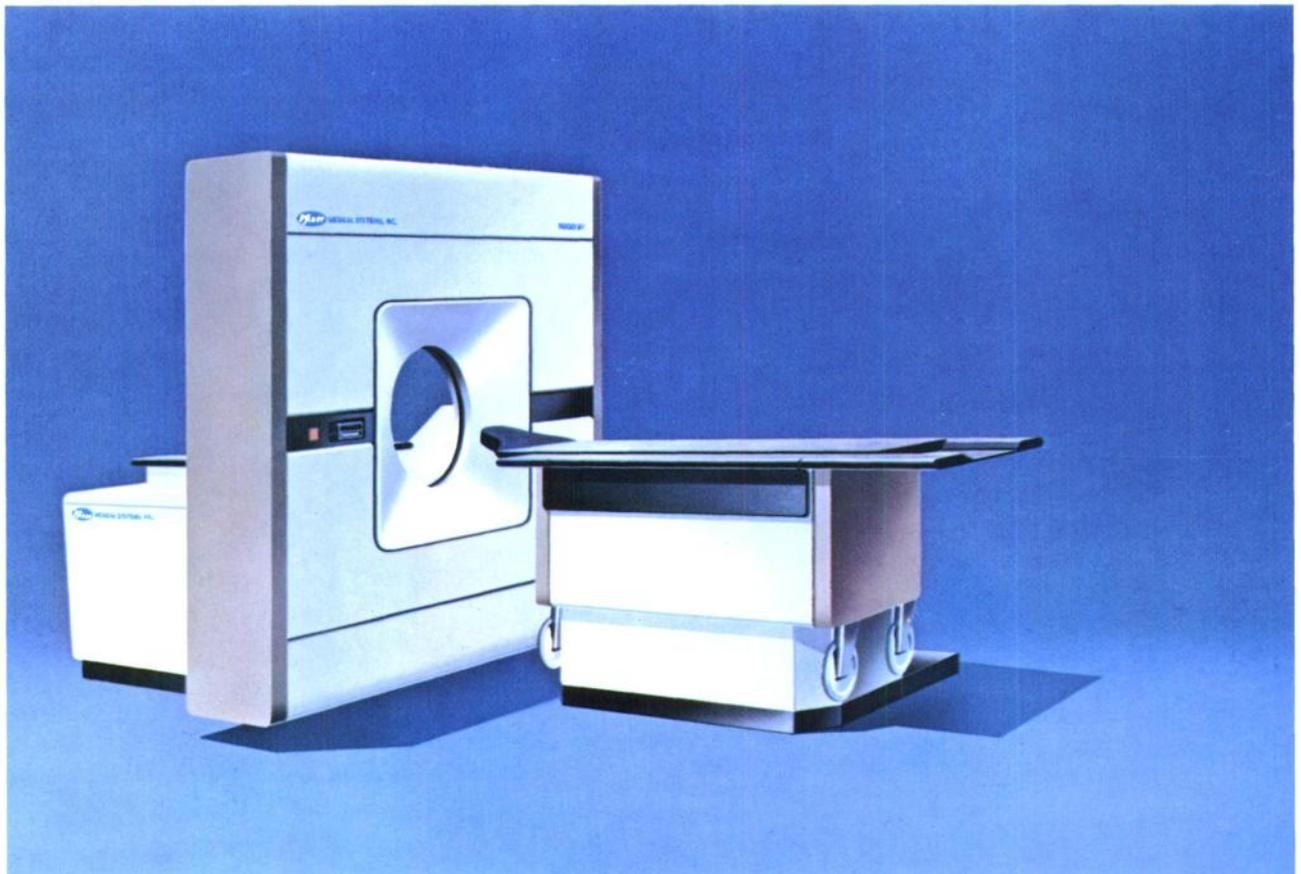
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The Pfizer ACTA-Scanner® was the world's first whole body scanner.

Since it was first put into clinical use—in February 1974—the ACTA-Scanner has been used for head and whole body scanning in thousands of patients at the Georgetown University Medical Center, the original development site.

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ACTA-SCANNER®



From the very beginning, Pfizer Medical Systems has been aware that growing clinical experience and continuing research would dictate certain refinements and improvements in computerized tomography. Pfizer is determined to be in the forefront of such developments and to make them available as economically as possible.

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when available. The 0200FS will enable completion and display of a scan in less than 30 seconds. Other operating refinements are described on the next page.

This modularity, of course, will make the advanced features of the 0200FS just as readily available to current as well as prospective users.

Pfizer **MEDICAL SYSTEMS, INC.**
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Distinguishing Features



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Operation and Control Advances

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- Three matrices standard – 160,256,320
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- Variable scan slice thickness adjustment
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- 22" tunnel diameter to accommodate most patients
- Area of interest analyses

Versatile Patient Record System

- *For data storage* – (1) magnetic tape, for low cost mass storage; (2) optional "floppy" disc for easy filing of individual patient scan data
- *For photographic recording* – (1) 105 mm roll or cut film; (2) Polaroid® copies; (3) Multiformat Scan Recorder (optional)

Advanced Patient Handling System

- Interchangeable bed modules allow maximum patient throughput
- Bed modules may be rolled to patient rooms, simplifying patient transfers
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- 320 matrix
- Instant image reconstruction – including 0200FS
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Your results tell you how good we make it

You might guess from our name that we're in the business of providing products used in diagnostic evaluation. But only the quality of the images you obtain will tell you how well we make them.

Our product line includes one-step diagnostic kits and prepared radiopharmaceuticals for use as imaging agents. As pioneers in the business, we have a commitment to quality and service that is second-to-none. And since this is our only business, we have to be good. Consequently, all of our resources are devoted to serving the field of nuclear medicine. So if clear, consistent images are what you would like to end up with, you should start with Diagnostic Isotopes.

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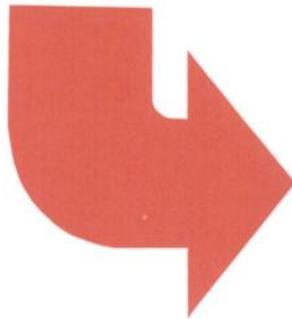


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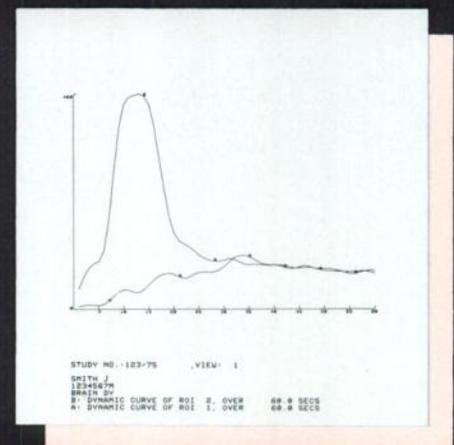
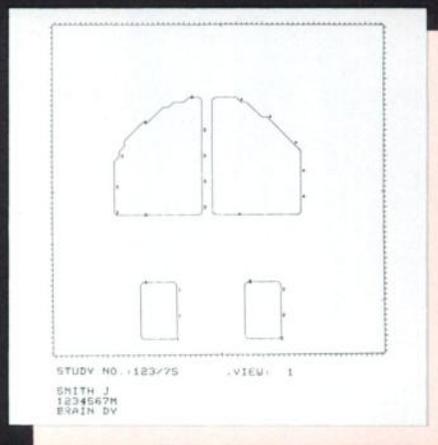
“...with whole-body scans taking over more of the nuclear imaging load, **Cleon is the clear choice.”**



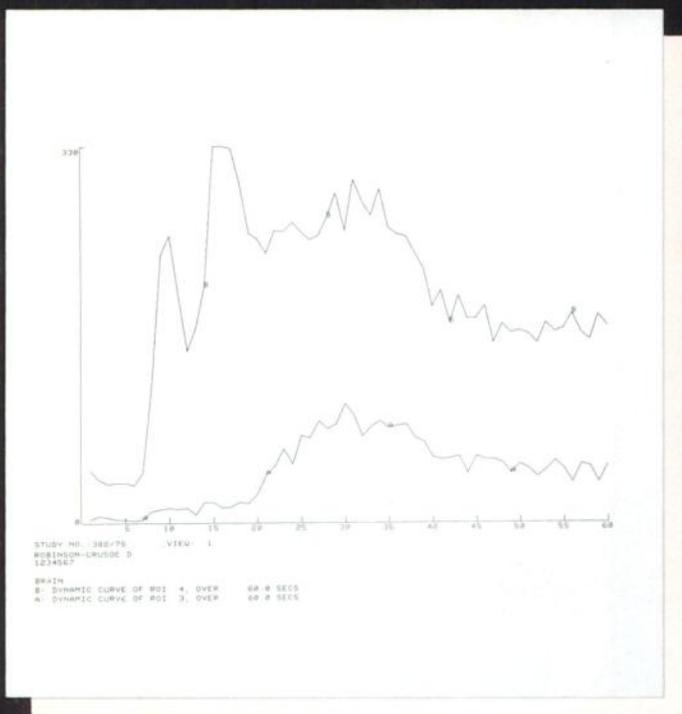
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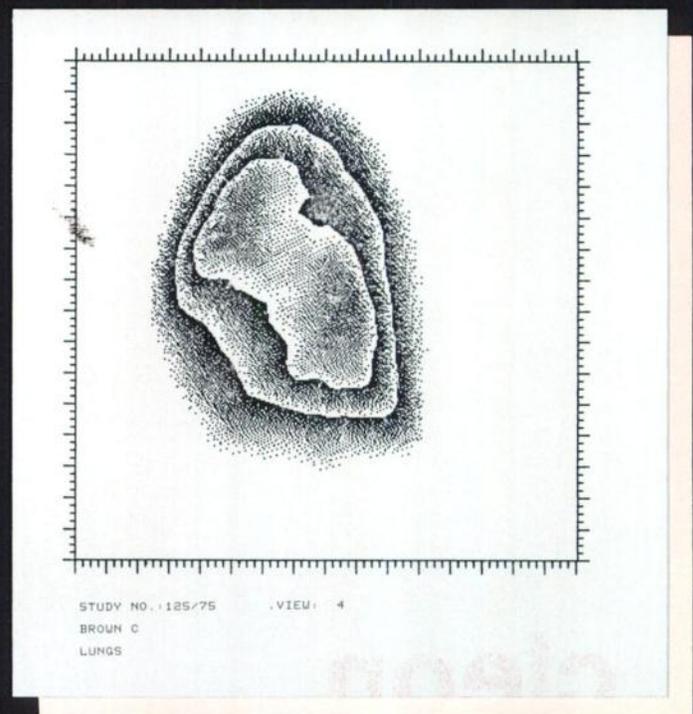
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Response (fast & slow)
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Reset

For DEEP VEIN THROMBOSIS DETECTION, the Model 145 offers the important features of **portability**, standard D cell operation yielding at least 100 hours of uncycled use, **unlimited** channel selection, and **prompt** servicing.

Using I-125 labelled fibrinogen and the Model 145, early detection of deep vein thrombosis of the legs can be accomplished. With the Model 145, the leg is scanned after intravenous injection of the labelled fibrinogen. As a thrombosis develops, the radioactive fibrinogen is detected with the Model 145 and measured directly in percentage, where 100% is determined over the precordial area.

SPECIFICATIONS

RANGE: 30, 100, 300, 1000, 3000 cps
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TIME CONSTANT: Fast 2 sec., slow 14 sec.

SIZE: 4½ x 5½ x 8 inches (HxWxL exclusive
of handle).

WEIGHT: 6.5 lbs total

DETECTOR: 1mm x 1 inch NaI (TL) mounted
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NaI (TL) detector with thin window
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T4 RIA Kit
 Kit No. 29
 12/475
 Williams

Horizontal Counter Background 50
 Counting Time 50 sec

| Standard | nmol T4/l | Counts |
|----------|-----------|--------|
| 0-15 | 2 | 19042 |
| | | 19245 |
| 4-10 | 53 | 10992 |
| | | 10850 |
| 10-8 | 139 | 7995 |
| | | 8042 |
| 19-2 | 247 | 6062 |
| | | 6202 |

| Unknowns | Sample Number | Patient Number | Counts | nmol T4/l |
|----------|---------------|----------------|--------|-----------|
| | 1 | 275 | 6215 | 19.0 |
| | 2 | 274 | 2170 | 10.2 |
| | 3 | 273 | 9299 | 9.0 |
| | 4 | 272 | 10894 | 4.2 |
| | 5 | 271 | 7529 | 9.1 |
| | 6 | 270 | 7672 | 11.9 |
| | 7 | 269 | 7103 | 14.2 |
| | 8 | 268 | 9534 | 6.5 |
| | 9 | 267 | 775 | 8.4 |
| | 10 | | | 5.6 |
| | 11 | | | 3.3 |
| | 12 | | | 8.8 |
| | 13 | | | 7.5 |
| | 14 | | | 1.1 |

Notes:
 1. Select units to be used: either pg T4/100 ml or nmol T4/l
 2. Plot graph using the relevant scale, pg T4/100ml at bottom of sheet, nmol T4/l at top of sheet.
 3. Read off unknowns from graph using the relevant scale.

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 Amersham
 registered England 1002610



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Thyroid function kits

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Full information is available on request.
 The Radiochemical Centre Limited, Amersham, England. Telephone: 024-04-4444
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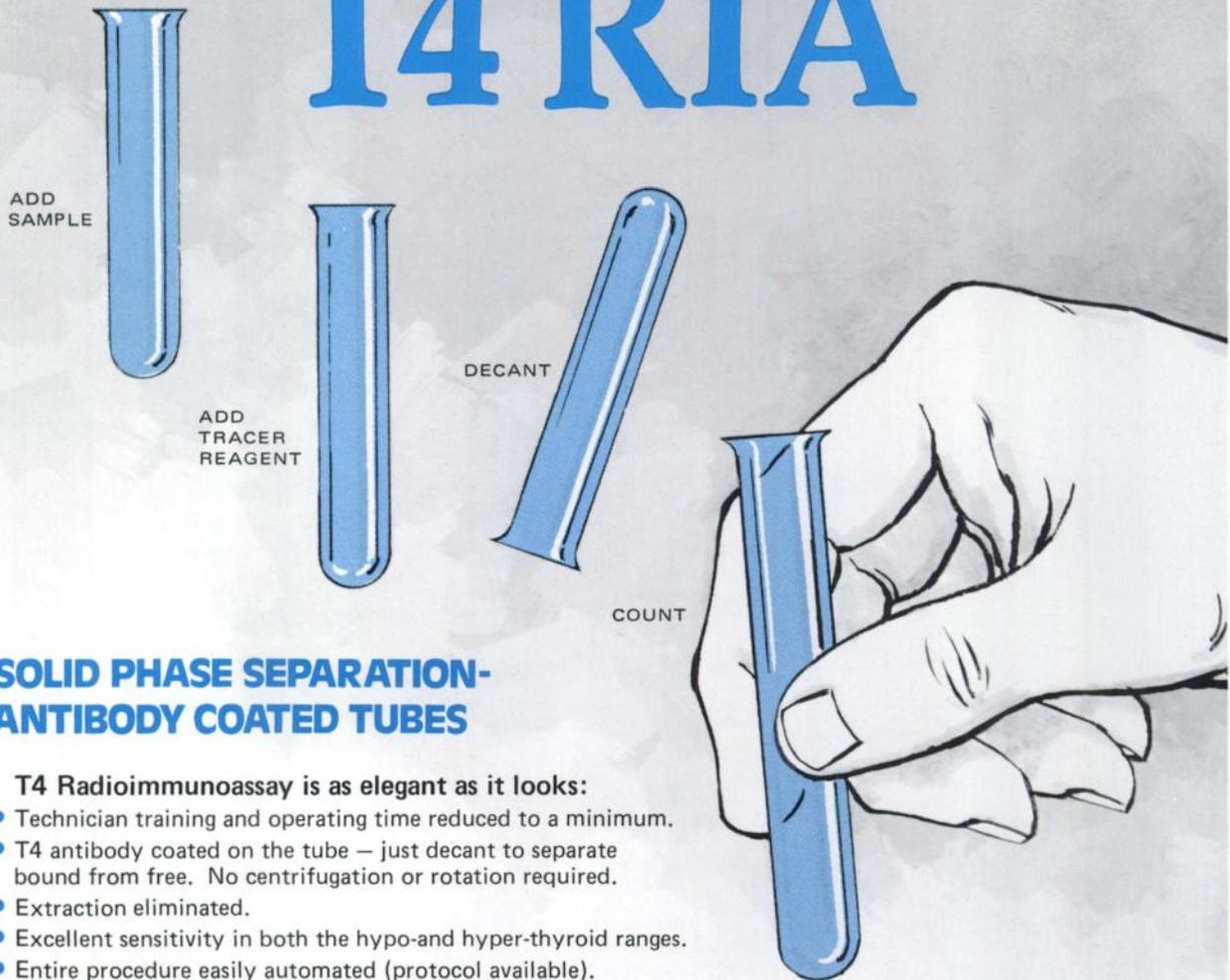
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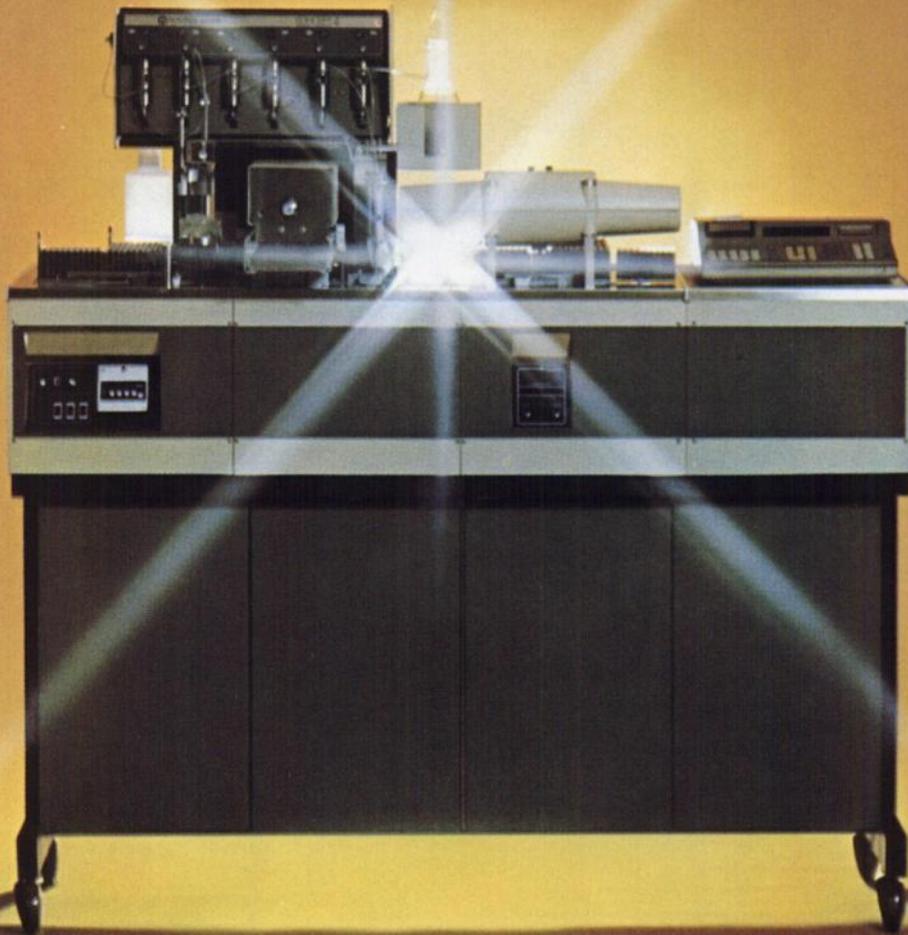
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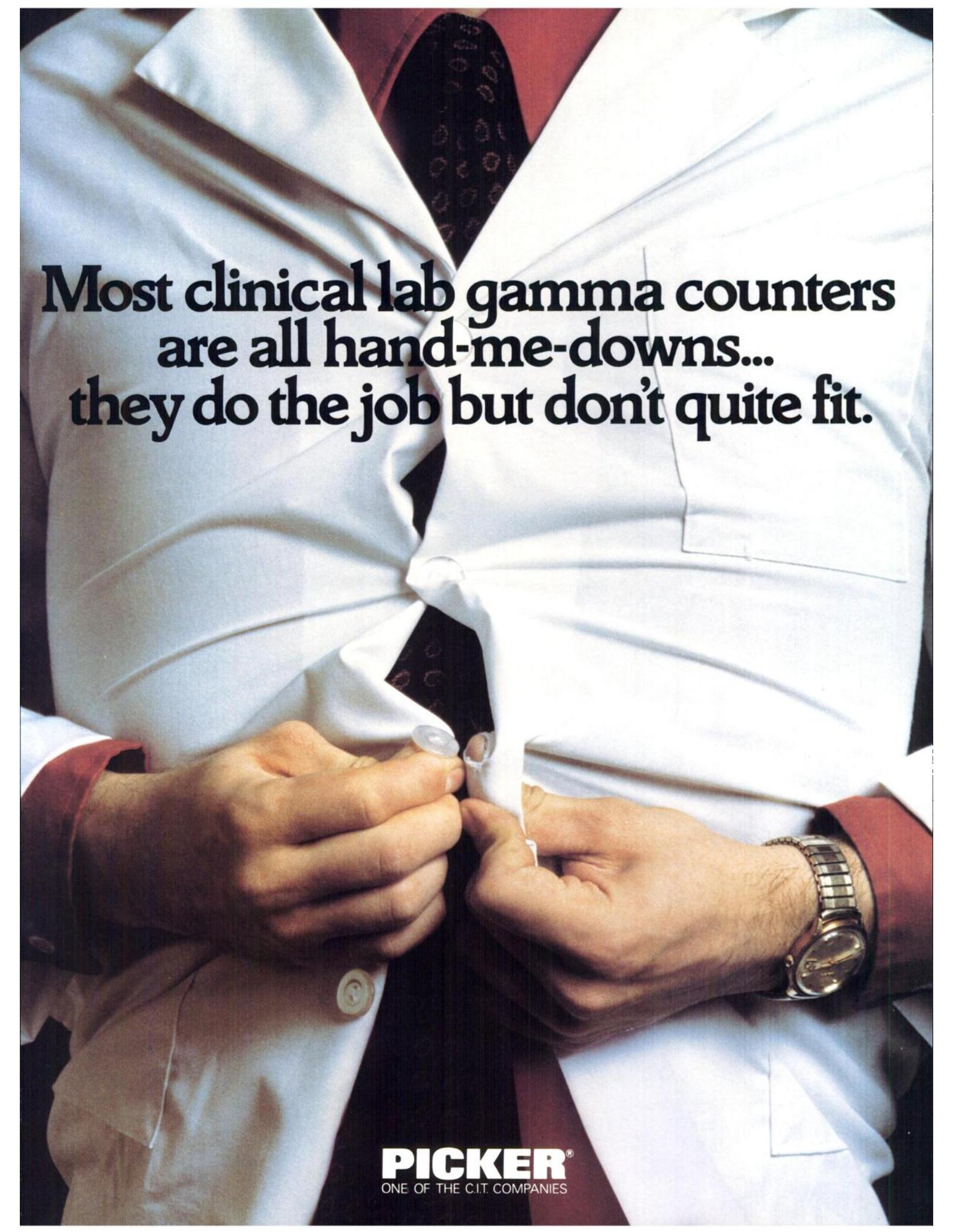
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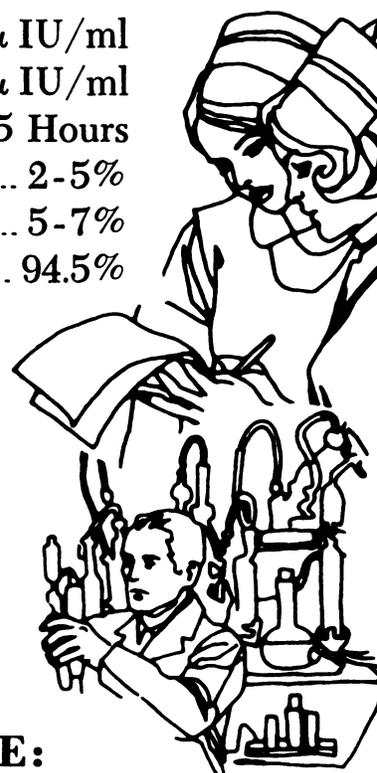
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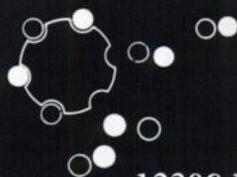
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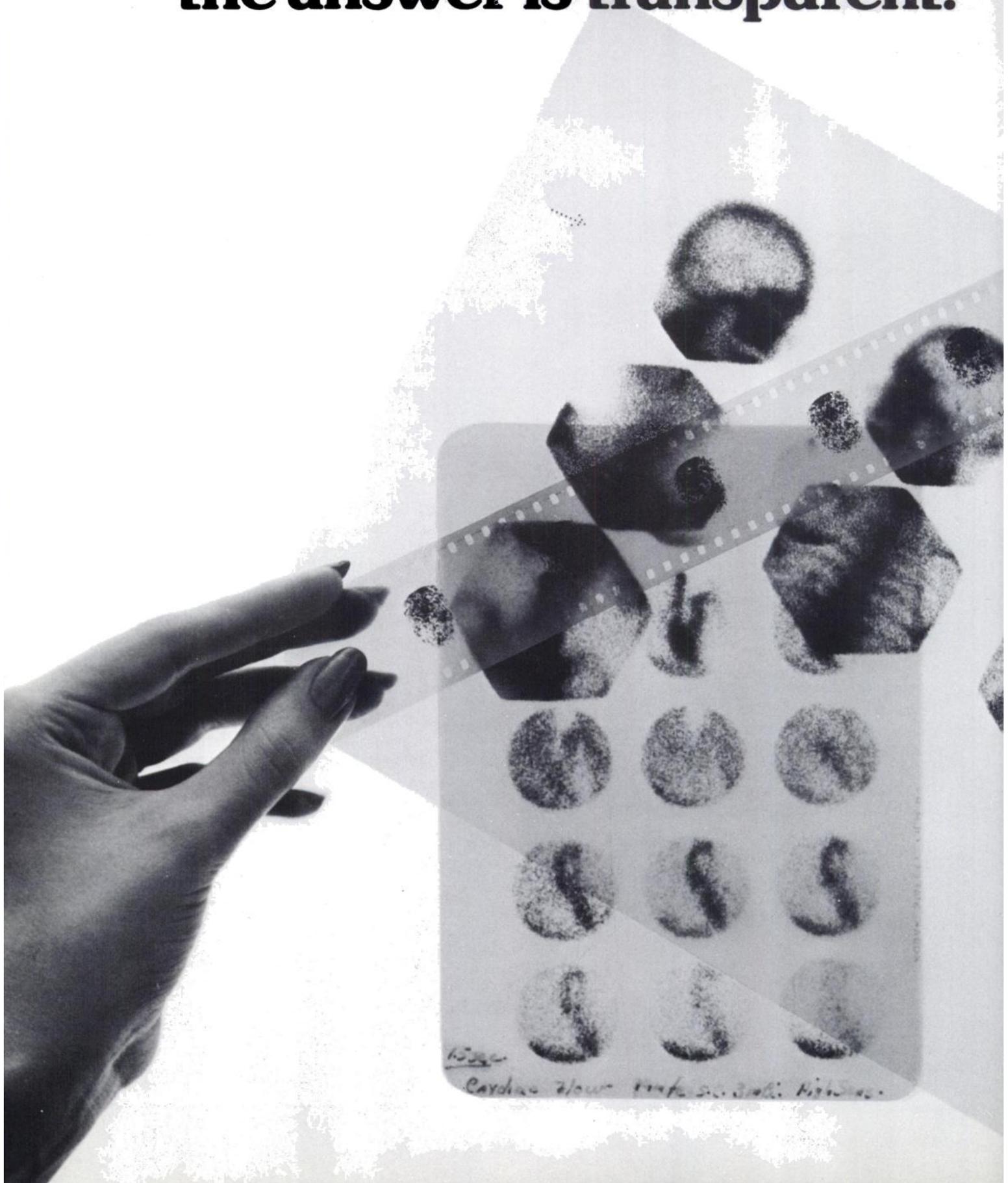
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References

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3. Price, D. C., Swann S. J., Hung S., et al: The measurement of circulating red cell volume using nonradioactive cesium and fluorescent excitation analysis., *Journal of Laboratory and Clinical Medicine* (in press).
4. Guesry P., Kaufman L., Orloff S., et al: Measurement of glomerular filtration rate by fluorescent excitation of nonradioactive meglumine iothalamate., *Clin Nephrol* 3:134, 1975.



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C&EN May 3, 1976

Heart disease, cancer linked to trace metals

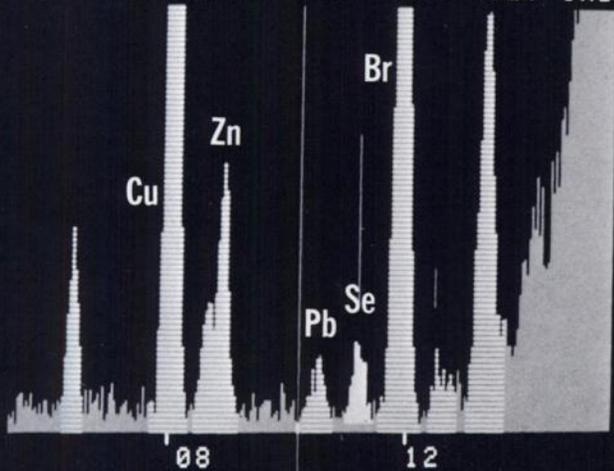
The possibility that variations in dietary and environmental levels of selenium, copper, zinc, and perhaps other metals

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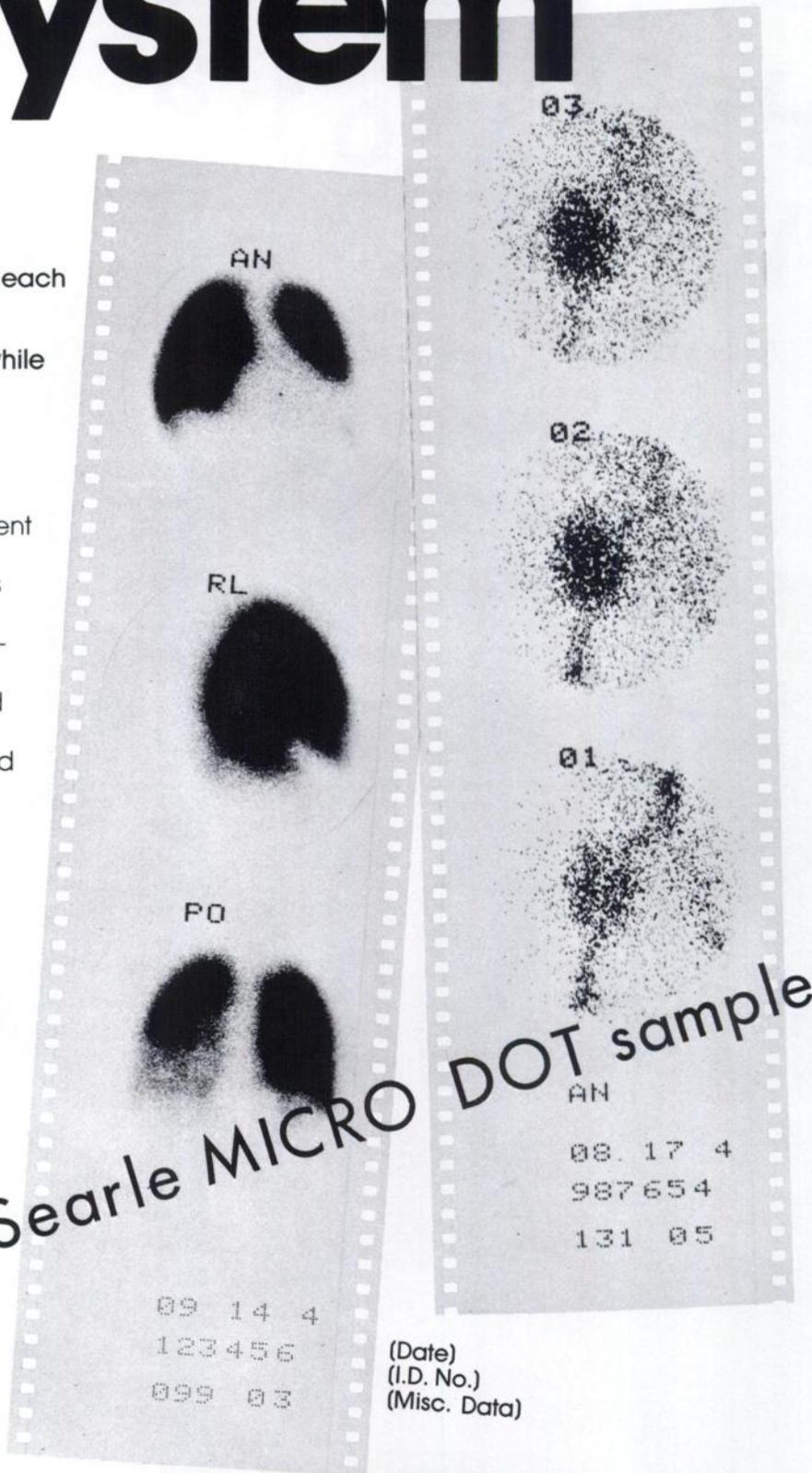


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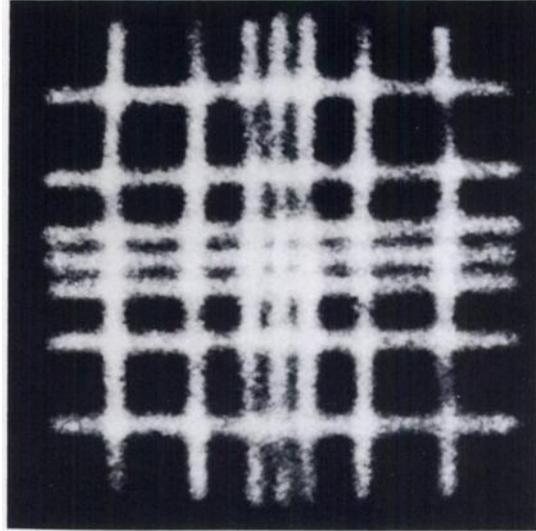
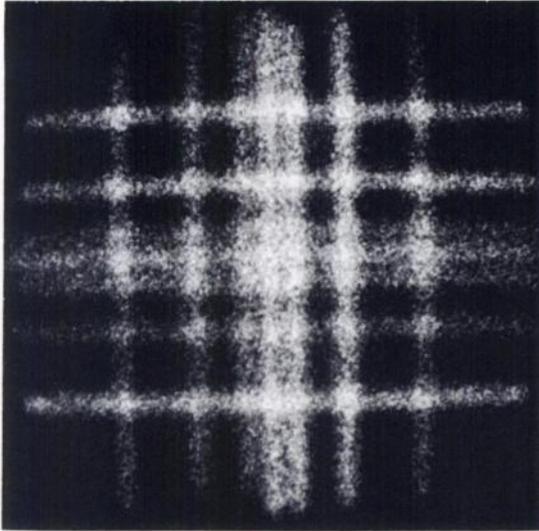
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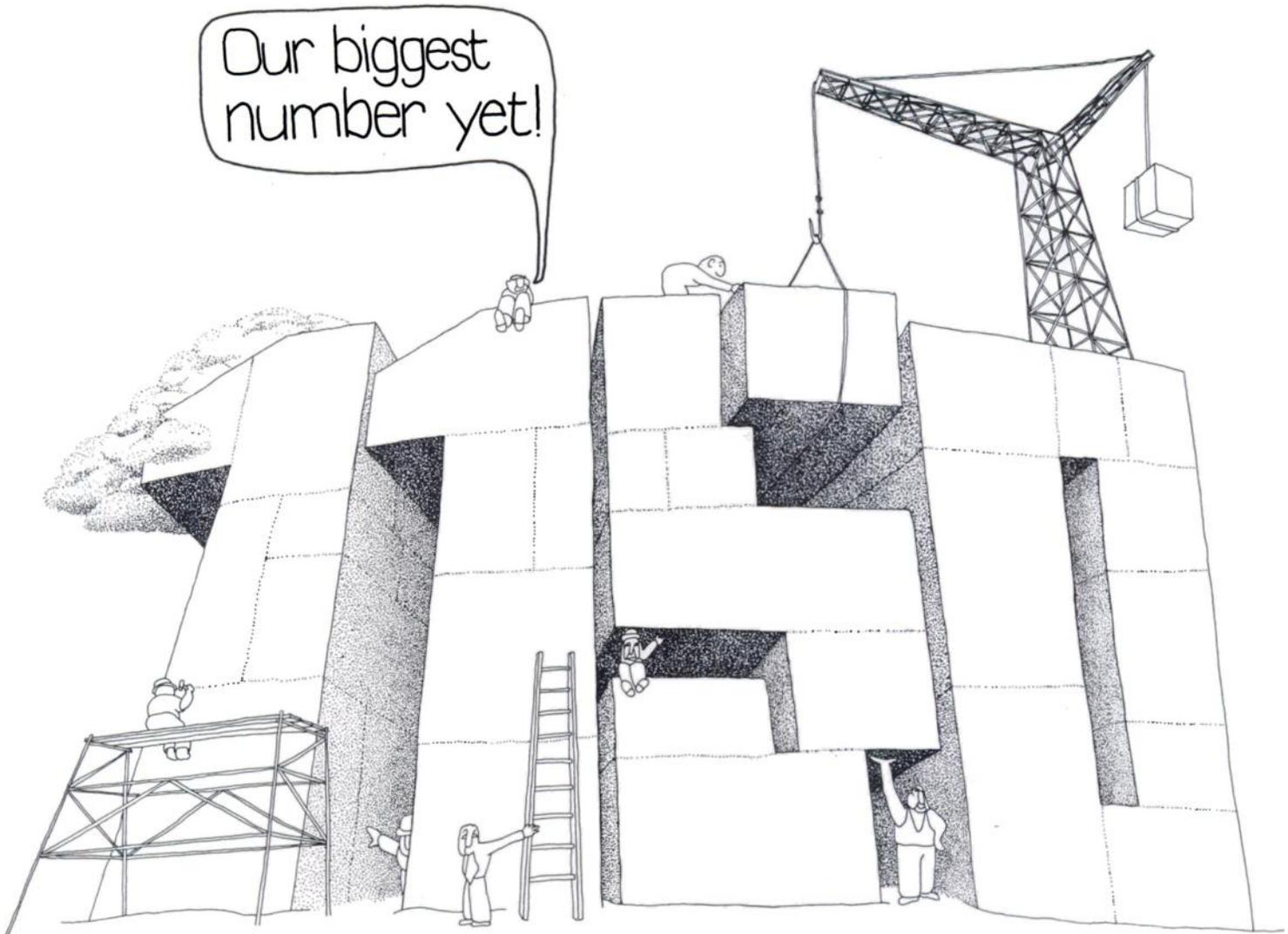
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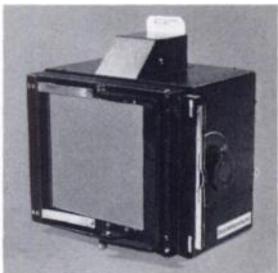
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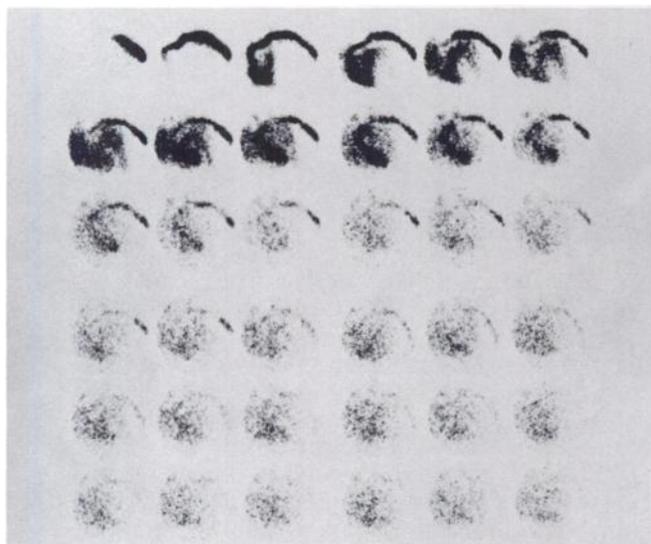
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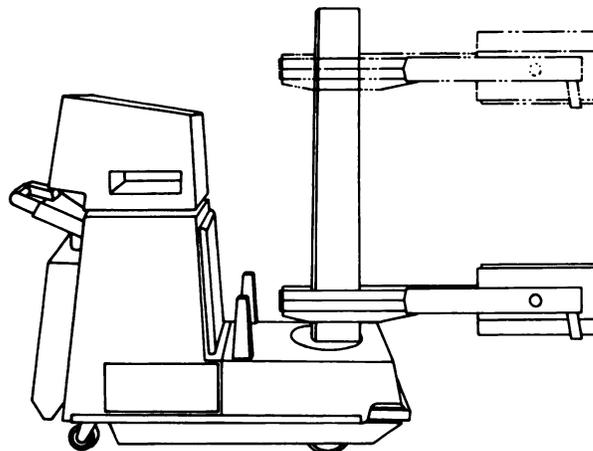


to 200,000 cps. (less than 1.5 μ s deadtime) and its usable energy range extends beyond 200 KeV for use with ^{81m}Kr (190 KeV), ^{99m}TC (140 KeV) or ^{201}Tl (70 KeV), or other usable radionuclides within this range. It thus performs as a regular stationary camera for both static and dynamic studies as well as a mobile patient bedside unit. An optional data storage/replay system acquires and records at up to 150,000 cps for later replay or processing, adding time marks for re-framing as fast as 100 frames/sec.

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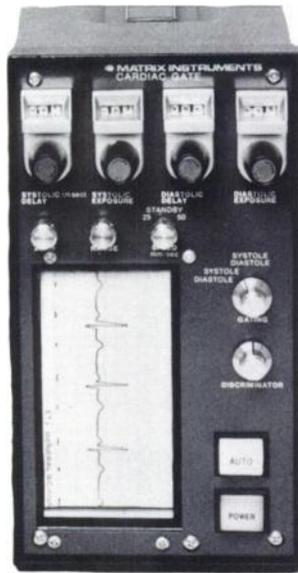
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Cardiac Gate is designed to synchronize the cardiac image exposure with predetermined phases of the cardiac cycle.

The Cardiac Gate has two modes of operation: manual and automatic. In the manual mode, delay and exposure time parameters are set manually, using the R wave of the electrocardiogram as a reference. In the automatic mode, microprocessor circuitry automatically tracks the cardiac cycle and computes the position of end-systole and end-diastole. In the automatic mode, end-systole and end-diastole exposures are made without any calibration settings.

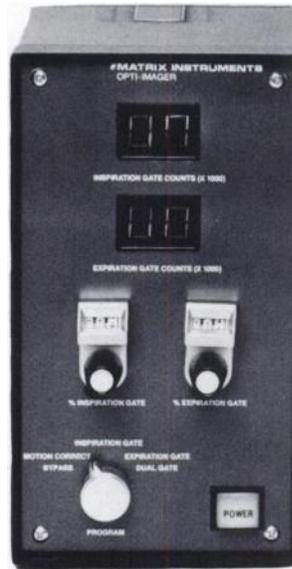
The dual gating operation mode allows recording of both end-systole and end-diastole simultaneously in a split screen two image format.

The cardiac cycle can even be divided into nine equal time segments and the image corresponding to each displayed simultaneously in a nine image format.

The Cardiac Gate includes a complete electrocardiograph module. The built in heated stylus strip chart recorder records both the ECG trace and the gating intervals.

The Cardiac Gate provides both ECG and gating outputs for computer interface.

Opti Imager



Opti-Imager is designed to provide an organ image with effects due to respiratory motion minimized. Opti-Imager has two distinct modes of operation: continuous motion correction and respiratory gating. In the continuous motion correction mode, the motion of the organ is tracked and corrected electronically without the need to attach any sensors to the patient. The distribution of counts within the organ image is monitored and corrections are applied to continuously shift the image before it is displayed to compensate for organ motion. Correction is made for motion in both the X and Y direction. Thus, the gamma camera is not gated and all the counts provided by the detector are recorded. The time required to attain a statistically satisfactory image is the same for both a motion corrected and an uncorrected image. In the gating mode, inspiration plateau and expiration plateau images are recorded. The dual gating operation mode allows recording of both inspiration and expiration plateau images simultaneously in a split screen two frame format. Dual scalers record the number of counts in each image.

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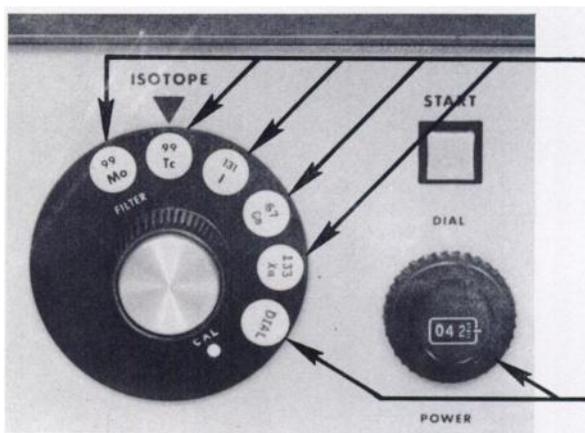
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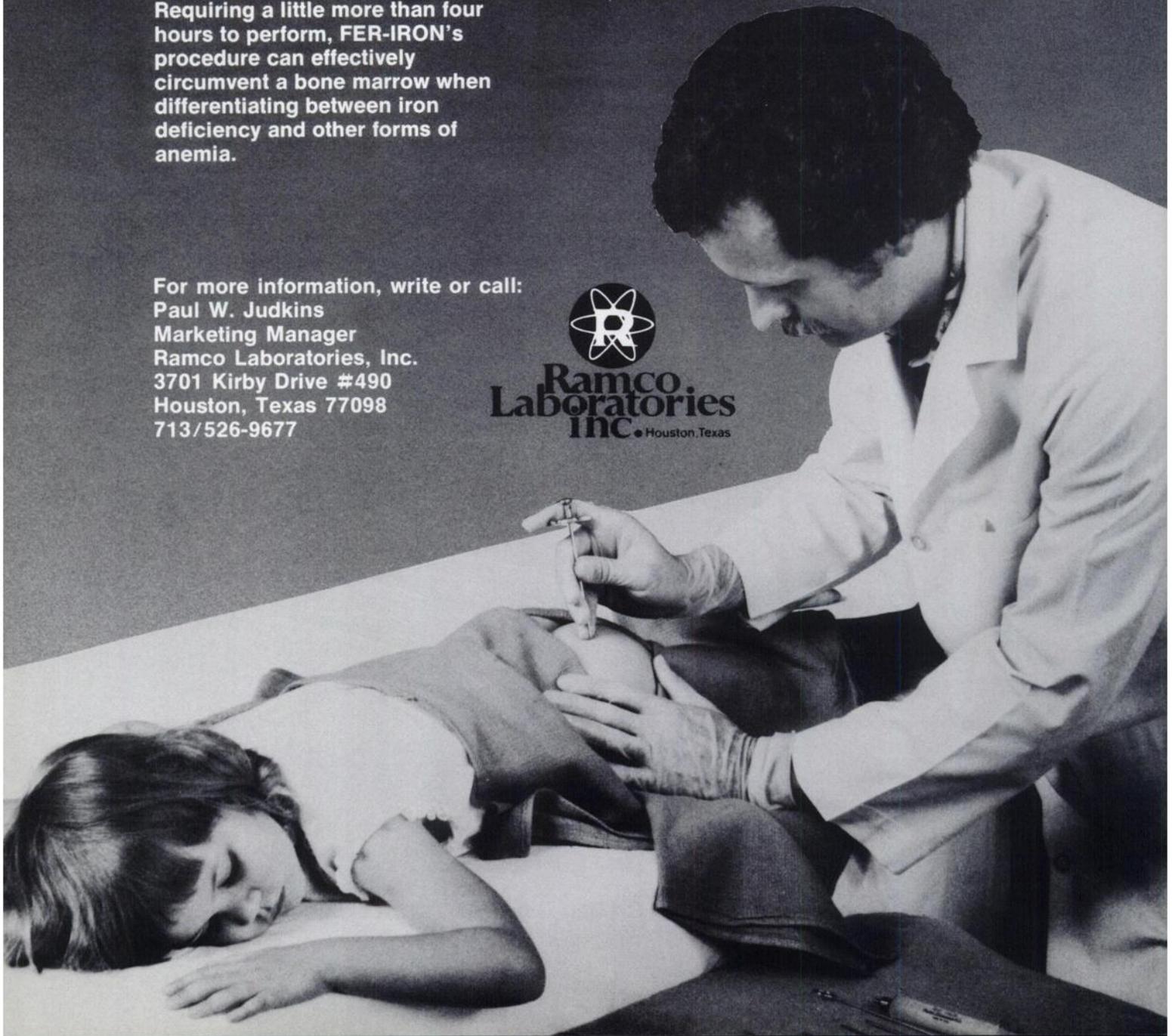
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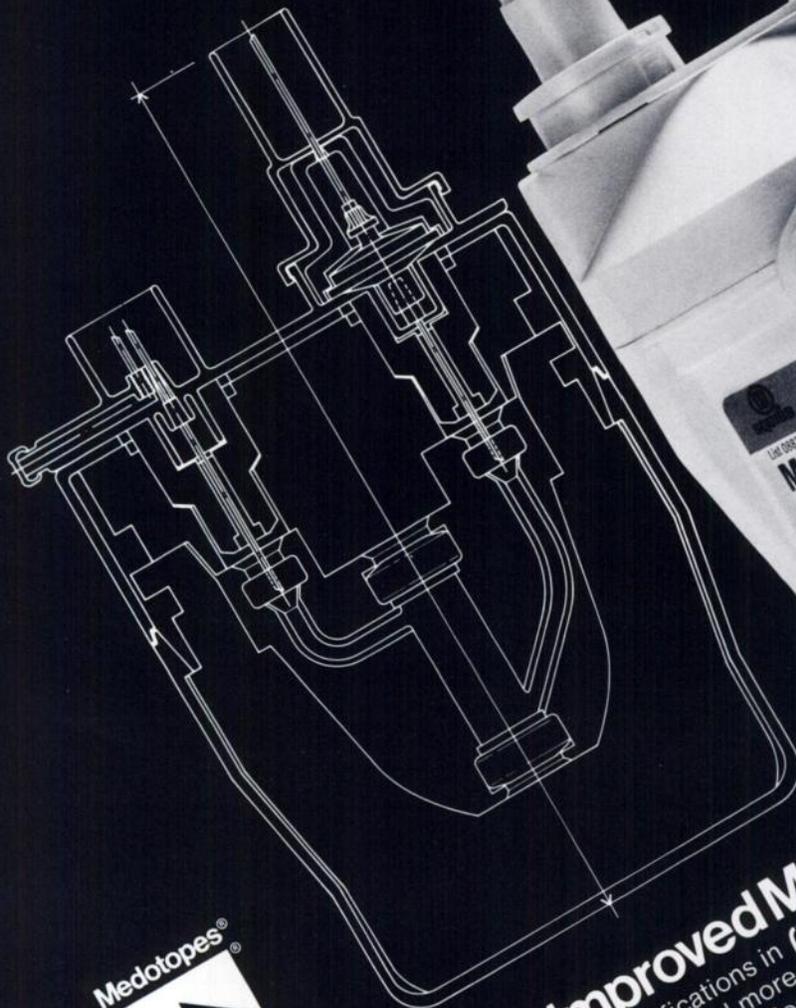
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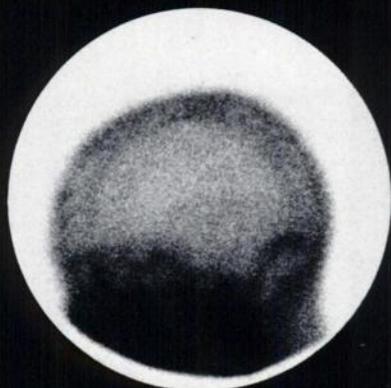
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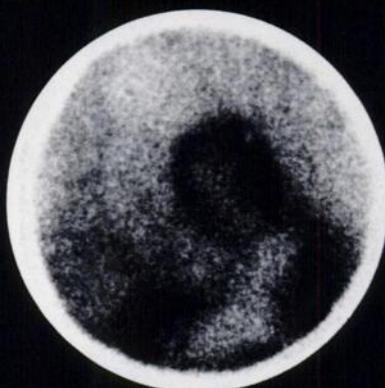
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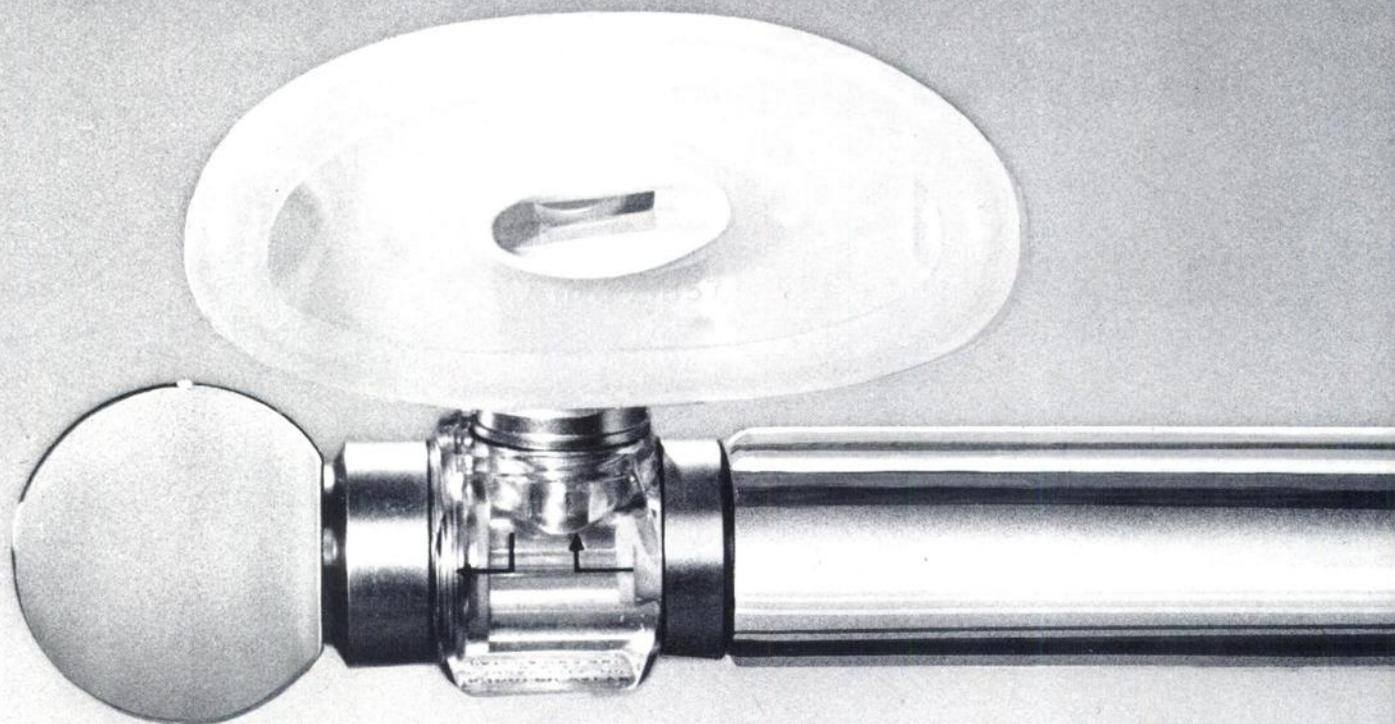
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computes,

Dose volume for administration?

then puts it in writing?

DISPENSING RECORD
Patient Name JOHN DOE
Physician I.D. No. 276-30-4425
Physician DR. J. MOORE
Study BRAIN SCAN
Radionuclide TECHNETIUM 99M
Dose 15 mCi

RADIONUCLIDE RECALL HISTORY
Sample No. 2
Radionuclide TECHNETIUM 99M
Radiopharmaceutical PERTECHNETATE
Isotope Lot No. N/A
Kit No. N/A

Date 76/11/12 Time 1525
Expiration Date N/A
Current Conc. 30.3 mCi/mL
Desired Dose 15.0 mCi
Volume Req. 0.49 mL
Signature Jean Tech

PATIENT DOSE MEASUREMENT RECORD
Date 76/11/12 Time 1525
Volume Drawn 0.49 mL
Measured Act. 15.1 mCi
Administered Activity 15.1 mCi
Signature Jean Tech

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Applicants should submit curriculum vitae, transcripts, description of research interests and should arrange for submission of three letters of reference by October 30, 1976 to **Dr. David R. Allen, Department of Pharmaceutical Sciences, School of Pharmacy, University of Washington, Seattle, Washington 98195.**

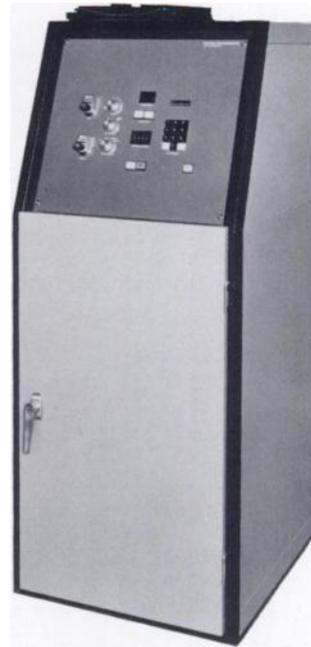
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Suite 11
555 W. Catalina Dr.
Phoenix, Az. 85013

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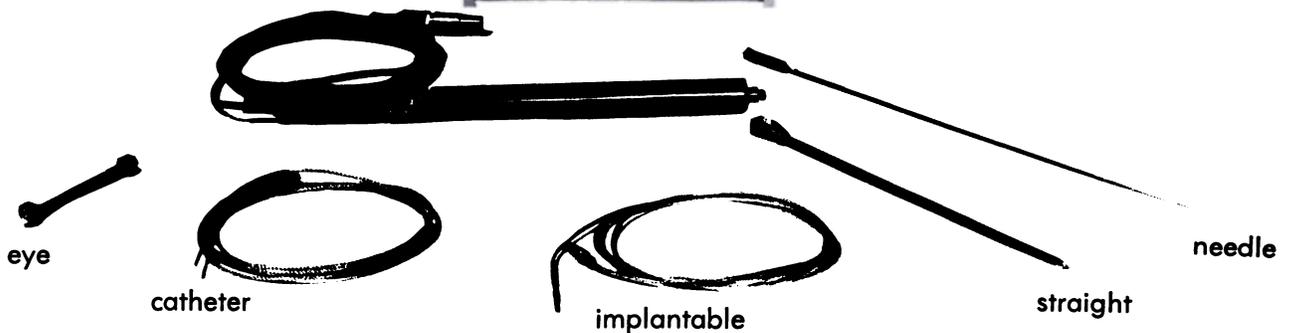
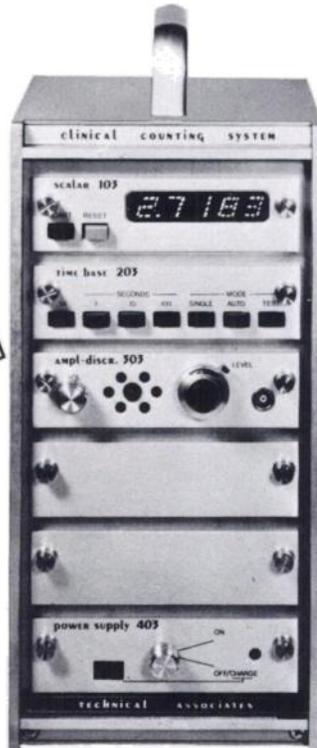
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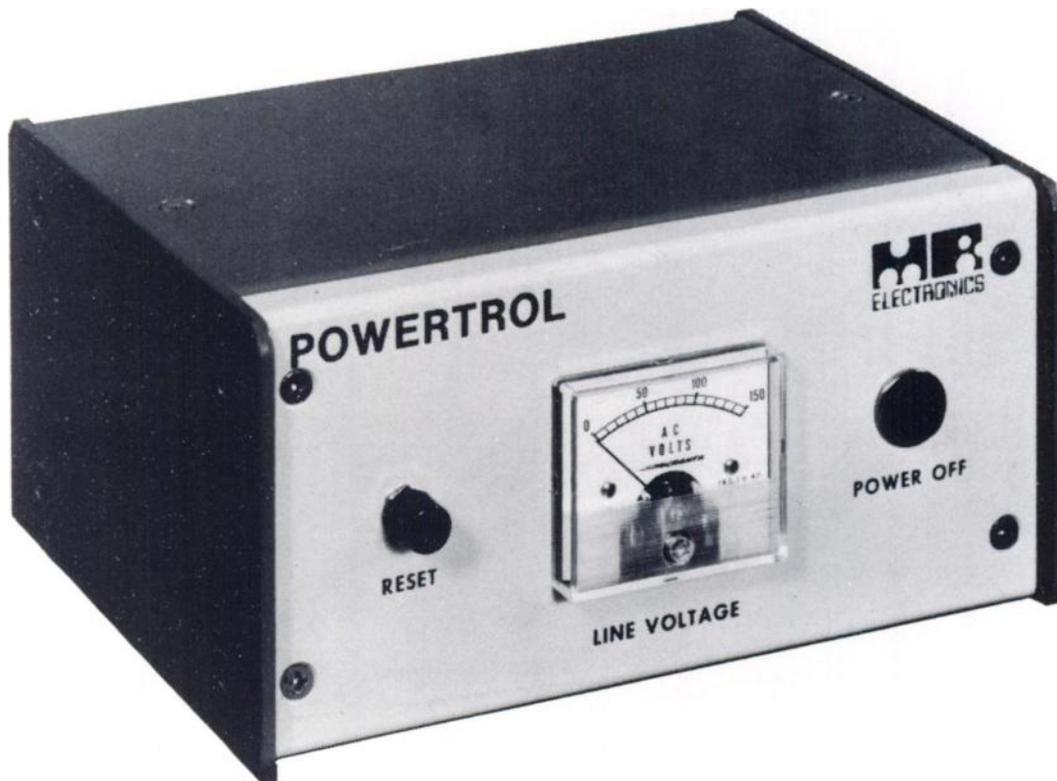
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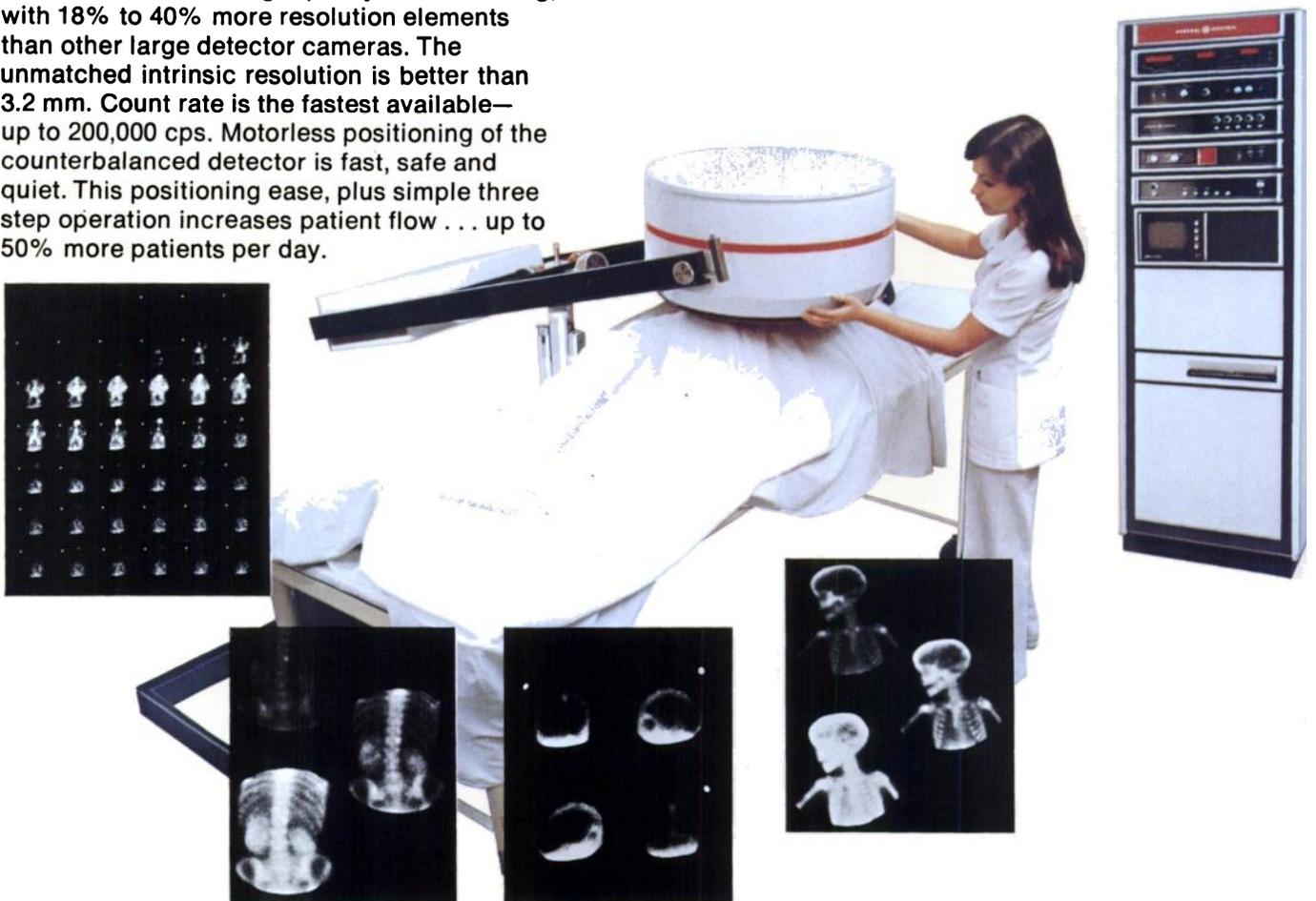
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DESCRIPTION - The kit contains 6 sterile vials containing 9-11 mg. of pyrogen-free aggregated albumin (human), 0.67 - 0.83 mg. stannous chloride, and 18 mg. sodium chloride. When sterile, pyrogen-free sodium pertechnetate Tc99m is added to the vial, technetium-labelled macroaggregated human serum albumin (Technetium MAA Tc 99m Technetium Macroaggregates) is formed. The particles of aggregated albumin in the kit are formed by the denaturation of Normal Serum Albumin (Human) USP through heat and pH adjustment. Sodium hydroxide or hydrochloric acid may be present in variable amounts. At least 95% of the macroaggregated particles are between 10 and 100 microns in size, the great bulk, (as seen on a microscope slide) being an average of 10 to 70 microns. None are larger than 150 microns. Vial counts indicate that each vial contains 6.8 ± 0.8 million particles per mg. The labelling efficiency is essentially quantitative and the bound Tc-MAA remains stable *in vitro* throughout the useful period after preparation.

Application has been filed with the U. S. Nuclear Regulatory Commission for distribution of this reagent kit to persons licensed pursuant to §35.14 and §35.100, Group III of CFR Part 35, or under equivalent licenses of agreement states; and is still pending.

ACTIONS - Following intravenous injection, Technetium MAA Tc 99m is rapidly transported by the blood stream to the lungs. The aggregates do not enter the tissues of the lungs, but remain in the pulmonary vasculature. When pulmonary blood flow is normal, the material is carried throughout the entire lung field; when pulmonary blood flow is diminished or obstructed by a disease process, the particles are correspondingly prevented in part or in whole from passage through the affected portion of the pulmonary vasculature.

Technetium Macroaggregates remain in the lungs for variable amounts of time depending on particle size. The particles disappear from the lungs in exponential fashion with the larger-sized aggregates having the longer half-life; particles ranging from 10 to 90 microns in diameter usually have a half-life of 2 to 8 hours. Apparently, the aggregates are temporarily trapped by the narrow pulmonary capillaries where the particles are broken down until they are small enough to pass. In rats 4.3% of the Tc 99m remains in the lungs after 24 hours.

Although the particles of macroaggregates remain for a time in the pulmonary capillaries, they do not appear to interfere even temporarily with pulmonary blood flow or ventilation in the dosage required for lung scanning. This is evidenced by the fact that these doses do not produce any respiratory distress nor any tachycardia, even in patients severely ill with pulmonary and/or cardiac disorders.

Once the albumin particles leave the lungs, they are carried to the liver, where they are removed from the blood stream primarily by the Kupffer cells. There, the particles are phagocytized and rapidly metabolized.

INDICATIONS - Scintillation scanning of the lungs with Technetium Macroaggregates is indicated as an adjunct to other diagnostic procedures whenever information about pulmonary vasculature is desired. The most useful clinical applications of lung scanning have been outlined by one investigator: 1) The diagnosis of pulmonary embolism; 2) differentiation of focal conditions such as bullae or cysts from diffuse pulmonary disorders; 3) determination of the degree of pulmonary vascular obliteration in parenchymal disease; and 4) evaluation of the patient's ability to withstand pulmonary surgery.

Perhaps the most frequently useful indication for the lung scan has been the early detection of pulmonary emboli. The lung scan is uniquely able to demonstrate the existence of an embolism before radiological signs become apparent. Although an area of increased radiolucency on the chest film may suggest an embolism, X-ray findings do not usually become apparent until the embolism has produced signs of ischemia or infarction. Once an embolism has been diagnosed, information obtained from the scan is of value in determining the desirability of surgical embolectomy, while subsequent scans provide information on the effectiveness of surgical or anticoagulant therapy.

Lung scanning is similarly helpful in the diagnosis of various types of malignancies affecting the lungs. Again, scanning is of value in locating the affected areas, in determining the need for and probable effectiveness of surgery or of radiation therapy, and in following up the benefits of treatment.

Useful information is also provided by the scan in the diagnosis or evaluation of other pulmonary problems, such as pneumonia, atelectasis pleural effusion, pulmonary tuberculosis, parenchymal disease, emphysema and chronic asthmatic bronchitis.

CONTRAINDICATIONS - The presence of right to left shunts which would allow Technetium MAA Tc 99m injected in a systemic vein to reach a systemic artery is contraindication to the use of this material. Particulate material such as Technetium MAA Tc99m should not be administered to patients with evidence of severe restriction to pulmonary blood flow such as may be present in pulmonary hypertension.

WARNINGS - Technetium MAA Tc99m should not be administered to patients who are pregnant, or during lactation unless the benefits to be gained outweigh the potential hazards.

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.

Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides produced by nuclear reactor or particle accelerator and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

PRECAUTIONS - As in the use of any other radioactive material care should be taken to insure minimum radiation exposure to the patient, consistent with proper patient management, and to insure minimum radiation exposure to staff and occupational workers.

To insure the integrity of this product use needles in gauge sizes 18 to 21.

ADVERSE REACTIONS - No adverse reactions have been observed with this product. However Vincent et al (3) have recorded the only immediate and fatal reaction following infusion of Tc 99m macroaggregates (technetium labelled macroaggregates). This was in a seven-year-old child who had severe pulmonary vascular disease. The exact size of the particles used was not disclosed, and in the summary of the publication "it is suggested that this type of reaction will continue to be rare and that it will probably be somewhat predictable on the basis of clinical and laboratory evidence of severe pulmonary hypertension. Such a patient might be scanned safely by strict control of macroaggregates dose, size range and mean particle size".

The literature has recorded two adverse reactions to lung scanning with I-131 labelled macroaggregates. Wagner et al (4) observed that urticaria developed in a young girl several hours after lung-scanning procedure with Iodine-131 macroaggregates where Lugol's solution was administered to block the thyroid gland. The subject had a history of angio-edema. The reaction may have been caused by either material. Dworkin et al (5, 6) reported "I-131-labelled macroaggregated albumin highly suspect as the causative agent" in the death of a woman who was scanned for the possibility of demonstrating pulmonary embolism. With a 2 1/2-year history of adenocarcinoma of the breast she had severe and rapidly progressive edema. Prior to scanning, the nasal administration of oxygen was interrupted. "Within 1 or 2 minutes after injection of 300 uCi of I-131 labelled macroaggregates albumin (11 mg. of albumin or 0.219 mg. per kilogram of body weight) she complained of faintness and became cyanotic, diaphoretic, and agitated with distended neck veins. The initial pulse rate of 50 rose to 140 with a fall in blood pressure to 100/30. Oxygen therapy relieved the profound dyspnea and cyanosis. An electrocardiogram 40 minutes later was compatible with acute cor pulmonale. Within several hours she had returned to her pre-scan status, but on the next day the temperature rose, dyspnea increased and she died 26 hours after the lung scan. We have continued lung scanning but limit the albumin to 0.020 mg. per kilogram, reject lots with more than 15 percent of particles over 40 microns and require two minutes for injection".

More recently, Williams (7) has reported a severe reaction immediately after injection of macroaggregated albumin (MAA) particles followed by death six hours later (while the patient was undergoing right-heart catheterization). Like those previously reported, it occurred in a patient with severe chronic pulmonary hypertension due to disease of the pulmonary vascular bed. The patient died in right heart failure. Post-mortem examination revealed "severe atheroma and thickening of all the pulmonary arteries but no macroscopic evidence of emboli. The right heart was hypertrophied and dilated".

Transient neurological complications following intra-arterial injection of I-131 labelled macroaggregates have been reported (3).

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6. Dworkin, J. J., Smith, J. R. and Bull, F. E., *Am. J. Roentgenol Ther. Nucl. Med.* 98, 427-433 (1966).
7. Williams, J. O., *Brit. J. Radiol.* 47, 61-63 (1974).

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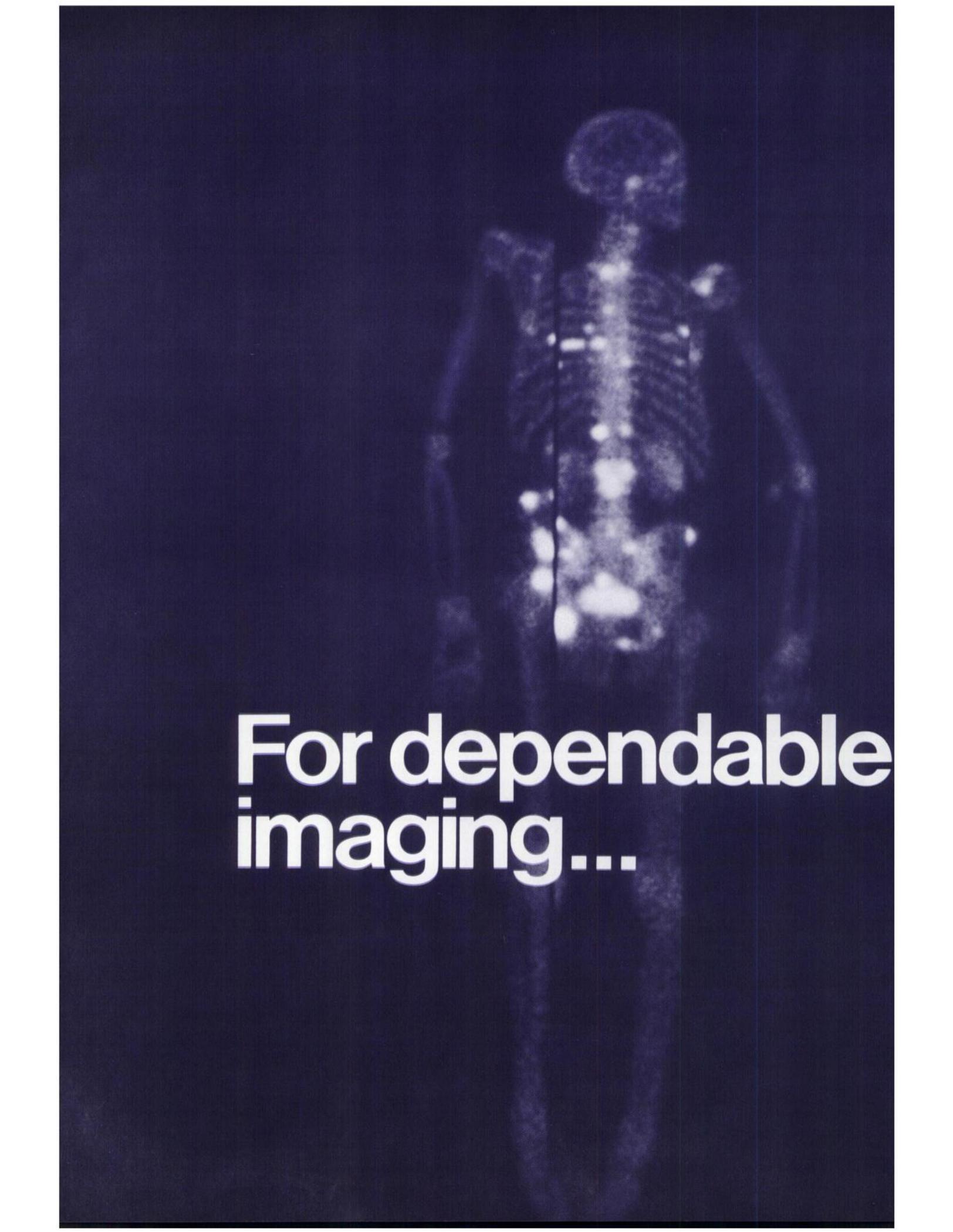
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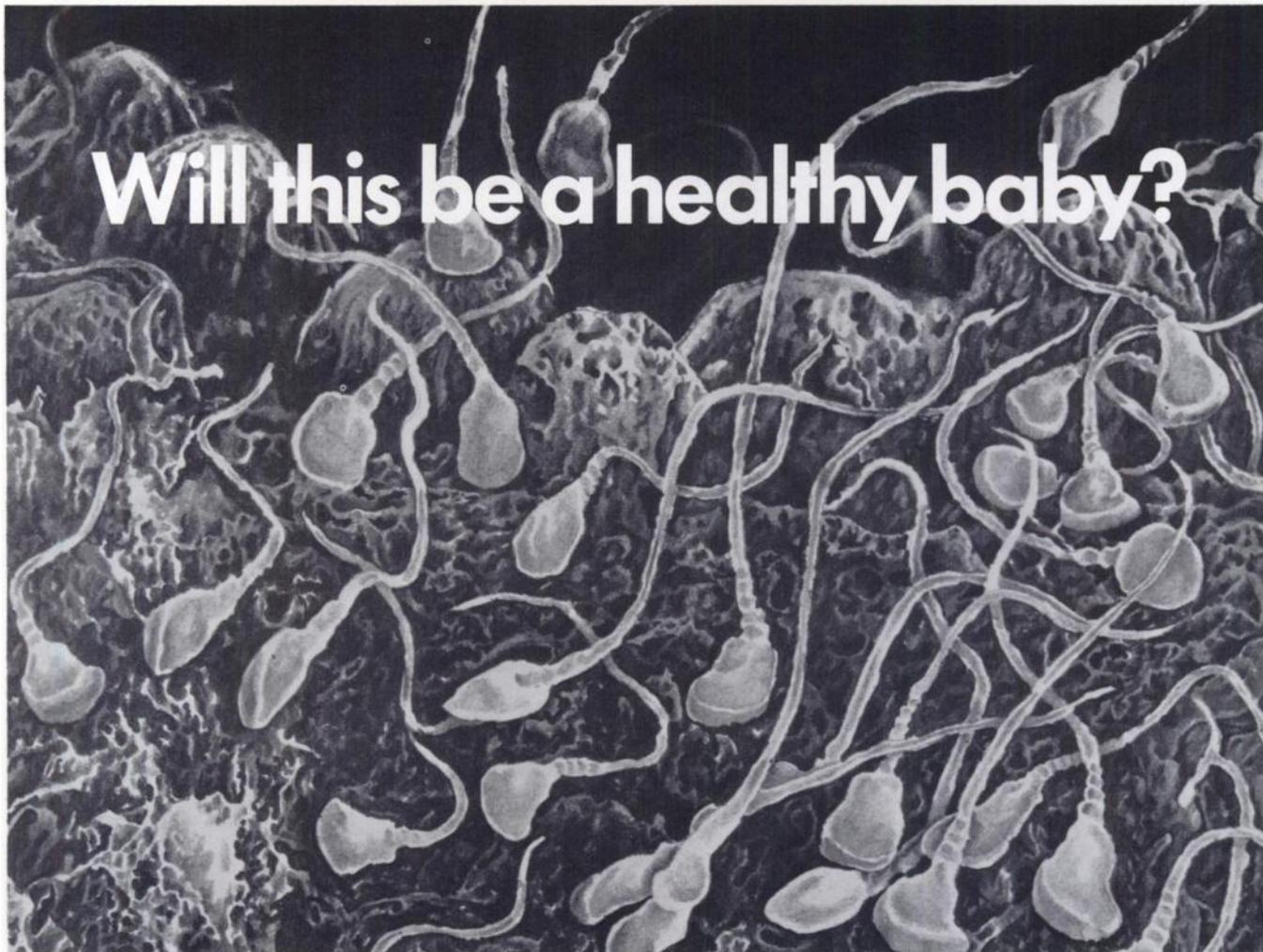
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FSH, HPL & OESTRIOL RIA KITS

A VALUABLE SERVICE TO OBSTETRICS AND GYNAECOLOGY

Full information is available on request.

The Radiochemical Centre Limited, Amersham, England. Telephone: 024-04-4444

In the Americas: Amersham Searle Corp. Illinois 60005. Telephone: 312-593-6300

In W. Germany: Amersham Buchler GmbH & Co KG, Braunschweig. Telephone: 05307-4693-97

0881



One simple step to a bone imaging agent

It's quick — it's convenient. Add the sodium pertechnetate Tc 99m into a vial of NEN Stannous Polyphosphate and swirl. Now you have a bone imaging agent that provides a high target/non-target ratio, excellent lesion detection and consistent results.

Our unique formulation — Pyrophosphate and Trimetaphosphate — has long shelf life — 1½ years. Low Stannous Chloride content — 1 mg/vial. No refrigeration required... a truly effective bone imaging agent.

Indications: Technetium Tc 99m Stannous Polyphosphate is primarily used as a skeletal imaging agent to evaluate areas of altered osteogenesis.

Contraindications: None.

Warnings: This radiopharmaceutical preparation should not be administered to pregnant or lactating women or to children under 18 years of age unless the benefits to be gained outweigh the potential hazards.

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 the menses.

The contents of the vial before preparation are not radioactive. However, after the Pertechnetate Sodium Tc 99m is added, adequate shielding of the final preparation must be maintained.

The contents of the Stannous Polyphosphate vial are intended only for use in the preparation of Tc 99m Stannous Polyphosphate and are not to be directly administered to the patient.

Medical judgment appropriate for any agent should be maintained. As polyphosphates are known to complex cations such as calcium, particular caution should be used with patients potentially suffering from hypocalcemia.

Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides produced by a nuclear reactor or particle accelerator, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.

The Tc 99m labeling reactions involved in preparing the Tc 99m Stannous Polyphosphate depend on maintaining the tin in the reduced state. Any oxidant present in the Pertechnetate Sodium Tc 99m supply may thus adversely affect the quality of the prepared agent. Hence, Pertechnetate Sodium Tc 99m containing oxidants should not be employed without first demonstrating that it is without adverse effect on the properties of the resulting agent.

Precautions: Use within 8 hours after aseptic reconstitution with Pertechnetate Sodium Tc 99m. Contains no bacteriostat.

In the use of any radiopharmaceutical, care should be taken to insure minimal radiation exposure to the patient as well as to personnel involved in the procedure, by using the smallest dose of radioactivity consistent with safety and the relative value of the diagnostic information. The bladder dose may be minimized by encouraging the patient to drink fluids immediately before and after the administration of the radiopharmaceutical, and to void approximately 0.5 hours after the administration and then as frequently as it is convenient. If the pelvic region is to be imaged, it is recommended that the patient be encouraged to void immediately prior to the imaging procedure in order to visualize the bony detail of the pelvis and to minimize the bladder contribution to the image.

Adverse Reactions: One investigator noted that out of 340 cases he studied within one year, 4 patients reported a mild faintness and numbness of one of the limbs within one hour of dose administration. In all cases the symptoms disappeared after several hours.

Dosage and Administration: Technetium Tc 99m Stannous Polyphosphate may only be administered by intravenous injection. In making dosage calculations, corrections must be made for radioactive decay. The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

The recommended intravenous dose in the average patient (70kg) is 10mCi with a range of 5-15mCi. Optimal imaging results are obtained within 1-6 hours after administration.

How Supplied: The NEN Stannous Polyphosphate Kit is supplied as a set of five vials, sterile and non-pyrogenic. Each nitrogen-flushed vial contains in lyophilized form:

Sodium Pyrophosphate - 10mg
Sodium Trimetaphosphate - 30mg
Stannous Chloride - 1mg

The kit may be stored at room temperature.



New England Nuclear Radiopharmaceutical Division

Atomlight Place, North Billerica, Mass. 01862

Telephone 617-667-9531

Los Angeles: 213-321-3311 Miami: 305-592-0702

It asks for your instructions, repeats them and gives you a chance to change them. Then, it even talks back if an instruction is wrong.

That's smart. But that's not all.

The SKI Gamma System has a microprocessor with a magnetic disc memory that calculates, controls the counter, spots errors, makes sound evaluations about data quality.

And the microprocessor is an integral part of the system—not just added on. In

the unlikely event something goes wrong, you have only one number to call. Ours.

The SKI Gamma System is fully automatic—so there's no raw data to pat, prod, calculate or manipulate. You can put up to 200 tubes in the changer, key in your instructions and walk away.

While you are doing something else, it counts your samples, alters assay routines if you're doing more than one type of test, plots standard curves,

reduces data to medically useful answers and prints them on tape in easy-to-read form.

That's smart.

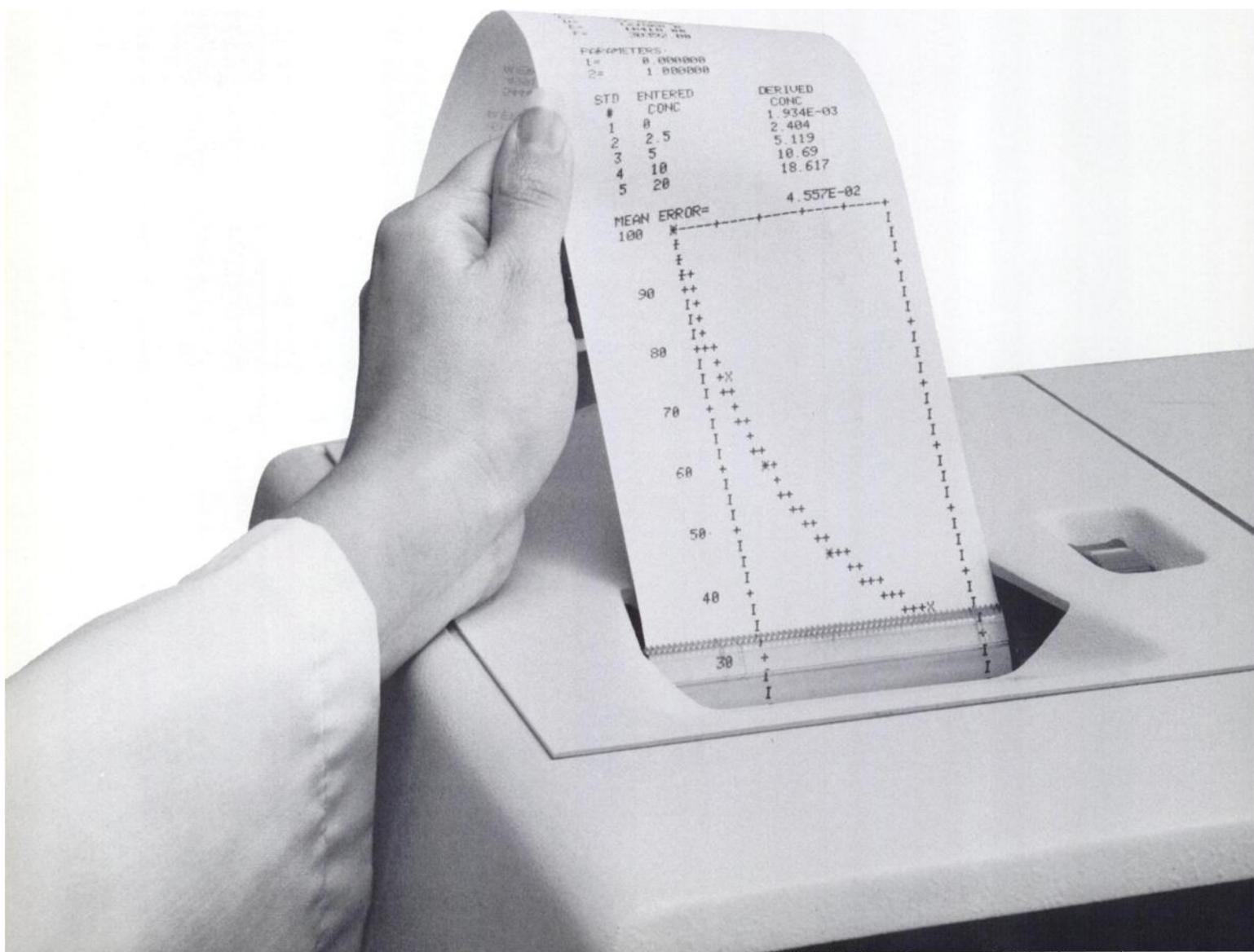
Because of all this, more and more laboratories are enjoying the speed, dependability and flexibility of The SKI Gamma System.

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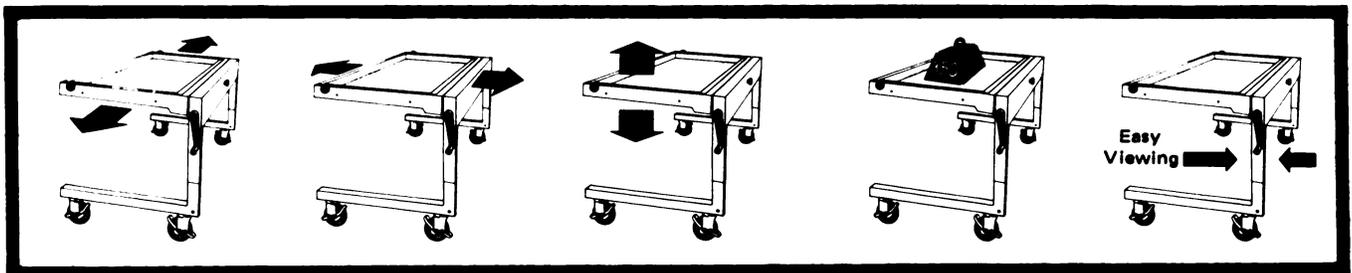


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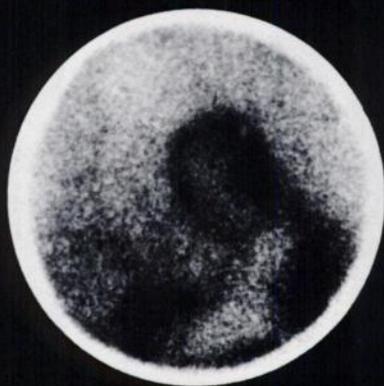


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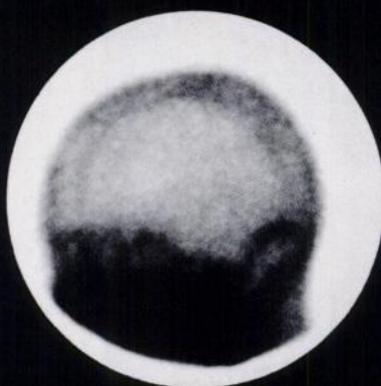
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(516) 878-1074

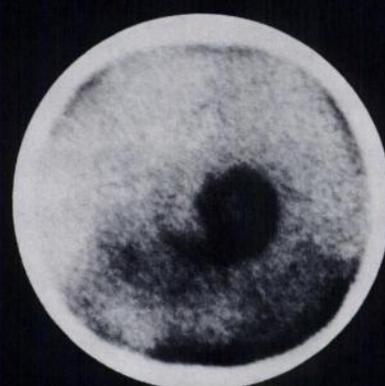
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Adult brain left lateral view $^{99\text{m}}\text{Tc DTPA}$



Adult heart LAO view ^{201}Tl

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Need an area monitor *and* a survey meter? Consider the versatile Log Series Meter from Searle. Rugged and easy to use, these meters do double duty, saving you the cost of an additional instrument. Fitted with rechargeable Nickel-Cadmium batteries for long life, the meter stands in a charging base and functions as a highly accurate area monitor. When you need a survey meter, simply remove it from the base and take it to the site. Fully-charged NiCad batteries will provide at least 25 hours of continuous operation. (The meter will also accept standard "D" size flashlight batteries.)

Available in 3 sensitivity ranges (0.02 to 200, 0.2 to 2,000 and 2 to 20,000 mR/hr), these instruments are designed for ease of operation and reliability. The 4-decade meter is always on-scale, so you never need search for the right range. The only controls are an on-off switch

and battery check button. Rugged, all solid-state electronics assure drift-free performance. Waterproof construction means the Searle Log Series Meter can be used in severe environmental conditions and is totally immersible for cleaning.

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From **START** to **FINISH**...



The Complete System for Lung Ventilation Studies

Now you can dispense, administer and dispose of ^{133}Xe safely and economically under controlled conditions with a complete system from Radx. The system is designed to protect the user as well as the environment. Patient comfort, safety and ease of breathing are primary concerns.



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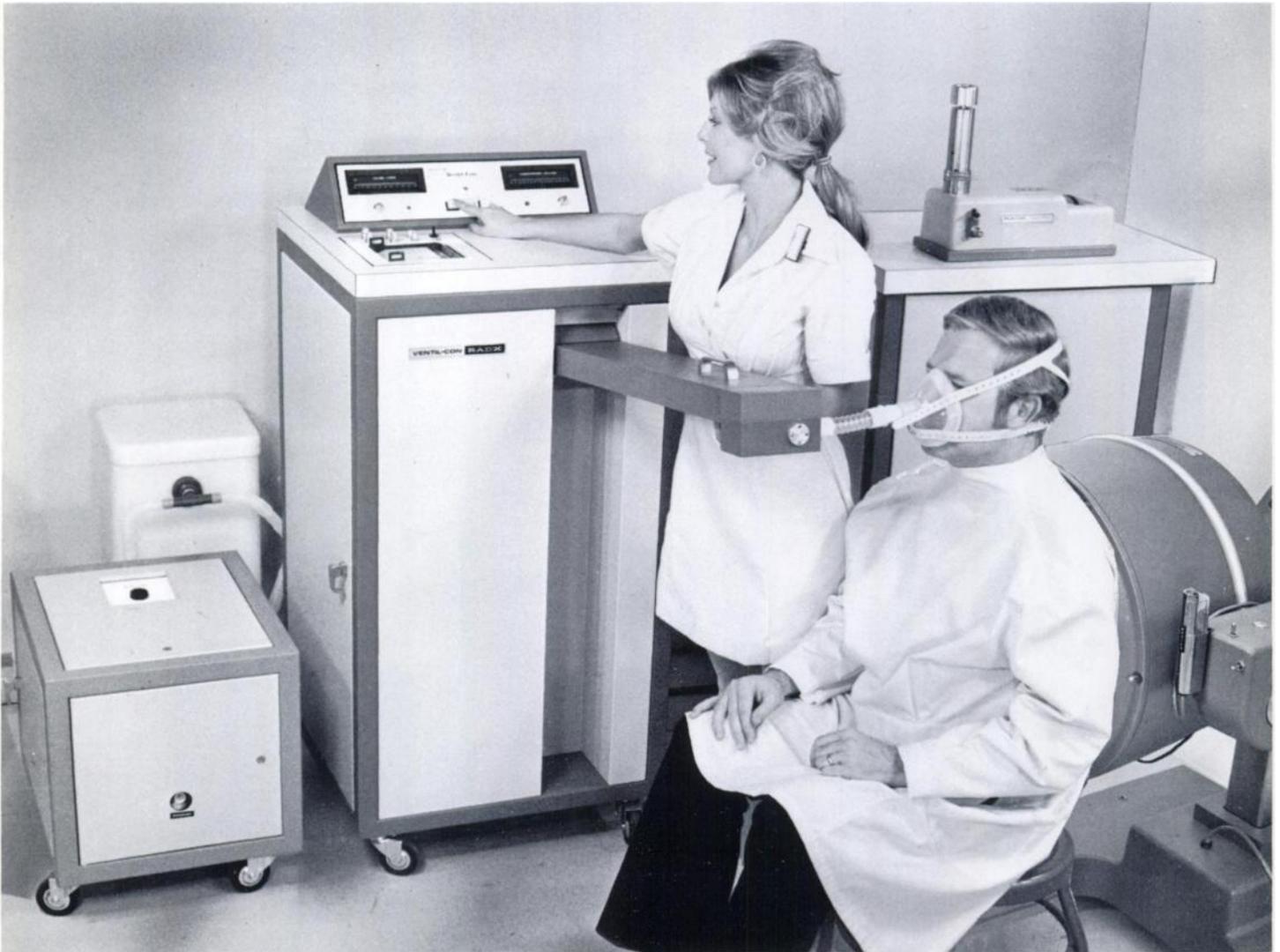
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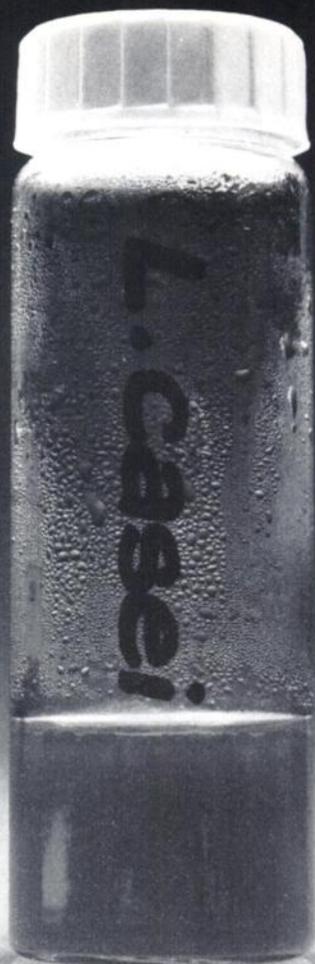
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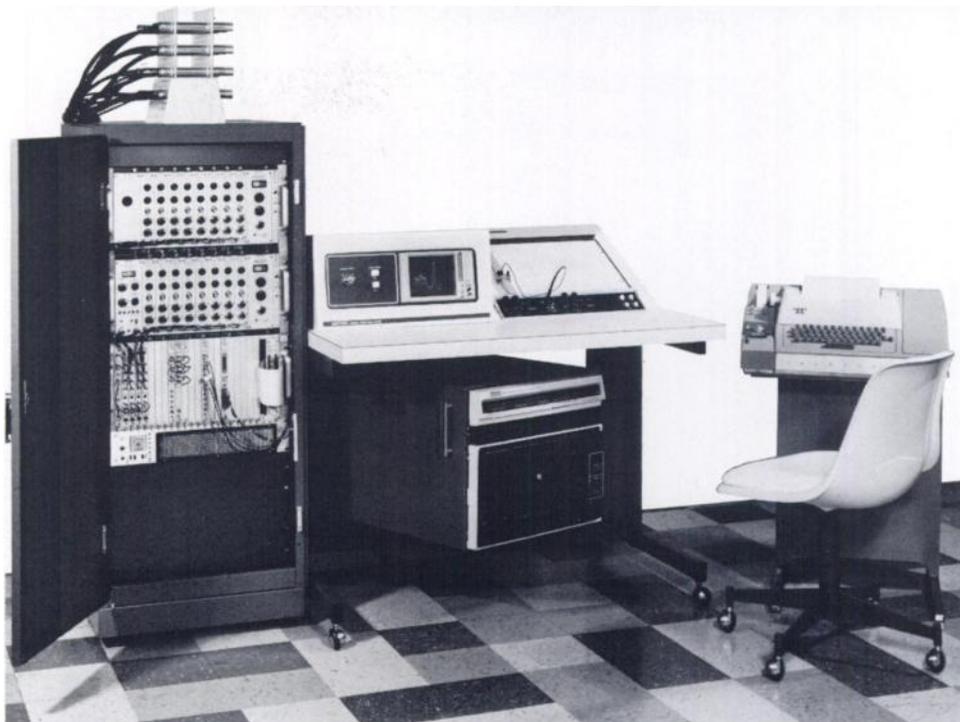
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Patient comfort, safety and ease of breathing are primary concerns.

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The START Xenon-Kow II

^{133}Xe is most economically obtained in curie quantity glass ampules. The Xenon-Kow II was designed to safely and conveniently crush the ampule and dispense ^{133}Xe in smaller doses. The dynamic volume storage chamber provides for constant concentrations (decay excepted), and transfer efficiencies exceed 98%. The economies realized will pay for the entire system, usually in the first year. Let us analyze and compare your current cost with our system cost.



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The Ventil-Con controlled gas delivery system is used for patient administration of ^{133}Xe . You may administer the ^{133}Xe as a bolus or homogenous mixture with air and oxygen to perform the single breath, equilibrium and washout phases of lung ventilation studies.

Major features are:

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- Large CO_2 adsorber

We also make special Ventil-Cons for ^{127}Xe and cerebral perfusion studies by the Obrist technique¹.



The FINISH Xenon Trap

The Radx Xenon Trap is the only activated charcoal trap with a built-in ^{133}Xe saturation detector/ alarm. When the charcoal reaches its saturation point, (because there is no such thing as a "life-time" trap) an audio/visual alarm is activated indicating it's time to replace the 6-cylinder cartridge pack. Other features are a large desiccant jar for moisture removal, a "flame isolated" pumping system and an optional expandable interface (pictured).

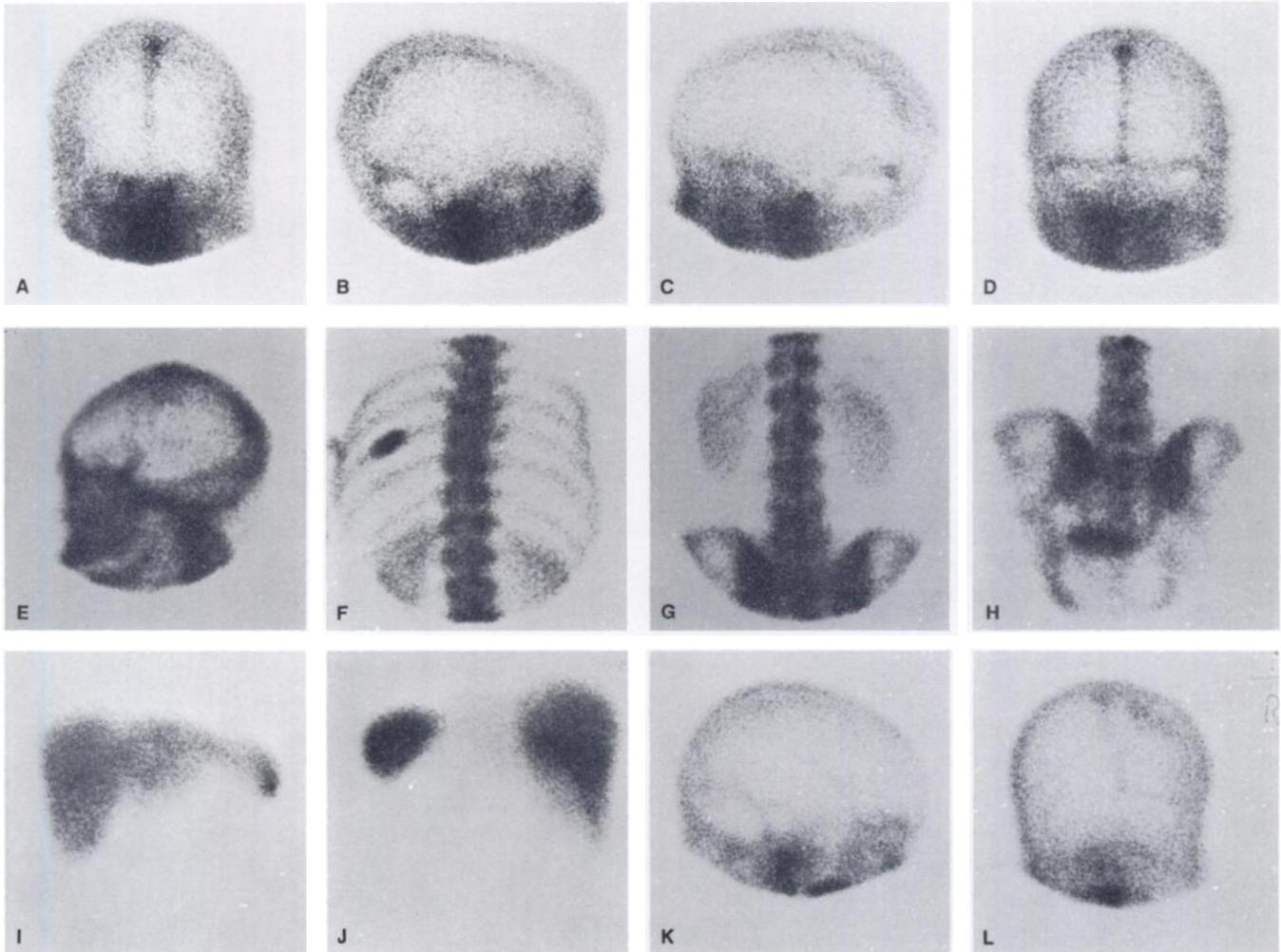
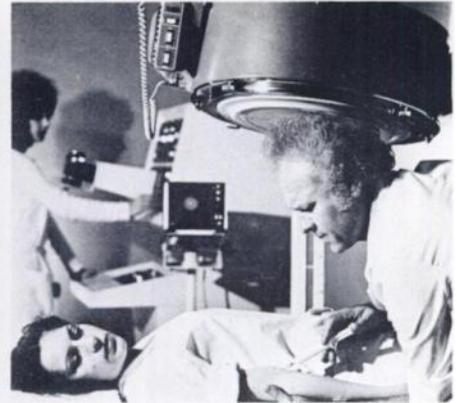
Actually, the Xenon Trap is not the finish because with every piece of Radx equipment goes our one-year warranty, and our commitment to the future needs of nuclear medicine.

1. Obrist, W. D. et al, "Determination of Regional Cerebral Blood Flow by Inhalation of Xenon-133", Circulation Research, XX,124-134, January 1967.

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In less time,
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A, B, C, D. Normal brain scan multi-image display with CE-1-7 (37 p.m.t.) camera.

E, F, G, H. Positive bone scan patient: CCL-4 Ultrafine — resolution collimator; 400,000 counts accumulated in 90-220 seconds per view; 15 mCi ^{99m}Tc pyp; 5 hours post injection.

I, J. Anterior and posterior liver scans: CCL-4 Ultrafine — resolution collimator; 400,000 counts; 3 mCi ^{99m}Tc sulfur

colloid; ½ hour post injection. 56 sec. for anterior; 66 sec. for posterior.

K, L. Right lateral and posterior brain scans with Elscint CE-1-7 (37 p.m.t.) camera: CCL-4 Ultrafine — resolution collimator; 400,000 counts; 15 mCi ^{99m}Tc; 2 hours post injection. 172 sec. for posterior; 169 sec. for right lateral. History: head trauma 2 months prior to brain scan.

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RAO, DIASTOLE



RAO, SYSTOLE



LAO, DIASTOLE

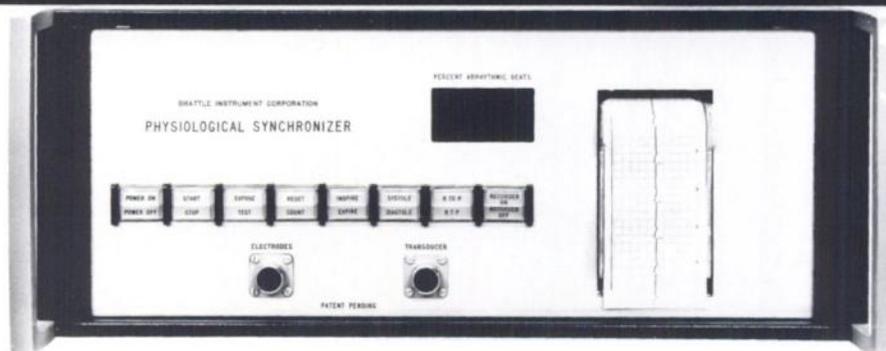


LAO, SYSTOLE

The RAO view shows akinesis of the lower antero-lateral wall and apex; and contraction of the inferior wall and high up the antero-lateral wall. The LAO view shows good contrac-

tion posteriorly and akinesis of the septal aspect of the chamber. Patient was injected IV with 20mCi of ^{99m}Tc -labelled Human Serum Albumin. The agent was prepared using the New

England Nuclear Electrolysis Kit for labelling HSA. Write or call for a portfolio of Brattle-gated lung, liver and heart studies.



No knobs, no meters, no errors

The spartan panel above tells the second-best part of our story. If you want to photograph peak systole, press the SYSTOLE button. If, say, you want systole only at full expiration, press the EXPIRATION button as well. If only breathing is relevant, don't press the heart button.

The Brattle is connected to the patient and to your gamma (or x-ray or ultrasonic) camera. Whenever the patient is in the selected phase, both the scope and the scaler on your gamma camera are gated ON, and film is exposed. Otherwise, they are OFF.

Brattles lock onto patients — and stay locked on

It doesn't matter if the patient's heart rate and breathing depth change while he's under the collimator be-

cause we stay right with him. Brattles contain an ECG to track heart, a plethysmograph to track respiration, and a tiny computer to deduce systole and diastole times from the heart signal. And because it's all built in, your operator need not be a physiologist.

We don't cover our tracks — we print them

The panel lights flash whenever the patient reaches the selected phases; and pushing the RECORDER-ON button gets you an ECG tracing marked with breathing and camera-on times. You can verify function before, during and after exposure.

A single pair of axillary electrodes captures both heart and breath

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Some Brattles have been in clinical use for over three years — in community and major hospitals

More than half of our instruments are in community hospitals and the list is growing rapidly. Upon request, we'll supply names of happy users in your area.

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Ask your NEN man about Brattles and HSA Kits. He can show you a portfolio of clinical pictures and arrange to have one of our people give you a demo. Or write or call us direct. We'll send you brochures on this and other models, and will give you your own set of clinical pictures and a bibliography on gated scintigraphy. If you wish, we'll even make you a Brattle owner. (This is the best part of our story.)

Brattle Instrument Corporation

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IMAGING: The Living Art



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