





**We can't encourage you  
to nail down the deck chairs any longer**

# **Medi-Physics announces the Professional Partnership Program**

## **A new alternative in the age of DRGs**

When crisis strikes—whether it's an iceberg or prospective reimbursement—some people waste time on empty gestures...like nailing down deck chairs on the Titanic...or trying to negotiate with isotope suppliers for lower prices after DRGs.

For too long, the decision to purchase radiopharmaceuticals has been based primarily on price. And for too long, prices have been reduced to win and keep your orders. As your partner in nuclear medicine, Medi-Physics can offer you an alternative to "nailing down the deck chairs," and you have a right to expect that from a partner.

### **Increasing patients means increasing revenue**

Here's the blunt truth: Prices cannot be cut low enough to make a difference in the survival of a specialty threatened by prospective reimbursement. There's only one answer: More fully paid outpatient studies to increase revenue. Consider this:

*Think for a minute about the last price reduction you negotiated for Thallous Chloride Tl 201. Multiply that per-dose savings by the number of doses you ordered last month. Not very much money, is it?*

*Now, consider the dozens—maybe hundreds—of potential Thallium-study candidates being seen each month by local practitioners who've never referred any to your department...patients whose care would be enhanced by information you could provide. If you charge \$500 per Thallium study, just 10 of those currently nonreferred patients per month would be worth \$5000—\$60,000 a year—in extra department income. Any isotope price reduction you're likely to nego-*

*ciate can't come close to equaling that kind of bottom-line impact.*

*So the more effective strategy for survival is clear—help in convincing local practitioners to send you just a fraction of the patients they're not sending you now. And that's precisely what Medi-Physics proposes to offer.*

### **Now, from Medi-Physics: "The Professional Partnership Program"**

Up until now, no one could blame you for buying isotopes on price, because the support you deserve to increase patient volume has been limited. But now, you have a choice:

Medi-Physics will support its customers with the most innovative referral-generation program in the history of nuclear medicine. That program, called the Medi-Physics "Professional Partnership Program" (PPP), could add tens—even hundreds—of thousands of dollars in outpatient income per year to each participating department.

To learn more about PPP, available exclusively from Medi-Physics, contact your local Medi-Physics representative, or call 1-800-MEDI-123.

### **Your partner in advancing nuclear medicine**

**medi+physics**

a subsidiary of Hoffmann-La Roche Inc.



Medi-Physics, Inc.  
140 East Ridgewood Avenue  
Paramus, NJ 07653

Circle Reader Service No. 1

**RADIOISOTOPE RECORD**  
 Date: Jul 16, 1984  
 Time: 8:11 A.M.  
 Isotope: Tc-99m  
 Sample # 1  
 Activity: 798. mCi  
 Volume: 20.8 ml  
 Conc: 39.9 mCi/ml  
 99Mo: 27.8 uCi  
 Mo/Tc: .034 uCi/mCi

**RADIOISOTOPE RECORD**  
 Date: Jul 16, 1984  
 Time: 8:12 A.M.  
 Isotope: Tc-99m  
 Sample # 1  
 Dose: 5.00 mCi

**Isotope Decay Chart**

8:30 A.M.  
 38.5 mCi/ml  
 .13 ml  
 Mo: .036 uCi/mCi

9:00 A.M.  
 36.3 mCi/ml  
 .14 ml  
 Mo: .038 uCi/mCi

9:30 A.M.  
 34.3 mCi/ml  
 .15 ml  
 Mo: .040 uCi/mCi



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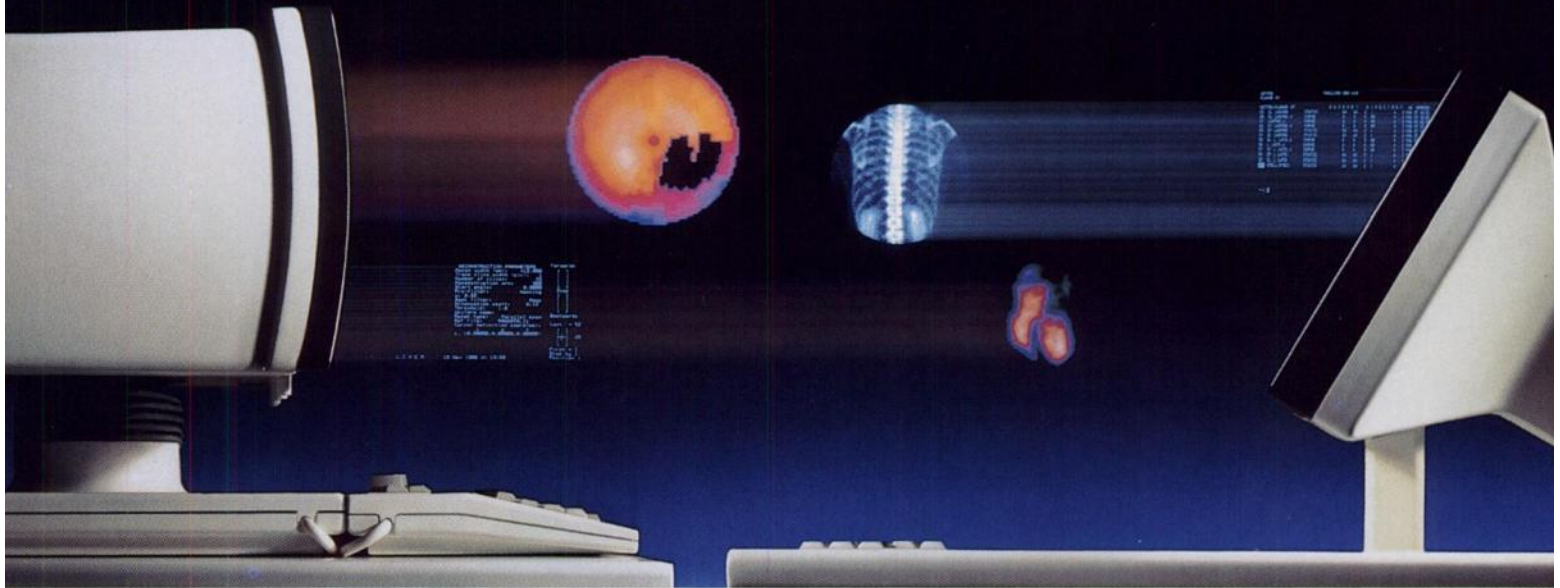


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disrupt activities at the access point. And because data is available in electronic form, you eliminate the expense of redundant hardware such as array processors and hard copy formatters.

---

### *Invisible access*

---

Starlink gives you access to all the systems in your network—invisibly—without interrupting work on those systems. Images stored in archives, computers or digital camera systems can be accessed without so much as a flicker. Operators won't even know you have made contact—their efficiency is maintained, yours is enhanced.

Processing power allows rapid transmission of medical images. Starlink was created to efficiently handle the large amounts of information contained in images, unlike many network systems designed for simple data transfer.

Circle Reader Service No. 40

This quiet activity is possible because of Starlink's "intelligence." The system hardware doesn't need to lend its processing "brains" to access information—powerful Starlink hardware and software do all the work.

---

### *Your link to the future*

---

Starlink's Ethernet™ bus topology allows multiple systems to be connected on a single coaxial cable. This permits fast, simultaneous image transfer, high reliability and easy expansion. Starlink—the right choice for today and tomorrow.

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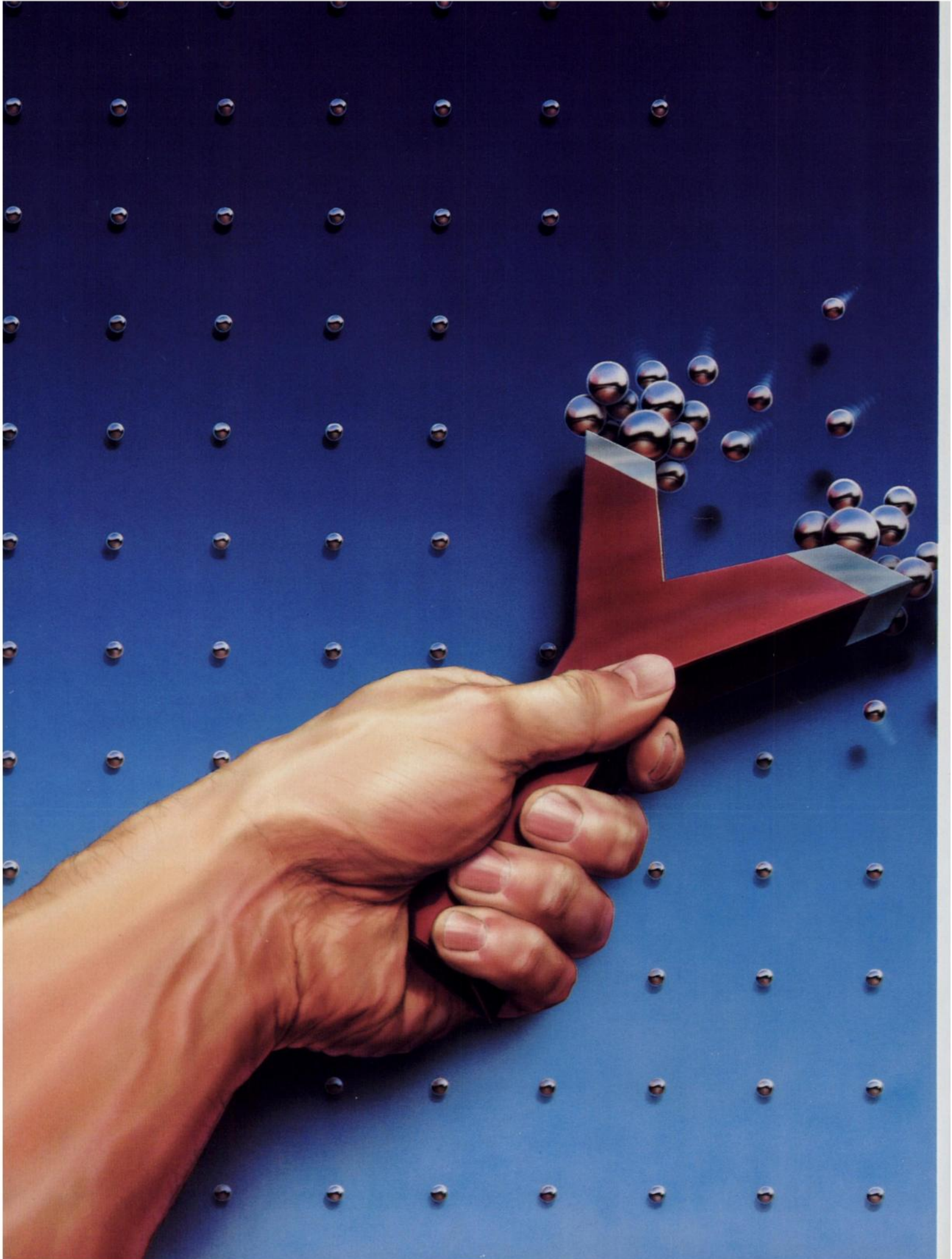
### *Inside intelligence*

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Find out how Starlink can help increase efficiency in your nuclear medicine department. Call your GE Representative today, toll free:

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# Producing a stronger bond to revolutionize cancer detection and treatment.

Because of their ability to seek out and attach to cancer cells within the body, monoclonal antibodies offer tremendous potential for use in detecting and treating cancer.

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# Think Nuclear Imaging Equipment Constraints Are Keeping You from the Best?



**System capability.** So necessary! But too often limited. **Cost containment.** So frustrating! And so restrictive!

Yet, these are unavoidable everyday realities for your department.

Even so, there's no need to settle for second best. Instead, take a look at Raytheon's Spectrum 150 Series Digital Nuclear Imaging Systems.

With the 150 Series you can have the advantages of a superior-quality system that helps achieve short-term and long-term cost containment goals.

The drawbacks of so-called lower-initial-cost systems are obvious. Limited capability and undesirable downtime frequently override any initial savings, turning a "bargain" system into an unwanted strain on the departmental budget.

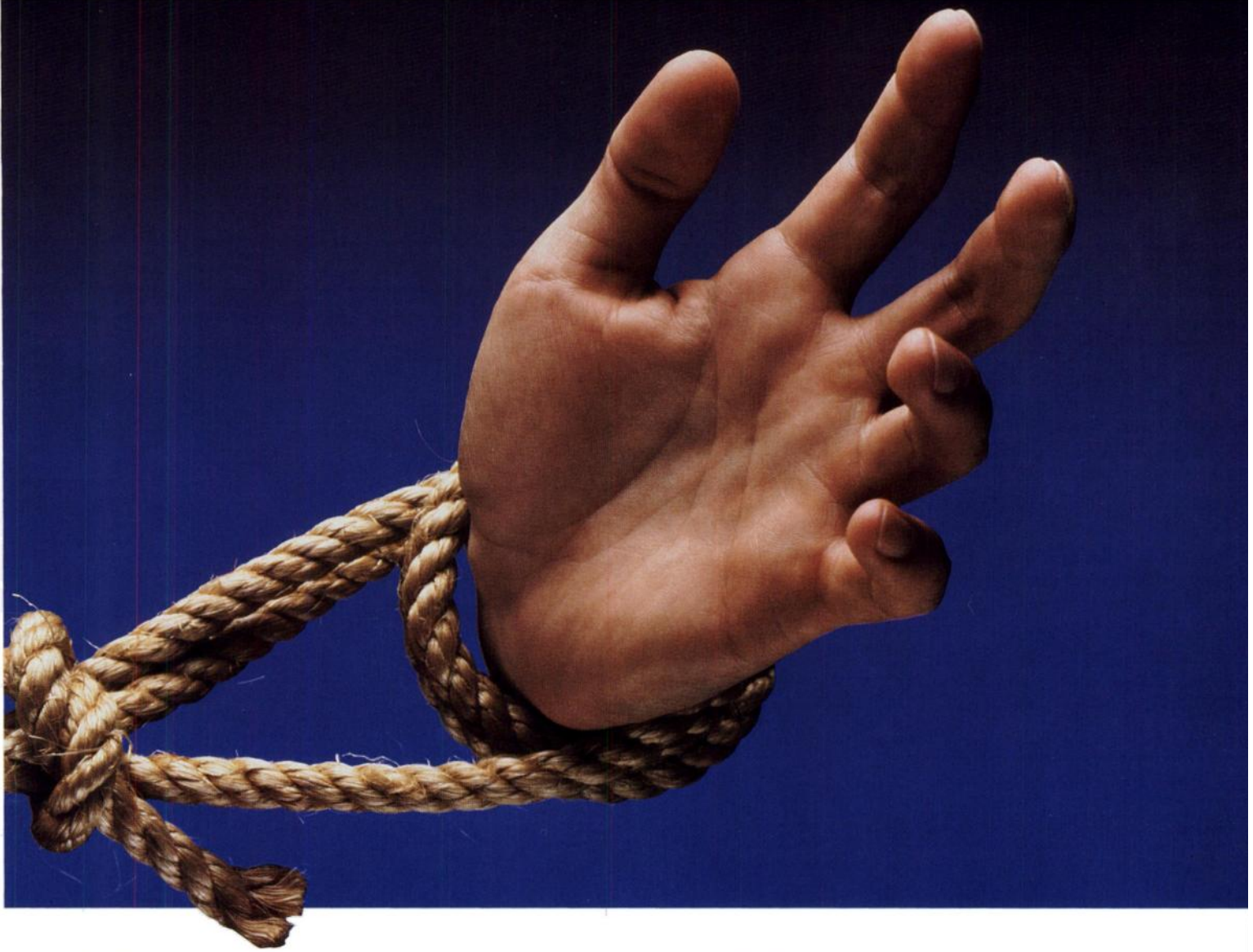
## Think Again!

**Now... a superior-quality system that answers both sides of the imaging dilemma: system capability and cost containment**

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**Raytheon's Spectrum 150 Series offers you:**

- **Capability** to do a full range of imaging procedures
- **Durability**—typically greater than 96% uptime documented in clinical use\*
- **Upgradability** that allows the Spectrum 150 Series to challenge state-of-the-art

The 150 Series' advantages are available in two versatile systems. Both totally digital. Both supported by complete application software. Both provide more versatility than analog systems or systems that convert from analog to digital.



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Digital Nuclear  
Imaging System



Spectrum 150-DFR™  
Digital Nuclear  
Imaging System

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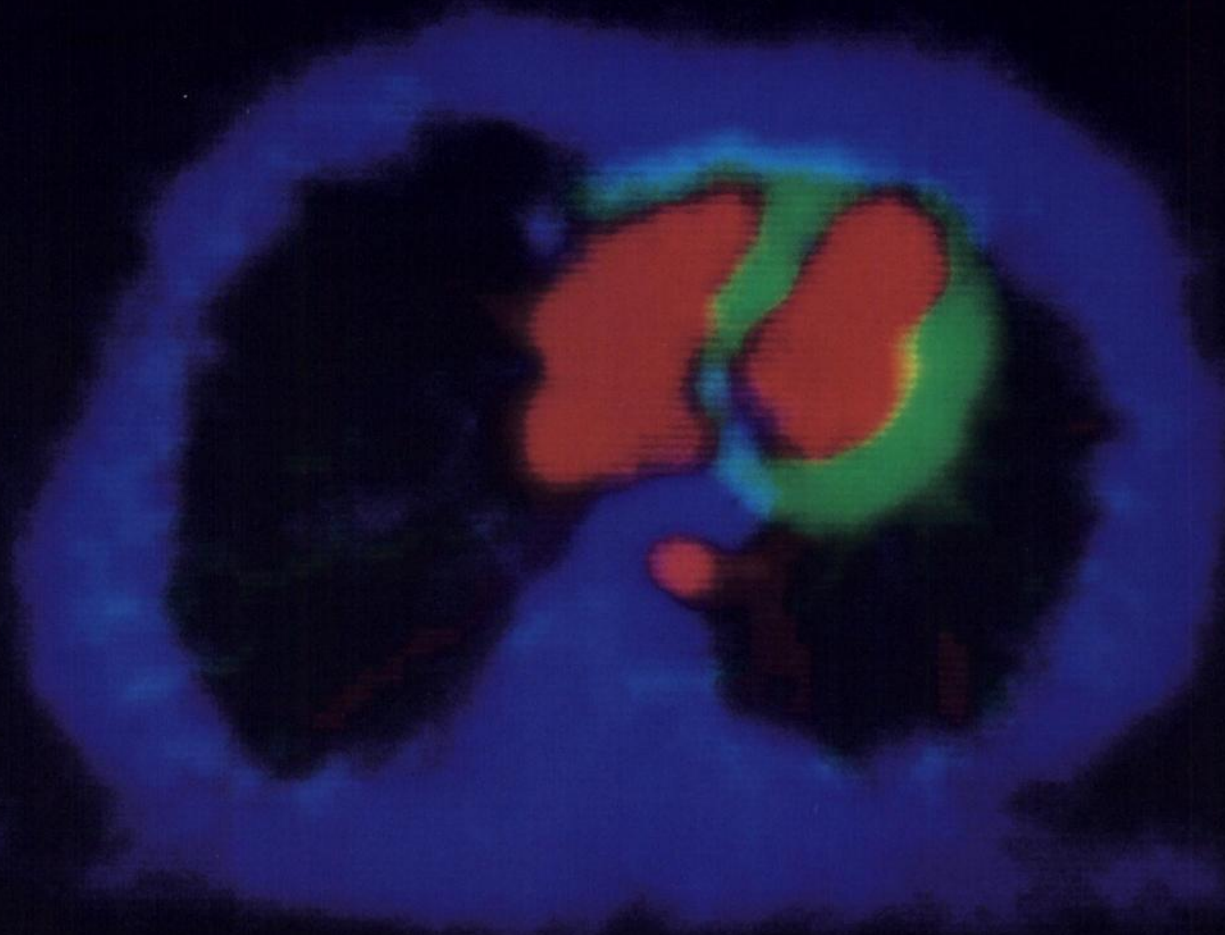
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The average size is 20 to 40 microns... and no particles are greater than 150 microns. You'll get excellent images throughout a full 6 hours after reconstitution. Meets all your lung perfusion evaluation needs... scheduled or stat. Reconstitution time... only 6 minutes.

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Please see adjacent page for brief summary.

 **SQUIBB<sup>™</sup>**  
Diagnostics



# MACROTEC<sup>®</sup>

Technetium Tc 99m Albumin Aggregated Kit  
Diagnostic — For Intravenous Use

## DESCRIPTION

Macrotec is a sterile, nonpyrogenic, lyophilized preparation of albumin aggregated. Each 5 ml vial of Macrotec contains 1.5 mg of Albumin Aggregated, 10.0 mg Albumin Human, 0.07 mg (minimum) stannous chloride ( $\text{SnCl}_2 \cdot 2\text{H}_2\text{O}$ ) and 0.19 mg total tin, maximum (as stannous chloride,  $\text{SnCl}_2 \cdot 2\text{H}_2\text{O}$ ), 1.8 mg of sodium chloride with trace amounts of sodium acetate, acetic acid and hydrochloric acid. Macrotec contains no preservatives. The pH of the reconstituted product is between 3.8 and 8.0.

The aggregated particles are formed by denaturation of Albumin Human in a heating and precipitation process. Each vial contains 1-8 million particles, 90% of which are between 10 and 90 microns in size. The average size is 20 to 40 microns; no particles are greater than 150 microns.

Reconstitution of Macrotec with sterile sodium pertechnetate Tc 99m forms an aqueous suspension of Technetium Tc 99m Albumin Aggregated for diagnostic use by intravenous injection. No less than 90% of the pertechnetate Tc 99m added to the reaction vial is bound to the aggregates at preparation time and remains bound throughout the 6-hour lifetime of the suspension.

## INDICATIONS AND USAGE

### Lung Imaging

Macrotec (Technetium Tc 99m Albumin Aggregated Injection) is a lung imaging agent which may be used as an adjunct in the evaluation of pulmonary perfusion in adults and children. It is useful in the early detection of pulmonary emboli and in the evaluation of the status of the pulmonary circulation in such conditions as pulmonary neoplasm, pulmonary tuberculosis and emphysema.

### Isotopic Venography

Macrotec is also indicated for use in isotopic venography as an adjunct in the screening, diagnosis and management of deep vein thrombosis in the lower extremities.

Combined isotopic venography of the lower extremities and the pulmonary vasculature may be performed.

## CONTRAINDICATIONS

Technetium Tc 99m Albumin Aggregated Injection should not be administered to patients with severe pulmonary hypertension.

The use of Technetium Tc 99m Albumin Aggregated Injection is contraindicated in persons with a history of hypersensitivity reactions to products containing human serum albumin.

## WARNINGS

The literature contains reports of deaths occurring after the administration of Albumin Aggregated to patients with pre-existing severe pulmonary hypertension. Instances of hemodynamic or idiosyncratic reactions to preparations of Technetium Tc 99m Albumin Aggregated have been reported.

## PRECAUTIONS

### General

In patients with right to left heart shunts, additional risk may exist due to the rapid entry of Albumin Aggregated into the systemic circulation. The safety of this agent in such patients has not been established.

Hypersensitivity reactions are possible whenever protein-containing materials such as pertechnetate labeled Albumin Aggregated are used in man. Epinephrine, antihistamines and corticosteroids should be kept available for immediate use.

The intravenous administration of any particulate material such as Albumin Aggregated imposes a temporary, small mechanical impediment to blood flow. While this effect is probably physiologically insignificant in most patients, the administration of Albumin Aggregated is possibly hazardous in acute cor pulmonale and other states of severely impaired pulmonary blood flow.

The components of the Macrotec (Technetium Tc 99m Albumin Aggregated Kit) are sterile and non-pyrogenic. It is essential to follow directions carefully and adhere to strict aseptic procedures during preparation.

Contents of the vial are intended only for use in the preparation of Technetium Tc 99m Albumin Aggregated Injection and are **NOT** to be administered directly to the patient.

The contents of the kit before preparation are not radioactive. However, after the sodium pertechnetate Tc 99m is added, ade-

quate shielding of the final preparation must be maintained.

The technetium Tc 99m labeling reactions involved depend on maintaining the stannous ion in the reduced state. Hence, sodium pertechnetate Tc 99m containing oxidants should not be employed.

The preparation contains no bacteriostatic preservative. Technetium Tc 99m Albumin Aggregated Injection should be stored at 2-8°C and discarded 6 hours after formulation.

Technetium Tc 99m Albumin Aggregated Injection is a physically unstable suspension and consequently the particles settle with time. Failure to agitate the vial adequately before use may result in non-uniform distribution of radioactive particles.

If blood is drawn into the syringe, unnecessary delay prior to injection may result in clot formation.

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.

As in the use of any other radioactive material, care should be taken to minimize radiation exposure to patients consistent with proper patient management, and to minimize radiation exposure to clinical personnel.

### Carcinogenesis, Mutagenesis, Impairment of Fertility

No long-term animal studies have been performed to evaluate carcinogenic potential or whether Technetium Tc 99m Albumin Aggregated Injection affects fertility in males or females.

### Pregnancy Category C

Animal reproduction and teratogenicity studies have not been conducted with Technetium Tc 99m Albumin Aggregated Injection. It is also not known whether Technetium Tc 99m Albumin Aggregated Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. There have been no studies in pregnant women. Technetium Tc 99m Albumin Aggregated Injection should be given to a pregnant woman only if clearly needed.

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.

### Nursing Mothers

Technetium Tc 99m is excreted in human milk during lactation. Therefore, formula feedings should be substituted for breast feedings.

### Pediatric Use

The lowest possible number of particles should be used in the right-to-left shunting, in neonates and in severe pulmonary disease.

## ADVERSE REACTIONS

Although adverse reactions specifically attributable to the Technetium Tc 99m Albumin Aggregated Injection have not been noted, the literature contains reports of deaths occurring after the administration of Albumin Aggregated to patients with pre-existing severe pulmonary hypertension. Instances of hemodynamic or idiosyncratic reactions to preparations of Technetium Tc 99m Albumin Aggregated have been reported.

## HOW SUPPLIED

Macrotec (Technetium Tc 99m Albumin Aggregated) is supplied as a kit containing 10 reaction vials (5 mL size).



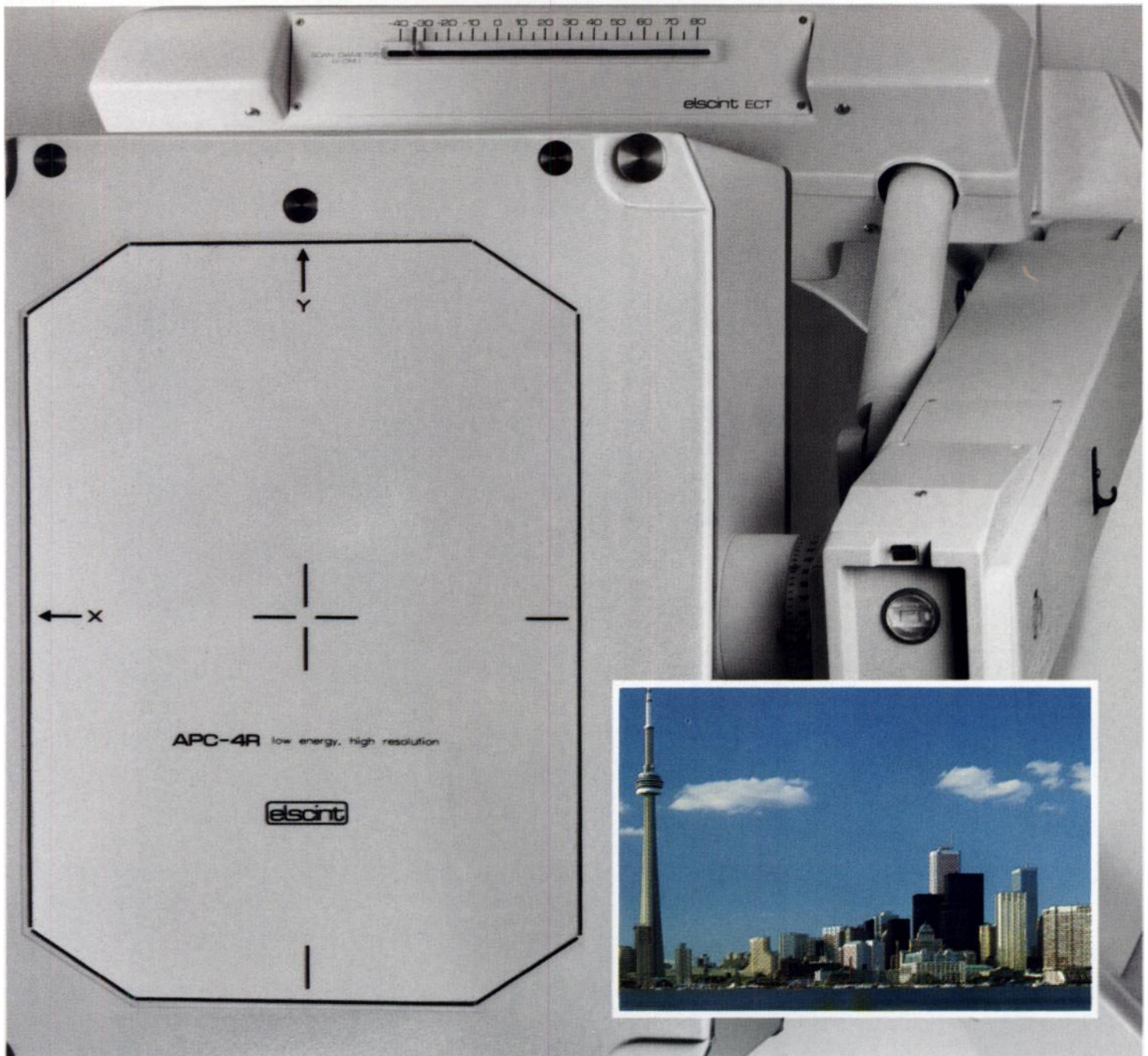
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March 1985





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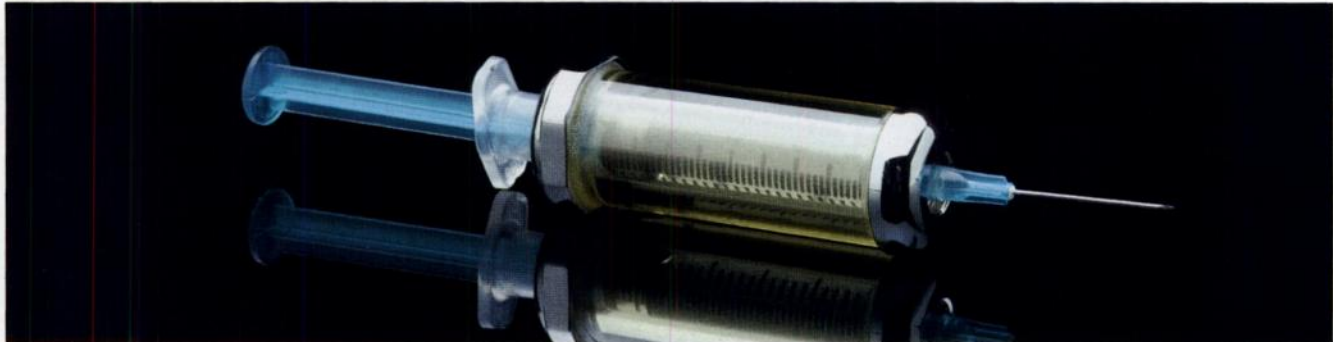
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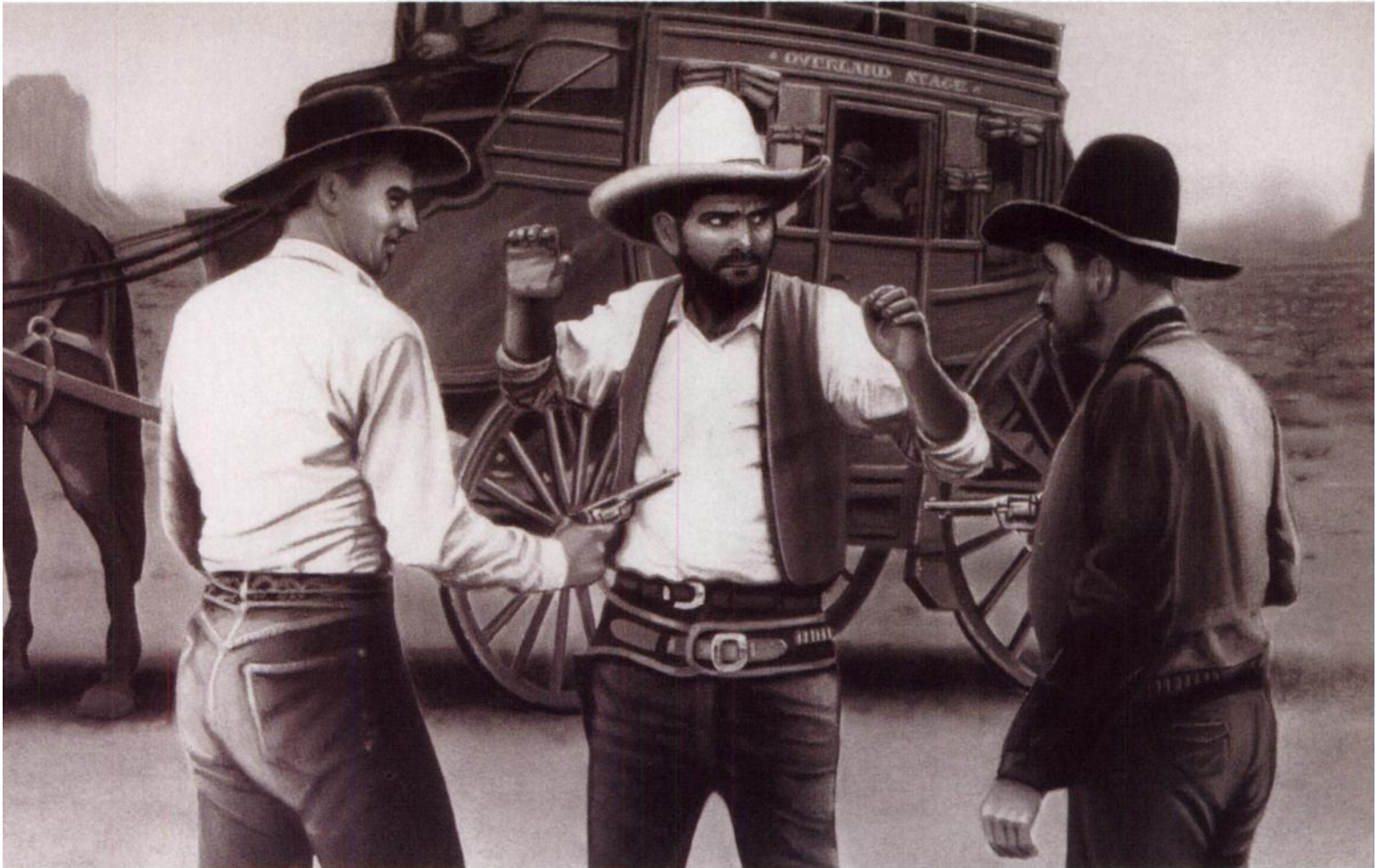
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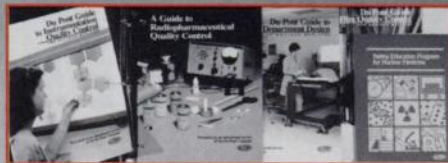
We deliver value – including the support needed to succeed in today's complex health care environment. Count on Du Pont for...



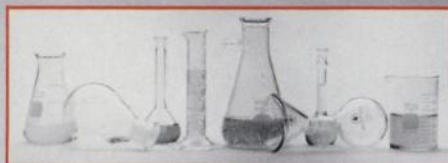
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**A Guide to  
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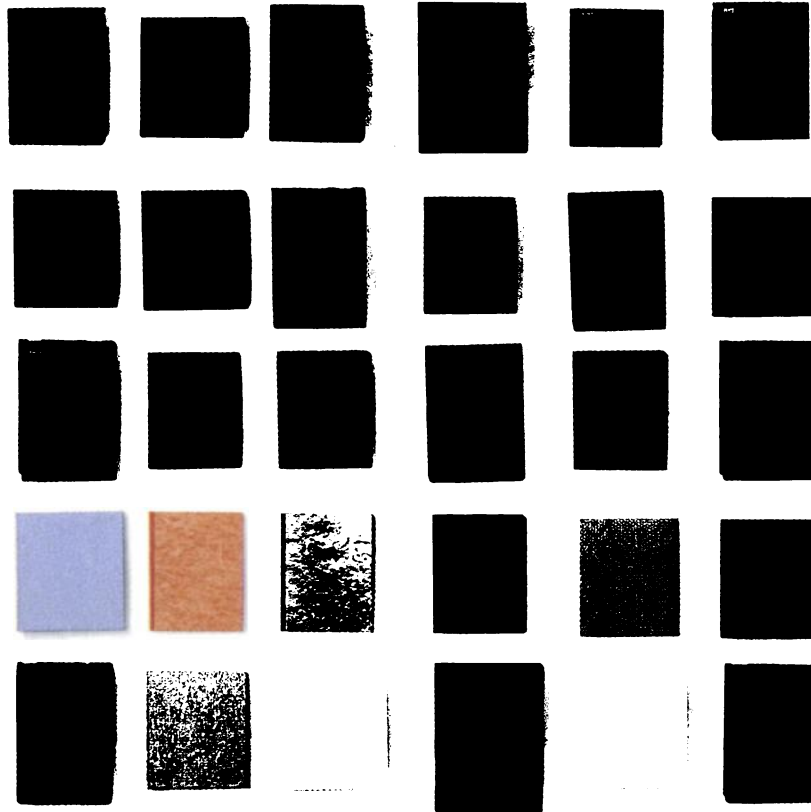
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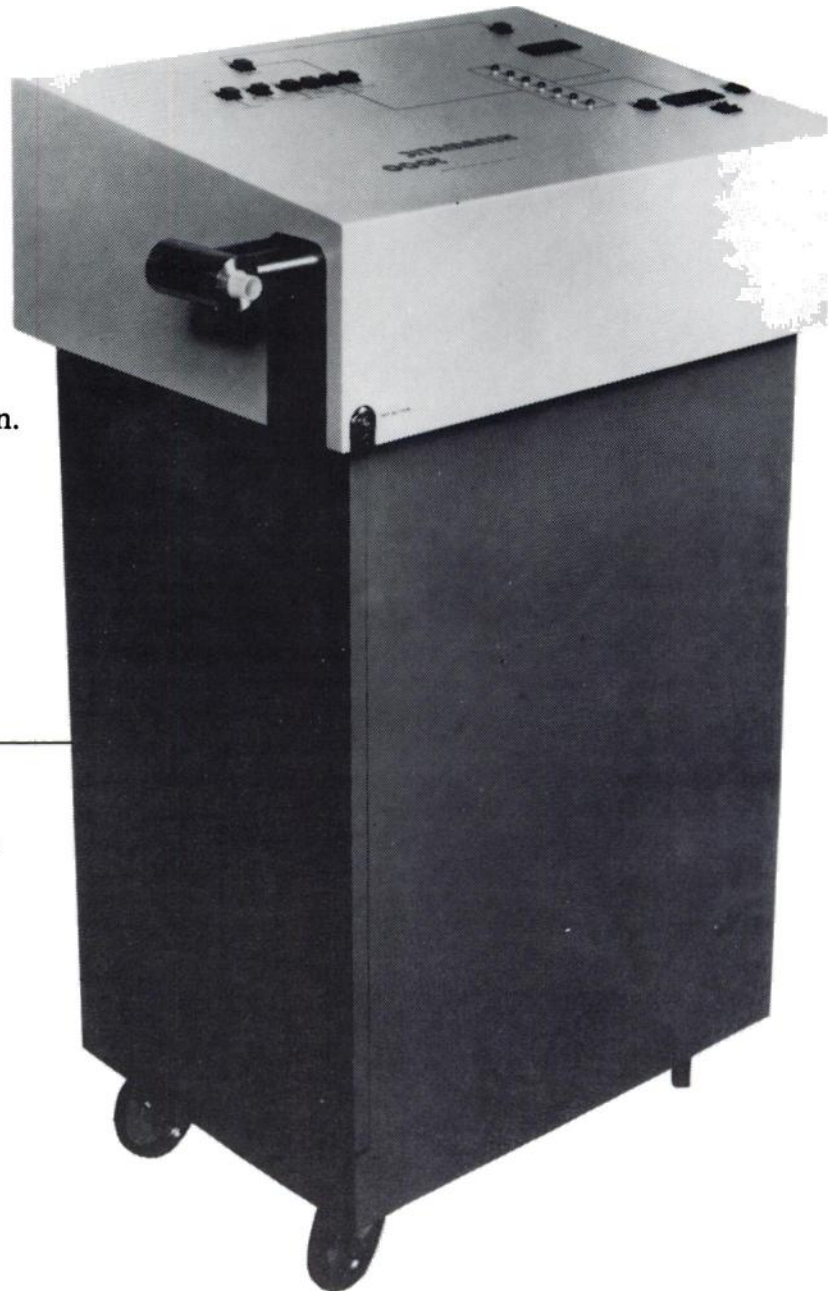
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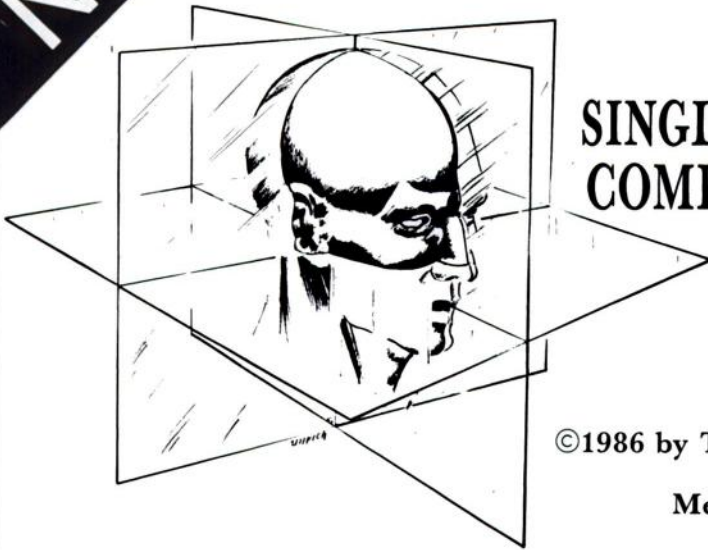


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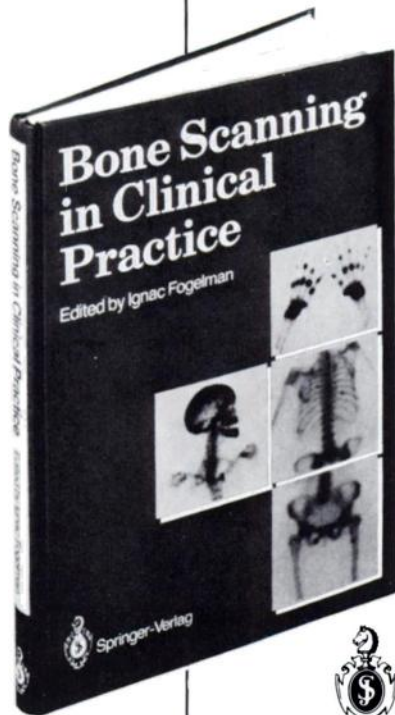
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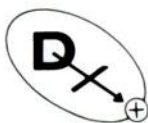
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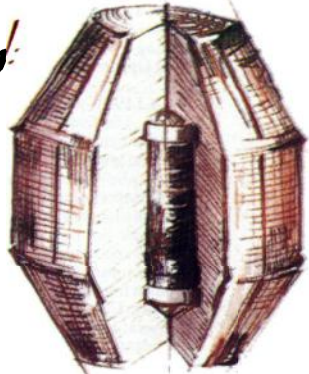
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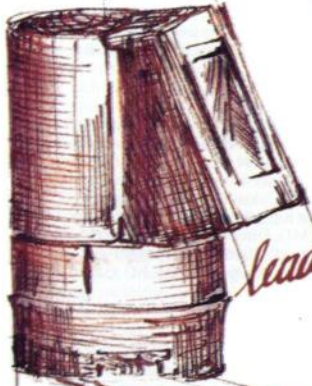


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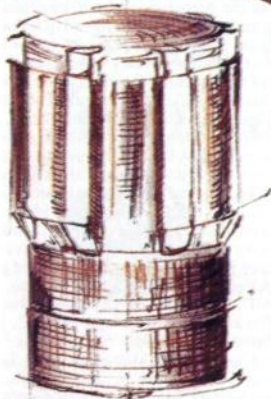


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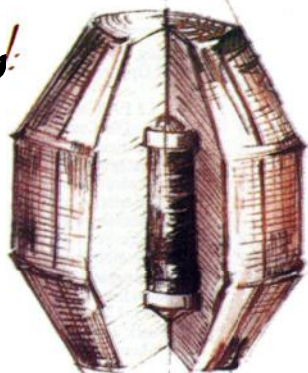


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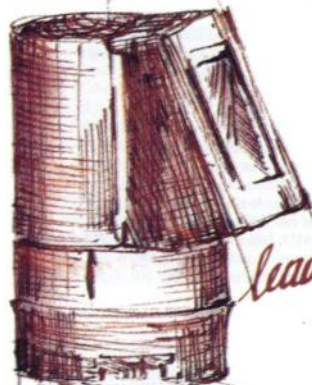


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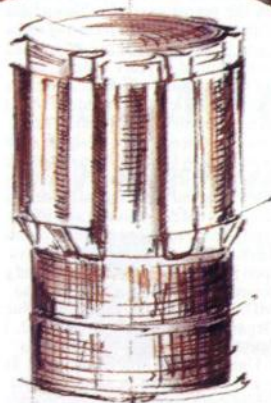


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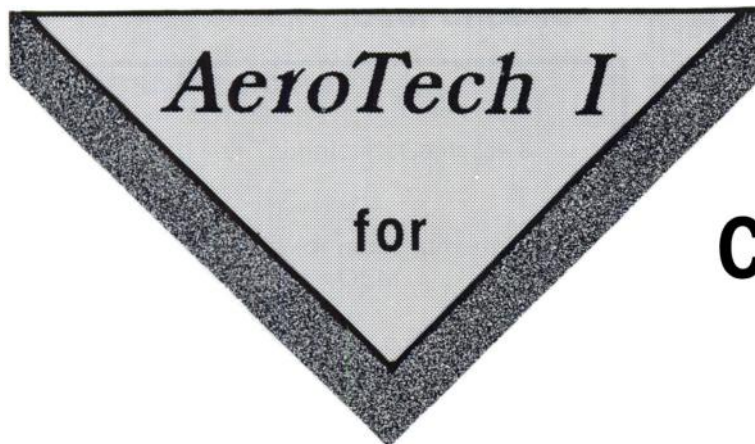
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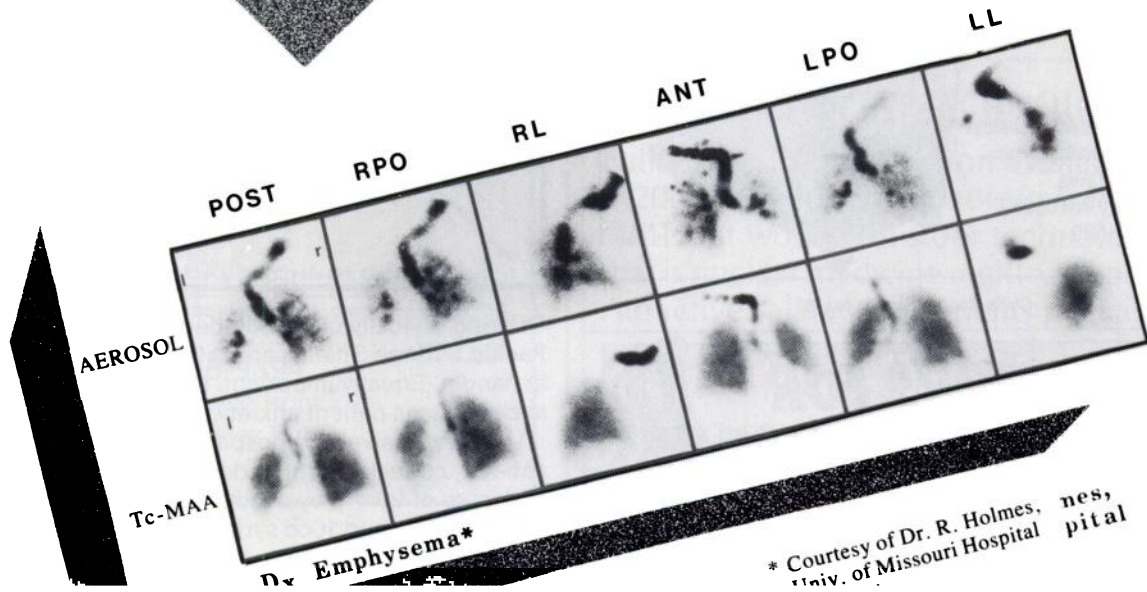
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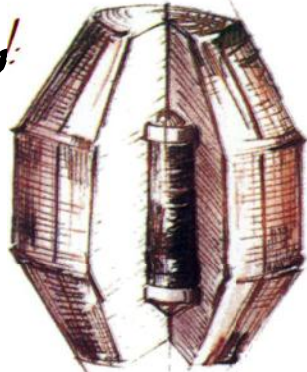
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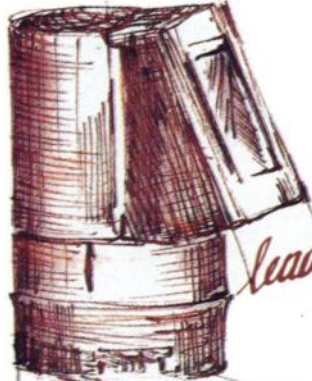


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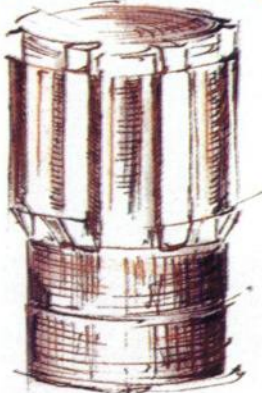


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grated program involving tertiary care, oncology, and pediatric exposure, strong radioimmunoassay, and research opportunities. Program also provides opportunity for exposure to MRI, CT, and ultrasound. An integrated program of the State University of New York at Buffalo School of Medicine. Positions available July 1, 1988. Contact: Joseph A. Prezio, MD, Chairman and Program Director, SUNY/B Nuclear Medicine, VAMC, Building 5, 3495 Bailey Avenue, Buffalo, NY 14215. EOE.

### Technologist

**NUCLEAR MEDICINE TECHNOLOGIST.** You won't believe this opportunity! \$1500 cash sign-on bonus and a salary range of \$23,213-\$30,222 in one of the lowest cost-of-living areas of the country. St. John's Regional Health Center, an 886-bed tertiary referral center, is seeking a degreed, experienced technologist. We are located in Springfield, MO, an area with excellent schools, low crime, excellent housing costs, extremely short driving times, and one of the most beautiful areas of the country. Call Jerri Flikkema, collect, at (417)885-2946, or send your resume to her in care of the Personnel Department, St. John's Regional Health Center, 1235 E. Cherokee, Springfield, MO 65804. Equal Opportunity Employer.

**NUCLEAR MEDICINE TECHNOLOGIST.** Naples Diagnostic Imaging Center, a rapidly expanding radiology group practice is seeking a Nuclear Medicine Technologist capable of organizing a new two room nuclear suite for our facility. We offer a competitive salary, excellent benefits including

health, dental, life, and disability insurance. We also have an outstanding retirement plan. We are located in Southwest Florida on the Gulf of Mexico. We encourage a friendly, pleasant, and professional atmosphere in a modern facility. If you are interested or require additional information contact: Barbara Sell, RT, at (813)261-1121 or send a resume to: Barbara Sell, RT, NDIC, 20 Tenth Street, N. Naples, FL 33940.

**NUCLEAR MEDICINE TECHNOLOGISTS.** Immediate full-time position available for registered or registry eligible technologist. Large progressive nuclear medicine department with 2 ADAC SPECT systems, 4 stationary cameras, 1 mobile camera, MDS and ADAC computers, an in-house radiopharmacy and RIA department. Located in Galveston, Texas within walking distance of Gulf beaches. Small town atmosphere with easy access to Houston. Send resume to: Ann Moreland, Technical Director, University of Texas Medical Branch, Dept. of Nuclear Medicine (G-93), Eighth at Mechanic St., Galveston, TX 77550; (409)761-2921. EOE M/F/H.

**NUCLEAR MEDICINE TECHNOLOGIST.** Nuclear medicine technologist needed for busy suburban hospital in Houston, Texas. Must have AART or SNMT certification and minimum 1 year experience. Knowledge of MDS and ADAC computers helpful. Competitive salary and excellent benefits. Contact: Human Resources, Spring Branch Memorial Hospital, 8850 Long Point, Houston, TX 77055. Call collect: (713)984-3644. Gary Matthews. EOE.

**NUCLEAR MEDICINE TECHNOLOGIST.** Excellent career growth opportunity for qualified candidate at 450-bed medical center. This is a full-time, day-shift position offering excellent salary, full benefits package, generous tuition reimbursement plan and outstanding continuing education programs. Must be graduate of an approved nuclear medicine program and currently registered or registry eligible. Contact: Personnel Department, Medical Center At Princeton, 253 Witherspoon Street, Princeton, NJ 08540; (609)734-4581. EOE.

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**TECHNOLOGIST** with cardiac experience seeks position with GE STARCAM system. Reg. ARRT/CNMT. Reply to: Box 901, The Society of Nuclear Medicine, 136 Madison Ave., New York, NY 10016-6760.

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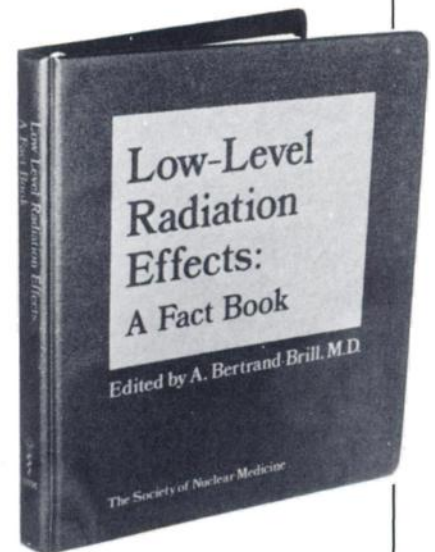
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Contact M. Blafox, M.D., Department of Nuclear Medicine, Albert Einstein College of Medicine, 1300 Morris Park Ave., Bronx, NY 10461.

## NUCLEAR MEDICINE TECHNOLOGIST

Full-time day shift position available in a 200-bed acute care hospital. Prefer NMT but would consider technologist that is nuclear medicine registry-eligible. Attractive salary and benefits package.



Contact: Personnel Department, Asbury Hospital, 400 South Santa Fe, Salina, KS 67401 (913)827-4411. EOE.



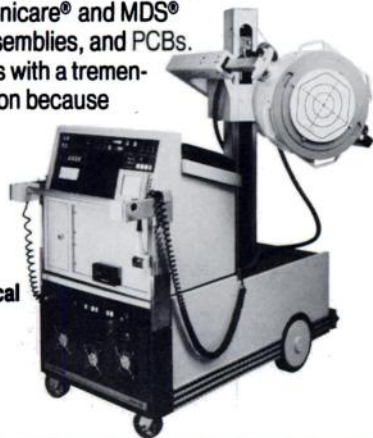
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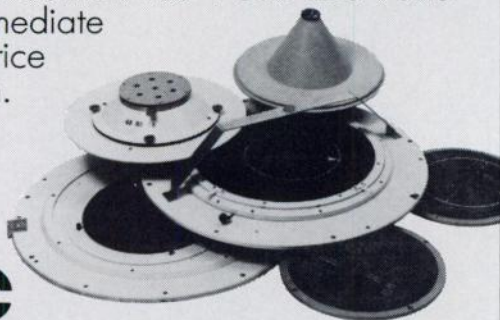
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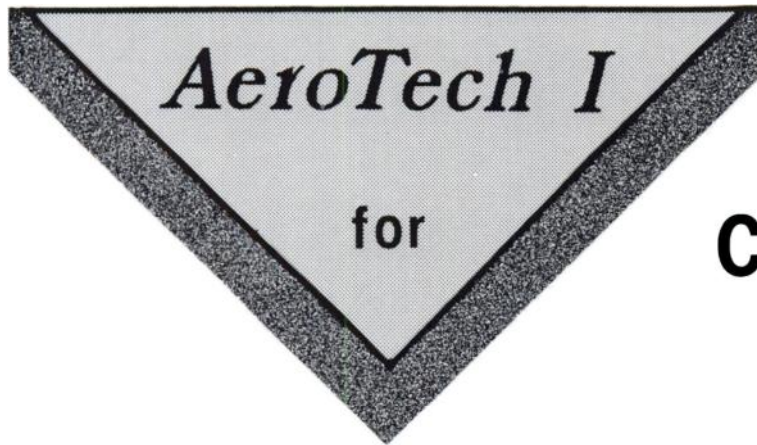
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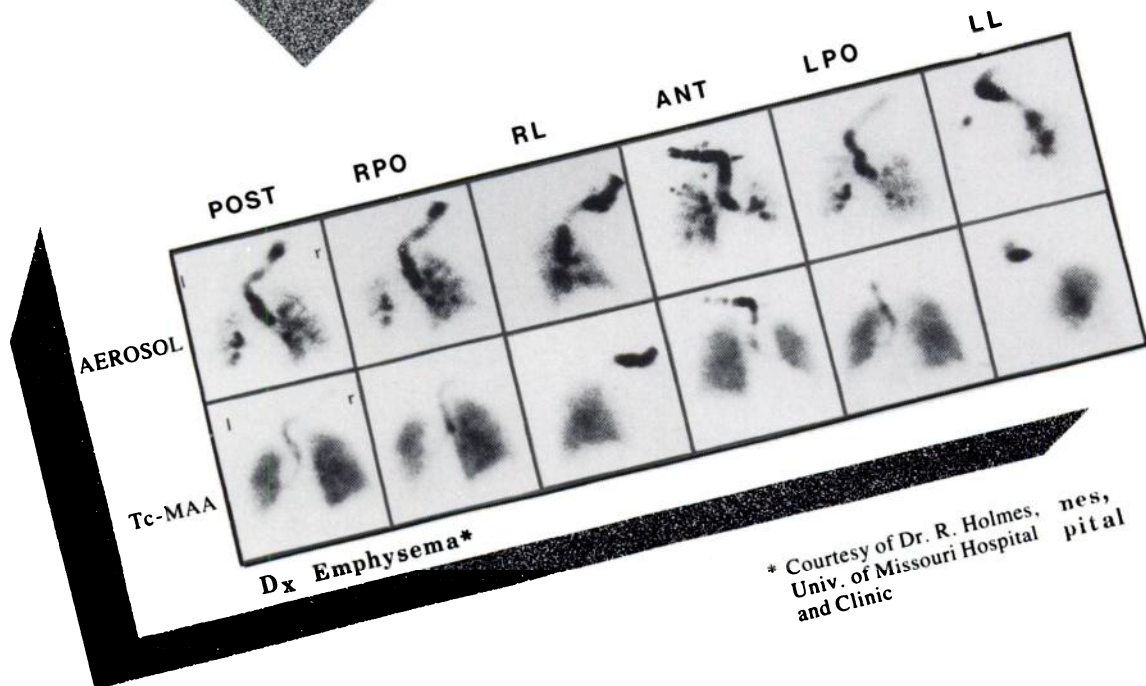
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## Digital Nuclear Imaging System

Raytheon Medical Systems has introduced the Spectrum 150-DT system. It offers procedural flexibility, performing SPECT, including body contouring; full planar imaging, with multimatrix, static, interval static, and dynamic imaging; and single-pass, whole-body imaging. The system is totally digital and is supported by complete application software. According to Raytheon, the system has 96% uptime, and can be upgraded. As a companion to the Spectrum 150-DT, the company has also introduced the totally digital Spectrum 150-DFR, which performs planar and single-pass, whole-body imaging. **Medical Equipment Division, Raytheon Medical Systems, 2020 North Janice Ave., Melrose Park, IL 60160.**

*Circle Reader Service No. 101*



## Americium-241 Sealed Source for Bone Densitometer



Lunar Radiation Corporation will introduce an americium-241 sealed source option for the Lunar SP2 single-photon forearm densitometer. The new source never needs replacing, said the company. Beginning in October, new Lunar SP2 densitometers will be available with either an <sup>241</sup>Am or an iodine-125 source. SP2 bone densitometers that now use <sup>125</sup>I can be refitted with the <sup>241</sup>Am source. **Lunar Radiation Corp., 313 W. Beltline Hwy., Madison, WI 53713.**

*Circle Reader Service No. 102*

## Digital Video Recorder

Colorado Video, Inc., has introduced the Model 399 Video Multimemory, a solid state digital video recorder that sequentially captures up to 64 images. Using a desktop

controller, images can be viewed individually or in forward or reverse sequence. Recording and playback can both be adjusted from one image every 10 sec to as fast as real-time. The system stores sixteen 512 × 512, thirty-two 512 × 256, or sixty-four 256 × 256 pixel images, with a 256-shade grayscale. Color is optional. The Model 499 can be interfaced to any micro- or mini-computer with an optional Model 799 computer I/O card, according to the company. **Colorado Video, Inc., Box 928, Boulder, CO 80306.**

*Circle Reader Service No. 103*

## Computer Systems Marketed with Bone Densitometers

Lunar Radiation Corporation will now market its single- and dual-photon bone densitometers with IBM Personal System 2 computers, which use a 3½-inch floppy disk. Standard equipment for the bone densitometers will also include the new IBM 8512 color monitor. **Lunar Radiation Corp., 313 W. Beltline Hwy., Madison, WI 53713.**

*Circle Reader Service No. 104*

## Portable Digital Viewing System



Sudbury Systems has introduced ImageCall, a portable system that receives digitally acquired nuclear medicine studies over standard telephone lines. Using ImageCall, on-call physicians can review studies in their homes or offices, and remote health care facilities can obtain more immediate consultation from nuclear medicine specialists at major medical centers, said the company. **Sudbury Systems, Inc., 31 Union Ave., Sudbury, MA 01776.**

*Circle Reader Service No. 105*

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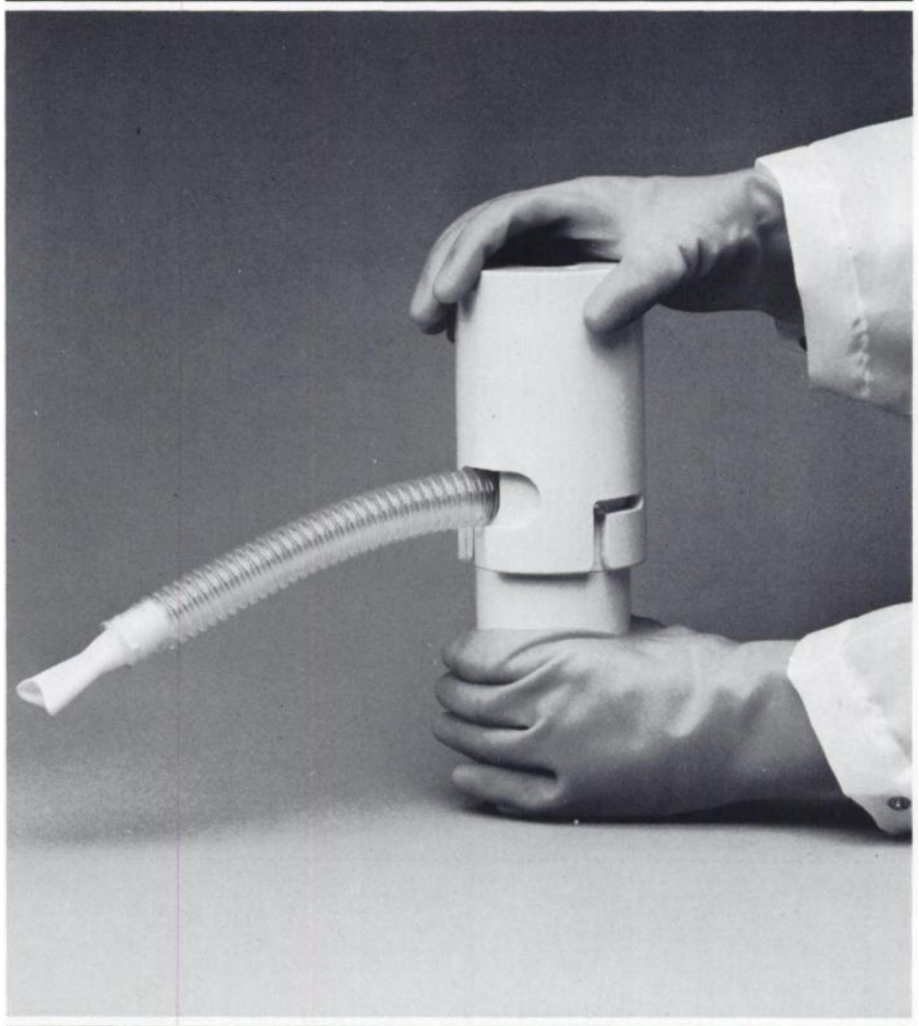
Using a standard IV support stand, the loaded Venti-Scan II shield slides along the IV pole to the most comfortable patient level and is locked in position. The system provides direct aerosol delivery approximately .5 micron in size, resistance-free breathing, and a filter that traps the radioaerosol, minimizing exposure.

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

**DESCRIPTION:** Thallous Chloride Tl 201 is supplied in isotonic solution as a sterile, nonpyrogenic diagnostic radiopharmaceutical for intravenous administration. The aqueous solution at calibration time contains 37 MBq (1 mCi)/mL Thallous Chloride Tl 201 adjusted to pH 4.5-6.5 by the addition of hydrochloric acid and/or sodium hydroxide solution. It is made isotonic with 0.9% sodium chloride and is preserved with 0.9% benzyl alcohol. Thallium Tl 201 is cyclotron-produced with no carrier added. Radionuclidic purity at calibration is at least 97.0%.

**INDICATIONS AND USAGE:** Thallous Chloride Tl 201 may be useful in myocardial perfusion imaging for the diagnosis and localization of myocardial infarction.

It may also be useful in conjunction with exercise stress testing as an adjunct in the diagnosis of ischemic heart disease (atherosclerotic coronary artery disease).

It is usually not possible to differentiate recent from old myocardial infarction, or to differentiate exactly between recent myocardial infarction and ischemia.

**CONTRAINDICATIONS:** None known.

**WARNINGS:** If studying patients in whom ischemia or myocardial infarction is known or suspected, care should be taken to assure continuous clinical monitoring and treatment in accordance with safe, accepted procedure. Exercise stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate resuscitation and support apparatus.

**PRECAUTIONS:** Data are not available concerning the effect on the quality of Thallous Chloride Tl 201 scans of marked alterations in blood glucose, insulin, or pH (such as is found in diabetes mellitus). Attention is directed to the fact that thallium is a potassium analog, and since the transport of potassium is affected by these factors, the possibility exists that thallium may

likewise be affected. Data are not available concerning the effect of drug treatment (such as antihistamines and cimetidine, either alone or in combination).

A myocardial imaging study was unsuccessful in one clinical study involving a patient taking cortisone and cimetidine the day of the study.

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 governmental agency authorized to license the use of radionuclides.

As in the use of any radioactive material, care should be taken with Thallous Chloride Tl 201 to minimize radiation exposure to the patient consistent with proper management and to ensure minimal exposure to occupational workers.

This drug should not be used after the expiration date on the label. The expiration date will be six (6) days or less after the calibration date.

Do not use if contents are turbid.

It is recommended that the product be administered close to calibration time to minimize the effect of higher levels of radionuclidic contaminant pre- and post-calibration.

**Carcinogenesis:** No long-term animal studies have been performed to evaluate carcinogenic potential, mutagenicity potential, or whether Thallous Chloride Tl 201 affects fertility in males or females.

**Pregnancy Category C:** Adequate reproduction studies have not been performed in animals to determine whether the drug affects

fertility in males or females, has teratogenic potential, or has other adverse effects on the fetus. Thallous Chloride Tl 201 should not be used in pregnant women except when benefits clearly outweigh the potential risks.

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

**Nursing Mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, as a general rule nursing should not be undertaken when a patient is administered radioactive material.

**Pediatric Use:** Safety and effectiveness in children below age 18 have not been established.

**ADVERSE REACTIONS:** A single adverse reaction to Thallous Chloride Tl 201 product has been reported consisting of hypotension accompanied by pruritis and rash which responded to antihistamines and steroids within one hour.

**HOW SUPPLIED:** Thallous Chloride Tl 201 for intravenous administration is supplied as a sterile nonpyrogenic solution containing at calibration time 37 MBq (1 mCi)/mL Thallium 201, 9 mg/mL sodium chloride and 9 mg/mL of benzyl alcohol. The pH is adjusted to between 4.5-6.5 with hydrochloric acid and/or sodium hydroxide. This product is supplied in a 244 MBq (6.6 mCi) size. Each package contains one vial.

The contents of the vial are radioactive. Adequate shielding and handling precautions must be maintained.

**STORAGE:** Store Thallous Chloride Tl 201 at 18-25° C.

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