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For over fourteen years, Advanced Medical Research, now known as AccuSync Inc., has been serving the cardiac health care industry with the finest line of cardiac gates available in today's market.

Our dedication to service and commitment to provide you with a reliable product have built the reputation of our gates.

With a complete line of models available, you are able to choose the gate which best corresponds to your specific requirements.

The AccuSync 5L, our top model (featured at left) includes CRT monitor (visual) and Strip Chart Recorder (hard copy).

Model Specifications:

- Auto/Manual trigger control
- No delay
- ECG output
- Audio indicator
- Trigger pulse LED
- Isolation amplifier for patient safety
- Compatible with all computers

AccuSync models 5L, 6L and 1L are CSA and ETL (UL544) approved

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Accessory and optional products available:
The AccuAmp 5, the 5 lead system available for AccuSync 5L, 6L, and 1L, transmits information through fiber optic link. Patient cables, lead wires, and BNC cables available for AccuSync models.
Let's face it, in today's cost conscious health care environment good medicine means being a 'best value' provider.

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Just another innovation from Siemens Nuclear Medicine Group, where all systems are Economically Engineered for managed care.

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Siemens...

technology in caring hands
Breakthrough in cancer detection...

**OncoScint® CR/OV**
Satumomab Pendetide (1mg/2mL)

A diagnostic tool that can assist decision making in patients with colorectal or recurrent ovarian adenocarcinoma

Please see last page for brief summary of prescribing information.
To enhance decision making in the management of patients with
The first monoclonal antibody-based in determining both the location and
Reveals malignancy with tumor-targeted accuracy—specifically targets the cell-surface antigen, TAG-72, common to colorectal and ovarian adenocarcinomas,\(^1,2\) making it possible—with the use of existing nuclear medicine equipment—to detect extrahepatic abdominal and pelvic lesions.\(^3,4\)
Provides information beyond the scope of standard diagnostic modalities—when interpreted in conjunction with a review of information obtained from other appropriate tests
Found to be beneficial in these difficult situations:

- determining the source of a rising serum tumor marker in patients with an otherwise-negative workup\(^2,4,5\)

- determining extrahepatic abdominal and pelvic involvement in patients thought to have isolated and resectable recurrence\(^2,4\)

- differentiating disease from postsurgical or postradiation anatomic changes\(^4\)

OncoScint is a registered trademark of CYTOGEN Corporation.
Please see last page for brief summary of prescribing information.
Colorectal or recurrent ovarian cancer... imaging agent effective extent of disease

Assists decision making in patient management—
enhanced medical/surgical management in difficult colorectal and recurrent ovarian cases.

Excellent safety profile—
with generally minor and transient side effects occurring in less than 4% of patients studied (most frequently reported: fever, chills and clinically insignificant changes in blood pressure).

*See Adverse Reactions section of brief summary on following page.

For further information, please call 1-800-833-3533.

OncoScint® CR/OV
Satumomab Pendetide (1mg/2mL)
Tumor-targeted cancer detection
**OncoScint® CR/OV Kit (satumomab pendetide)**

**Kit for the Preparation of indium in 111 satumomab pendetide**

**For Intravenous Use Only**

Brief summary of prescribing information

**INDICATIONS AND USAGE**

OncoScint® CR/OV-In (indium in 111 satumomab pendetide) is a diagnostic imaging agent that is indicated for determining the extent and location of extrahaematogenous disease in patients with known colorectal or ovarian cancer. Clinical studies suggest that this kit might be used after completion of standard diagnostic tests when additional information regarding disease extent could aid in patient management. The diagnostic images acquired with OncoScint® CR/OV-In should be interpreted in conjunction with a review of data from other appropriate tests.

OncoScint® CR/OV-in is not indicated as a screening test for ovarian or colorectal cancer.

Administration of OncoScint® CR/OV-In may result in falsely elevated values from in vitro immunoassays, including tests for carcinoembryonic antigen (CEA) and CA 125. Because this interference may persist for months, the clinical laboratory should investigate for assay interference in patients who develop elevated CEA or CA 125 subsequent to imaging with OncoScint® CR/OV-In (see Drug/Laboratory Test Interactions). Due to insufficient safety and efficacy data regarding repeat administration of this product, this imaging agent is limited to single use only.

**CONTRAINDICATIONS**

OncoScint® CR/OV-In (indium in 111 satumomab pendetide) should not be used in patients who are hypersensitive to this or any other product of murine origin or to indium in 111 chloride.

**WARNINGS**

Allergic reactions, including anaphylaxis, can occur in patients who receive murine antibodies. Although serious reactions of this type have not been observed in clinical trials after OncoScint® CR/OV-In (indium in 111 satumomab pendetide) administration, medications for the treatment of hypersensitivity reactions should be available during administration of this agent.

**PRECAUTIONS**

General: The components of the kit are sterile and pyrogen free and contain no preservative. OncoScint® CR/OV-in (indium in 111 satumomab pendetide) should be used within 2 hours after radiolabeling. It is essential to follow the directions for preparation carefully and to adhere to strict aseptic procedures during preparation of the radiolabeled product.

Each OncoScint® CR/OV kit is a unit of use package. The contents of the kit are to be used only to prepare OncoScint® CR/OV-In, unlabeled OncoScint® CR/OV should not be administered directly to the patient. After radiolabeling with indium-111, the entire OncoScint® CR/OV-In dose must be administered to the patient for whom it was prescribed. Reducing the dose of either component may adversely impact imaging results, and, therefore, is not recommended.

The contents of the kit are not radioactive. However, after the indium in 111 chloride is added, appropriate shielding of OncoScint® CR/OV-In must be maintained. Care should be taken to ensure that medical personnel are not exposed to radiation when handling the radiopharmaceutical with proper hospital and patient management procedures.

In addition, radiopharmaceuticals should be used only by physicians and other professionals who are qualified by training and experience in the safe use and handling of radionuclides.

**Information for Patients**

Murine monoclonal antibodies are foreign proteins, and their administration can induce human anti-murine antibodies (HAMA). While limited data exist concerning the clinical significance of HAMA, the presence of HAMA may interfere with murine-antibody based immunoassays, could compromise the efficacy of diagnostic or therapeutic murine antibody-based agents, and may increase the risk of adverse reactions. For these reasons, patients should be informed that the use of this product could affect the future use of other murine-based products, including OncoScint® CR/OV-In, and should be advised to discuss prior use of murine-antibody based products (see Heterologous Protein Administration). Heterologous Protein Administration Murine monoclonal antibodies (MAbs) are heterologous proteins, and their administration can induce human anti-murine antibodies (HAMA). OncoScint® CR/OV-In has been shown to induce HAMA to murine IgG after single administration in about 40% of patients in tumor imaging trials. HAMA levels became negative (undetectable or < 400 ng/ml) in approximately half of such patients 4 to 12 months after infusion.

While limited data exist concerning the clinical significance of HAMA, detectable HAMA levels can alter the clearance and tissue biodistribution of MAbs. In patients who develop potentially elevated serum HAMA levels, the efficacy of diagnostic or therapeutic murine antibody-based agents may be compromised.

When considering the administration of OncoScint® CR/OV-In to patients who have previously received murine antibody-based products, physicians should be aware of the potential for HAMA to alter clearance and biodistribution. The quality or sensitivity of the imaging study may be compromised. Therefore, prior to administration of murine antibodies, including OncoScint® CR/OV-In, the physician should review the patient history to determine whether the patient has previously received such products.

Preliminary data are available from repeat-administration studies of OncoScint® CR/OV-In in 69 patients who have received 105 repeat doses. However, there are insufficient data to determine the safety and efficacy of this product after repeat administration (see ADVERSE REACTIONS).

**Drug/Laboratory Test Interactions**

The presence of HAMA in serum may interfere with two-site murine antibody-based immunoassays, including assays for carcinoembryonic antigen (CEA) and CA 125. When present, this interference generally results in falsely high values. If HAMA is known or suspected to be present, the clinical laboratory should be notified and appropriate measures taken to avoid this interference. These methods include the use of non-murine immunoassays, or HAMA removal by adsorption, blocking, or heat inactivation.

**Camouflage, Mutagenesis, Impairment of Fertility**

Long-term animal studies have not been performed to evaluate the carcinogenic or mutagenic potential of OncoScint® CR/OV-In or to evaluate its effect on fertility in males or females. Preventive reproductive studies have not been conducted with OncoScint® CR/OV-In. It is also not known whether OncoScint® CR/OV-In can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. OncoScint® CR/OV-In should not be administered to a pregnant woman unless, in the opinion of the physician, the information to be gained outweighs the potential risk. MAB B7.2.3 has been shown to react with fetal gastrointestinal tissues.

In general, examinations using radiopharmaceuticals in women of child-bearing potential should be performed during the first few days (approximately 10) following the onset of menses.

Nursing Mothers and/or Lactating Women It is not known whether OncoScint® CR/OV-In is excreted in human milk and, if so, how long. Because many drugs are excreted in human milk, caution should be exercised when OncoScint® CR/OV-In is administered to a nursing woman. OncoScint® CR/OV-In has not been administered to lactating females and therefore should not be administered to nursing mothers unless, in the opinion of the physician, the information to be gained outweighs the potential risk. In such cases, formula feedings should be substituted for breast feedings.

**Pediatric Use**

The safety and effectiveness of OncoScint® CR/OV-In in children have not been established.

**ADVERSE REACTIONS**

After administration of over 500 single i.v. doses of OncoScint® CR/OV-In (indium in 111 satumomab pendetide) in clinical trials, adverse reactions were observed in less than 4% of patients. No deaths attributable to OncoScint® CR/OV-In administration were reported. The most common adverse reaction was fever, which occurred in less than 2% of patients. Other adverse reactions, each of which occurred in less than 1% of patients, are listed in order of decreasing frequency: chills, hypotension, hypertension, rash, pruritus, sweating, nausea, arthralgia, asthma, chest pain, headache, hypothermia, pain, flushing, diarrhea, confusion, dizziness, nervousness, crying, and angioedema. Although death was not reported, an isolated occurrence of reversible thrombocytopenia was observed in a patient who received OncoScint® CR/OV-In in clinical trials.

**OVERDOSAGE**

The maximum amount of OncoScint® CR/OV-In (indium in 111 satumomab pendetide) that can be safely administered has not been determined. In clinical trials, single doses of OncoScint® CR/OV-In were administered to 64 patients with various types of epithelial carcinomas; the type and frequency of adverse reactions at this dose were similar to those observed with lower doses.

**DOSE AND ADMINISTRATION**

The dose of OncoScint® CR/OV (satumomab pendetide) is 1 mg radiolabeled with 5 mCi of indium 111 chloride. Each dose is administered intravenously over 5 minutes and should not be mixed with any other medication during its administration. The patient dose of the radiolabeled preparation is measured in a dose calibrator. Each OncoScint® CR/OV kit is a unit dose package. After radiolabeling with indium-111, the entire OncoScint® CR/OV-In dose should be administered to the patient. Reducing the dose of either component may adversely impact imaging results, and, is, therefore, not recommended.

**HOW SUPPLIED**

The OncoScint® CR/OV kit (NDC No. 0044-0579-0) for the preparation of indium-111 labeled OncoScint® CR/OV Involves one 1 mg vial of the radiolabeled preparation per 2 mL of sodium phosphate buffered saline and one 2 mL vial of sodium acetate buffer solution, 0.5 M. These solutions are sterile and pyrogen free and contain no preservatives. Each kit also includes a sterile 0.22 µm Millipore™ GF filter, preshrinking information, and two identification labels.

U.S. Patent Nos. 4,671,958 and 4,741,900

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Revised 12/20/92


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SPECT BRAIN IMAGING
CLINICAL FELLOWSHIP

Department of Radiology
Section of Nuclear Medicine

BENEFIT
This program is designed for nuclear medicine physicians, radiologists, technologists and referring physicians. It is intended to educate participants about the clinical utility of SPECT brain imaging with agents such as Ceretec® and Neurolite®.

Objectives include:
- Development of interpretation skills for brain images.
- Appreciation of clinical applications of SPECT brain imaging.
- Knowledge of image acquisition and reconstruction.
- Appreciation of factors that influence image quality.
- Knowledge of quality control techniques for SPECT.

SPONSORSHIP:
This program is sponsored by the Medical College of Wisconsin.

TUITION:
The tuition fee of $650 includes the course syllabus, handouts, breaks, breakfasts, lunches, and other amenities involved in making this a pleasant learning experience. Maximum enrollments have been established. Cancellations prior to the course will be refunded, less a $30 administrative fee.

CREDIT:
The Medical College of Wisconsin is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. Accordingly, the Medical College of Wisconsin designates this continuing medical education activity as meeting the criteria for 13.00 hours in Category I toward the Physician's Recognition Award of the American Medical Association.

Nuclear Medicine Technologists who attend the SPECT Brain Imaging Clinical Fellowship are eligible for 1.0 VOICE credit.

Register me for the following dates: (Please indicate a second choice)

☐ January 24-25, 1994  ☐ September 12-13, 1994
☐ March 7-8, 1994  ☐ November 14-15, 1994

I will need reservations for ________ Sunday and Monday night / ________ only on Monday night,
I will need a ________ single / ________ double room.

A check in the amount of $650 should accompany this registration form and be made payable to the Medical College of Wisconsin. Telephone registrations must be confirmed by check within 10 days.

Name ______________________________
Address ______________________________
City/State/Zip ______________________________
Office Phone ______________________________

☐ work address ☐ home address

Registrations and payment should be sent to:
LisaAnn Trembath
SPECT Brain Imaging Fellowship Coordinator
Nuclear Medicine Division
Medical College of Wisconsin
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ADAC Laboratories announces the continuing support of development grants to advance CLINICAL nuclear medicine. Several grants from $5,000 to $50,000 will be awarded. Funds can be used for equipment and personnel support for 12 month projects.

Preference will be given to CLINICAL nuclear medicine applications that include the development of new procedures improving medical care.

The applications will be reviewed by an independent review committee of nuclear medicine professionals.

For application forms and information please write to:

Advanced Clinical Research Program
ADAC LABORATORIES
540 ALDER DRIVE
MILPITAS, CA 95035

Application Deadline: March 15, 1994

Funding Announcements: June 6, 1994
(Society of Nuclear medicine Meeting)

Funding Availability: July 1, 1994

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Join more than 8000 of your colleagues in celebrating the 41st Annual Meeting of the Society of Nuclear Medicine in Orlando, Florida, June 5-8, 1994. Participate in the intensive educational program, review posters, discuss the most recent developments with colleagues, and join any of a host of much talked about extracurricular activities. Don't miss this opportunity to learn, mingle with your colleagues, and visit with the exhibitors.

Refresher and state-of-the-art continuing education courses in chemistry, physics, quality assurance, cardiovascular nuclear medicine, PET, SPECT and NMR will supply up-to-the-minute approaches and procedures for all clinical settings.

SCIENTIFIC PAPERS
This year's presentation of over 1000 scientific papers and posters includes a distillation of the latest advancements and finest work achieved by outstanding scientists and physicians in the field of nuclear medicine. These papers, presented by the original authors, with over 30 subjects to choose from, will provide a unique opportunity for enhancing your knowledge or exploring new avenues in correlative areas of nuclear medicine. Ample time is allotted at these presentations for questions and discussions. An extensive display of scientific posters and exhibits will augment the presentation.

TECHNOLOGIST PROGRAM
The ever-increasing importance of the role of the nuclear medicine technologist will be explored in our Technologist Program, and over 70 hours of clinical updates will provide chief and staff technologists with the latest in basic, intermediate, and advanced studies. This program will broaden expertise and enhance the technologist's contribution to nuclear medicine.

AUDIOVISUALS, BOOKS, JOURNALS
The Society of Nuclear Medicine is continuously adding to its library of audiovisuals, books, and other publications. A stop at the publications booth is well worth the time. Here you will find on display what the Society has to offer for year-round educational advancement. Networking opportunities and job referral boards are available at special locations throughout the meeting as well as membership information at our membership booth.

EXPOSITION
All the major manufacturers of nuclear medicine products and services more than 100 in all will be on hand to explain and demonstrate the most technologically-advanced equipment. Several companies will present User Meetings to give an in-depth understanding of their products.

REGISTRATION

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If you need further information, please contact:
The Society of Nuclear Medicine
Department of Meeting Services
136 Madison Avenue
New York, N.Y. 10016-6760
(212) 889-0717
Fax: (212) 545-0221
Each description of the products below was condensed from information supplied by the manufacturer. The reviews are published as a service to the professionals working in the field of nuclear medicine and their inclusion herein does not in any way imply an endorsement by the Editorial Board of The Journal of Nuclear Medicine or by The Society of Nuclear Medicine.

New Products

Septum Closure

A unique closure system suitable for use with any bottle or container with a 38-430 neck has been introduced by Nalge Company. The Nalgene autoclavable septum closure features a thermoplastic elastomer septum for aseptic injection of reagents or sample withdrawal without compromising the sterility or integrity of the container’s contents. Nalgene also manufactures suitable containers for use with the new septum closure such as the Nalgene culture vessel and culture vessel mixing system, media bottles and other square bottles. The closure is designed for use with an 18-gauge or smaller needle and is for laboratory use only (not for in vitro diagnosis or parenterals). Nalge Company, P.O. Box 20365, Rochester, NY 14602. (716) 264-3985.

Nonlatex Gloves

A new nonlatex, nonvinyl examination and surgical glove has been introduced by SmartPractice. The new gloves are called Tactyl 1 and are made from Tactylon™, a new synthetic material that provides protection against latex allergy reactions. Tactyl 1 gloves offer all the benefits of natural latex elasticity, tactility and barrier protection along with the added value of problem-free wear for latex-sensitive individuals and contain none of the chemical irritants and latex proteins that are the source of most adverse skin reactions associated with latex. These latex-free gloves resist deterioration caused by oxidation, light and ozone exposure and provide enhanced reliability against tearing, cracking and pinpoint holes. Tactyl 1 gloves are available in sizes ranging from 5 1/2 to 9. SmartPractice, 3400 East McDowell, Phoenix, AZ 85008-7899. (602) 225-9090.

Infrared Laser Imaging Film

Agfa has introduced a new high-speed laser printer film called Scopix LT-1R. The new film is designed for optimum performance in infrared laser imagers and provides excellent hard copy results for CT scans, MR images, ultrasound and other nuclear medicine modalities. The film is available in two versions; LT-IRB, coated on a blue-tinted base, and LT-IRC, coated on a clear base. These films feature Agfa’s SEL (split emulsion layer) technology which incorporates two separate emulsion layers. The first layer provides low contrast in the toe of the H & D curve while minimizing cross-scan line visualization caused by laser writing mechanics. The second layer ensures high shoulder contrast and high D max for crisp images and ultra-sharp alphanumericics. AGFA, Miles, Inc., 100 Challenger Rd., Ridgefield Park, NJ 07660-2199. (201) 440-2500.

Macintosh-based Thyroid Uptake System

The first Mac-based thyroid uptake system has been introduced by Biodex Medical Systems, Inc. The Atomlab 950, which was officially unveiled at the Society of Nuclear Medicine’s 40th Annual Meeting in Toronto in June, provides a full display screen, point and click pull-down menus and comprehensive patient management capabilities. The Atomlab 950 allows complete, unlimited patient and test data storage and retrieval. Reports are easily generated to include all data, thus eliminating the need for a manual report to supplement the standard test result printout. With 4 MB of RAM and an 80-MB hard drive, the Macintosh LC III can enhance the overall capabilities of the nuclear medicine department by adding word processing, spreadsheet and database programs. Compliance is simple with the improved Wipe Test mode. Various wipe sites can be individually identified, tested and stored to create a single compliance report for multiple wipes. In addition to thyroid uptake, thyroid bioassay, wipe tests, Schilling tests and administration/QA, the new system offers in vitro tests including blood volume and red cell survival. Spectrum analysis is displayed during acquisition with detailed spectrum analysis tools to manipulate channels and values. Biodex Medical Systems, Inc., Brookhaven R&D Plaza, P.O. Box 702, Shirley, NY 11967-0702. 1-800-224-6339.
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The examination is written and consists of two parts. Part 1 (approximately 3.5 hr) assesses knowledge of basic aspects of Nuclear Medicine Science. Part 2 (approximately 2.5 hr) examines in depth the knowledge of a predetermined subspecialty area of the candidate's choice including:

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PEDIATRIC NUCLEAR MEDICINE FELLOWSHIP position in 270-bed preeminent pediatric center that conducts 2,800 imaging procedures per year encompassing all aspects of nuclear medicine with emphasis on teaching and research. Staff include three full-time ABNM, ACR-certified practitioners. Four state-of-the-art gamma cameras and mammography system with digital system with networking. Salary $30-45K per annum. ABNM/ABR eligibility or certification required. Contact: James J. Conway, MD, The Children’s Hospital of Pittsburgh, 2200 Grandview Avenue, Pittsburgh, PA 15213. (412) 858-4141.

MEDICAL DIRECTOR, NUCLEAR MEDICINE. Prince George’s Hospital Center, a 450-bed hospital located in Cheverly, Maryland, a suburb of Washington, DC, is seeking a Medical Director for its Nuclear Medicine Department. Candidates for the position will have completed a two-year fellowship in Nuclear Medicine and be board-certified by the American College of Nuclear Medicine, Radiology, or Pathology. A minimum of two years clinical experience post-residency is required and administrative/managerial experience is preferred. Candidates should submit their resume and letter of interest by January 31, 1990 to: Frank Soledoud, M.D., Chief, Nuclear Medicine Search Committee, Prince George’s Hospital Center, 3001 Hospital Dr., Cheverly, Maryland 20783. Candidates should direct any questions to: Louis Morgan, PhD, CNMT, Administrative/Technical Director, Nuclear Medicine Department, (301) 618-2283.

NUCLEAR MEDICINE PHYSICIAN. Northern California—The Kaiser Permanente Medical Center in Santa Clara, CA is seeking a BC/BE Nuclear Medicine physician for a career opportunity with the nation’s leading HMO. All aspects of nuclear medicine services are provided to a 250,000 member prepaid patient population. The ideal candidate should have experience in clinical management of thyroid disease and the performance of treadmill tests. Board certification/eligibility in internal medicine is preferred. Academic opportunities are available. Competitive salary, generous benefits and a comprehensive retirement program. For more information, send CV with cover letter to: Diane Butler, The Permanente Medical Group, Inc., Physician Recruitment, 1814 Franklin, 4th Floor, Oakland, CA 94612. EOE.

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VA Medical Center, San Francisco, CA. The Medical Center has a NRC licensed broad scope and performs both diagnostic and therapeutic nuclear medicine, and has one of the largest research programs in the VA system with approximately 45 biomedical research laboratories and 400 users of radioactivity. Candidates must have at least a year’s full-time experience in a medical radiation safety program, must have the RSO qualifications in 10 CFR 35, and be familiar with U.S. NRC and DOT regulations. An advanced degree, especially a doctorate, in a relevant field and certification by the ARBMP or ABNSM is desired. Salary is dependent upon qualifications. The VA is an equal opportunity employer. Selectee may be subject to drug testing. Please send your CV and references to: Ralph R. Cavalieri, M.D., Chief, Nuclear Medicine Service (115). VA Medical Center, 4150 Clement Street, San Francisco, CA 94121.

Senior Radiochemist
The Division of Nuclear Medicine at the Hospital of the University of Pennsylvania is seeking a senior radiochemist for its radiochemistry laboratory. The Division of Nuclear Medicine has strong research and clinical programs in both PET and SPECT. The successful candidate must have a background in radiochemistry research and in synthesizing both positron- and single-photon emitting compounds. Salary will be commensurate with experience of the qualified candidate. Please send curriculum vitae to Abass Alavi, MD, Chief, Division of Nuclear Medicine, Department of Radiology, Hospital of the University of Pennsylvania, 3400 Spruce St., Philadelphia, PA 19104. The University of Pennsylvania Medical Center is an affirmative action/opportunity educational employer.

Technical Coordinator
The Department of Radiology at the Columbia-Presbyterian Medical Center in New York is searching for a full-time Technical Coordinator for our new PET facility. The successful candidate will function as a key member of our PET team and will have various responsibilities. Requirements include a Bachelor’s degree, Master’s preferred: AART (N) and/or CNMT registration or comparable background required. Strong background in computer science (SUN/UNIX) preferred. Familiarity with NRC regulations, medical health physics, and medical use of radiopharmaceuticals preferred. Previous patient imaging and PET imaging experience desired. Excellent communication skills required. Salary commensurate with experience. Please send resume to: Ms. Joan Masler, Columbia-Presbyterian Medical Center, Department of Nuclear Medicine, Milstein Building 3-224, 177 Fort Washington Avenue, NY, NY 10032. Columbia-Presbyterian Medical Center is an affirmative action/opportunity employer.

Positions Wanted
NUCLEAR MEDICINE PHYSICIAN. ABNM-certified. AEC experience in basic research, academics, government, and private practice. Solid background in all aspects of nuclear medicine and teaching role. Seeking position, preferably private practice, but would consider offers in other settings. For more information, contact: 301-390-0984 or write: P.O. Box 101, The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016.

Technologist
Help me return to the United States! Technologist with 17 yrs registra with NMTCB and Florida License, wishes to return to southern half of USA. Spent last 3 years in Australia in public service and lastly opening a private practice. Please contact: Jack King, P.O. Box 364, Gosford, NSW 2250, Australia.
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Review of applicants will begin February 1, 1994, and will continue until the position is filled.

THE WORLD FEDERATION OF NUCLEAR MEDICINE & BIOLOGY

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