We Provide the Choice.
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To survive in today’s health care environment you have to minimize risk and maximize your investment. That’s why we’ve design specialty collimators that expand the utility of all of our Gamma cameras—increasing your throughput capacity, improving your clinical capability, enhancing your profitability! Visit us at booth 817, at the SNM in Orlando.

FAN BEAM collimators are designed primarily for brain imaging and the imaging of small organs that are approximately the same size as the brain.

FAN BEAM is used on the MULTISPECT 2," MULTISPECT 3" and DIACAM® Gamma camera systems.

FAN BEAM’s focusing capability maximizes crystal use during imaging, and magnification capabilities effectively improve intrinsic spatial resolution.

FAN BEAM collimators provide approximately the same sensitivity as LEHR (Low Energy, High Resolution) parallel hole collimators, with an improved resolution that approaches the resolution of LEUHR (Low Energy Ultra High Resolution) collimators.

CARDIO 90°collimator systems are specifically designed to enhance the MULTISPECT 3 system’s performance for cardiac evaluations, perfusion and first pass studies.

CARDIO 90° improves the cardiac SPECT capabilities of the MULTISPECT 3 gamma camera system.* It consists of three collimators: two 15° slant hole (sh) collimators and one ultra high sensitivity parallel hole collimator. The benefit derived from this system is a reduction in scanning time for cardiac SPECT studies resulting in increased patient throughput.

CARDIO 90° optimizes the MULTISPECT 3 system by enabling it to acquire a 180° cardiac study by rotating only 90°. The slant hole collimators modify the performance of the MULTISPECT 3 system so that it operates as a dedicated cardiac SPECT system. The ultra high sensitivity parallel hole collimator acquires more counts faster, increasing the effectiveness of first pass studies.
CARDIOFOCAL™

CARDIOFOCAL is a high sensitivity, high resolution collimator for cardiac SPECT studies utilizing Technetium and Thallium radionuclides.

CARDIOFOCAL collimator systems consist of a multifocal collimator or a set of collimators, special reconstruction software for the ICON™ workstation, and a calibration kit. The collimator is designed to be used with the MULTISPECT 2, MULTISPECT 3, DIACAM and ORBITER™ Gamma camera systems.

CARDIOFOCAL’s unique two-dimensional focusing geometry allows magnification of the heart and viewing of the entire torso to prevent truncation artifacts. The system increases volume sensitivity over two times that obtained with the high resolution parallel hole collimator and has equivalent resolution when reconstructed.

EXTRA HIGH ENERGY collimators for the MULTISPECT 2 system are a set of regular parallel hole collimators, designed to image 511 keV isotopes. The collimators are designed to operate with a standard 3/8” thick crystal.

EHE collimators, with a weight of 202.5 kg (450 lbs.) each, emphasize the significance of our stable mechanical design: Dual Ring, Four Point Suspension and Dual Acme Screws. Many competitive gantry designs cannot support this weight and maintain COR integrity.

EHE collimators are designed to image 511 keV isotopes. They allow Fluorine based oncology and cardiac procedures such as tumor localization and myocardium viability to be performed, providing high contrast clinical images.

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The CAPINTEC CRC-35: a powerful radioisotope dose calibrator which utilizes the latest technology to provide for the individual needs required by generator and unit dose users. With automated inventory control, dose to deliver, daily recordkeeping, radio-chemical purity analysis with reports printed on the high speed printer provided. And these are just a few of its many features.

A revolutionary multi-chamber concept of independently active, networked remote chambers with optional display units provides additional flexibility for PET facilities.
This system gives you the same accurate results over and over again. Or in other words, this system gives you the same accurate results over and over again.
If it seems like we're repeating ourselves, we are. Time and time again. Because when it comes to film accuracy, uniformity and consistency, the totally digital Helios Laser System from Polaroid is setting a whole new standard in diagnostic hard copy imaging. There's never been anything like it.

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Gated SPECT wall-motion analysis
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LONG-TERM PALLIATION IN ONE CONVENIENT DOSE.

- Palliation of pain demonstrated in the majority of patients.\(^\text{12}\)

- One dose of Metastron provides pain relief for an average of up to 6 months.\(^\text{1}\)

- As an adjunct to radiotherapy, 63.6% of patients receiving Metastron (10.8 mCi) had reduced pain at 6 months as compared to 35.0% of patients receiving placebo (n=42).\(^\text{3}\)

- Preferentially incorporates into multiple sites of metastatic bone — the dose absorbed in metastatic deposits is approximately ten times that absorbed in normal bone marrow.\(^\text{4,5}\)
ADJUNCTIVELY DELAYS THE MEDIAN TIME TO PROGRESSION OF PAIN BY 28.1 WEEKS OVER RADIOTHERAPY ALONE.

Median time to requirement for additional radiotherapy at new pain site.³

GENERAL WELL TOLERATED.

▼ A depression of white blood cell (20%) and platelet (30%) levels may occur in patients treated with Metastron — clinically significant toxicity is rare.

▼ Metastron should be used with caution in patients with significantly compromised bone marrow from previous treatment. Caution should also be used in patients with platelet counts below 60,000 or white blood cell counts below 2,400.

▼ Some patients have reported a transient increase in bone pain lasting 36 to 72 hours following an injection — this can usually be controlled with analgesics.

HIGHLY EFFECTIVE NON-NARCOTIC THERAPY.

▼ Metastron may reduce or eliminate the need for dose escalation of narcotic analgesics.¹³

▼ Onset of pain relief is generally within 7 to 20 days — Metastron is therefore not recommended in patients with very short life expectancy.

AN IMPROVED QUALITY OF LIFE FOR PATIENTS.

▼ Metastron may improve patient quality of life, as measured by assessments of mood, mobility, appetite, sleep pattern, and analgesic consumption.¹⁴

Please see following page for full prescribing information.
**An effective way to manage metastatic bone pain.**

Metastraon, like other radioactive drugs, must be handled with care and appropriate safety measures taken to minimize radiation to clinical personnel.

An effective way to manage metastatic bone pain. **Table 1: Decay of Strontium-90**

<table>
<thead>
<tr>
<th>Decay</th>
<th>Factor</th>
<th>Decay</th>
<th>Factor</th>
<th>Decay</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.39</td>
<td>2</td>
<td>0.18</td>
<td>3</td>
<td>0.87</td>
</tr>
<tr>
<td>2</td>
<td>0.18</td>
<td>4</td>
<td>0.22</td>
<td>5</td>
<td>0.14</td>
</tr>
<tr>
<td>3</td>
<td>0.08</td>
<td>4</td>
<td>0.09</td>
<td>5</td>
<td>0.04</td>
</tr>
<tr>
<td>4</td>
<td>0.02</td>
<td>5</td>
<td>0.01</td>
<td>6</td>
<td>0.00</td>
</tr>
</tbody>
</table>

*Days before (+) or after (-) the calibration date stated on the vial.*

**Clinical Pharmacology:** Following intravenous injection, strontium compounds behave like their calcium analogs, clearing rapidly from the tissue and selectively localizing in bone matrix. Uptake of strontium by bone occurs predominantly in sites of active osteogenesis; thus primary bone tumors and areas of metastatic involvement (lesion) can accumulate significantly greater concentrations of strontium than surrounding normal bone.

**Bone Metabolism:** Strontium-90 is retained in the bone matrix, and turnover rate is about 14 days. In patients with extensive skeletal metastases, over half of the injected dose is retained in the bones.

Excretion pathways are two-thirds urinary and one-third fecal in patients with bone metastases. Urinary excretion is higher in people without bone lesions. Urinary excretion is greatest in the first two days following injection. Strontium-90 is a pure beta emitter and Strontium-88 selectively inactivates sites of primary and metastatic bone involvement with minimal radiation of soft tissues distant from the bone lesions. (The maximum range in tissue is 8 mm; maximum energy is 1450 MeV.) Measured absorbed radiation doses are listed below the Radiation Dose table. Clinical trials have examined renal excretion of patients who have received therapy for bone metastases (radioactive injection into sites) but in whom persistent pain occurred. In a multicenter Canadian placebo-controlled trial of 126 patients, pain relief was noted in more patients treated with a single injection of Metastraon than in patients treated with an injection of placebo. Results are given in the following tables.

**Table 2:** Comparison of the percentage and number of patients treated with Metastraon or placebo who had reduced pain and no increase in analgesics or radiotherapy re-treatment.

<table>
<thead>
<tr>
<th>Months Post-Treatment</th>
<th>Patients (%)</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>71.4 (n=42)</td>
<td>30.3 (n=33)</td>
</tr>
<tr>
<td>2</td>
<td>78.3 (n=38)</td>
<td>36.6 (n=27)</td>
</tr>
<tr>
<td>3</td>
<td>71.1 (n=28)</td>
<td>28.0 (n=25)</td>
</tr>
<tr>
<td>4</td>
<td>30.0 (n=19)</td>
<td>23.0 (n=17)</td>
</tr>
</tbody>
</table>

The number of patients classified at each visit as treatment successes who were pain free at the index site and required no analgesics was consistently higher in the Metastraon group.

**New pain sites were less frequent in patients treated with Metastraon.**

In another clinical trial, pain relief was greater in a group of patients treated with Metastraon compared with a group treated with non-radioactive strontium-89.

**Table 3:** Comparison of Strontium-90 and placebo, as adjunct to radiotherapy, on reduction of pain score and analgesic score to zero.

<table>
<thead>
<tr>
<th>Months Post-Treatment</th>
<th>Patients (%)</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8.6 (n=6)</td>
<td>2.0 (n=5)</td>
</tr>
<tr>
<td>2</td>
<td>8.6 (n=6)</td>
<td>2.0 (n=5)</td>
</tr>
<tr>
<td>3</td>
<td>5.0 (n=4)</td>
<td>1.0 (n=1)</td>
</tr>
</tbody>
</table>

The patients classified at each visit as treatment successes who were pain free at the index site and required no analgesics was consistently higher in the Metastraon group.

**New pain sites were less frequent in patients treated with Metastraon.**

In another clinical trial, pain relief was greater in a group of patients treated with Metastraon compared with a group treated with non-radioactive strontium-89.

**Table 4:** Strontium-90 Dosimetry

<table>
<thead>
<tr>
<th>Organ</th>
<th>mg/mgStron.</th>
<th>mg/mgAdm.</th>
<th>Organ</th>
<th>mg/mgStron.</th>
<th>mg/mgAdm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Surface</td>
<td>17.0</td>
<td>63.0</td>
<td>Testes</td>
<td>0.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Red Bone Marrow</td>
<td>11.0</td>
<td>40.7</td>
<td>Ovaries</td>
<td>0.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Lower Bone</td>
<td>4.7</td>
<td>17.4</td>
<td>Uterine</td>
<td>0.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Bladder</td>
<td>1.3</td>
<td>4.8</td>
<td>Kidneys</td>
<td>0.8</td>
<td>2.9</td>
</tr>
</tbody>
</table>

When calcific metastases are present, significant enhancement of localization of the radioactivity will occur with higher doses of the compound and the use of normal bones and other organs.

The radioactivity hazard in handling strontium-89 is similar to that from phosphorus-32. The beta emission has a range of 8 mm (max) and in glass of about 3 mm; the bremsstrahlung radiation may augment the contact dose. Measured values of the dose on the surface of the unshielded vial are about 65 mRem/cm².

It is recommended that the vial be kept inside its transport shield whenever possible. Metastraon is supplied in a 10 ml vial containing 148 MBq, 4 mCi. The vial is shipped in a transportation shield with approximately 5 mm lead wall thickness, package insert, and two therapeutic agent warning labels. The vial and its contents should be stored inside its transportation container at room temperature (10°-25°C). Proper storage, handling, and disposal procedures are outlined in the product information. This radiochemical is licensed by the Wisconsin Department of Nuclear Safety for distribution to persons licensed to use Strontium-90 injection under a product license, 32 Adm. R. 330.20(1) and 33 Adm. R. 330.51(10) or under equivalent licensure of the USNRC or an Agreement State.

**References:**

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For female and large-chested or obese male patients, Cardiolite comes through with higher photon energy (140 keV) to provide images with greater anatomical detail. Clear images can enhance interpretive confidence—which may reduce false-positives and equivocal cases.

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Cardiolite
Kit for the preparation of Technetium Tc99m Sestamibi

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Stress testing should be performed only under the supervision of a qualified physician in a laboratory equipped with appropriate resuscitation and support apparatus. There have been infrequent reports of signs and symptoms consistent with seizure and severe hypersensitivity after administration of Tc99m Sestamibi.

Please see brief summary of prescribing information on adjacent page.
Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

FOR DIAGNOSTIC USE

DESCRIPTION: Each 5ml vial contains a sterile, non-pyrogenic, hypolized mixture of: Tetraakis (2-methoxyethoxy)monostannane Copper (II) tetrathioheptaborate - 1.0mg Sodium Citrate Dihydrate - 2.6mg L-Cysteine Hydrochloride Monohydrate - 1.0mg Mannitol - 20mg Stannous Chloride, Dihydrate, minimum (SnCl2•2H2O) 0.025mg Stannous Chloride, Dihydrate, (SnCl2•2H2O) 0.007mg Tin Chloride (Stannous and Stannic) Dihydrate, maximum (as SnCl2•2H2O) 0.086mg

Prior to hypolysis the pH is 5.3-5.9. The contents of the vial are hypolized and stored under nitrogen.

This drug is administered by intravenous injection for diagnostic use after reconstitution with sterile, non-pyrogenic, oxidant-free Sodium Perscurate Tc99m Injection. The pH of the reconstituted product is 5.5-6.0. No bacteriostatic preservative is present.

The precision of the structure of the technetium complex is Tc99m[MIBI]4- where MIBI is 2-methoxyethoxy monostannane.

INDICATIONS AND USAGE: CARDIOLITE, Kit for the preparation of Technetium Tc99m Sestamibi is a myocardial perfusion agent that is useful in the evaluation of ischemic heart disease. CARDIOLITE, Kit for the preparation of Technetium Tc99m Sestamibi is useful in distinguishing normal from abnormal myocardium and in the localization of the abnormality, in patients with suspected myocardial infarction, ischemic heart disease or coronary artery disease. Evaluation of ischemic heart disease or coronary artery disease is accomplished using rest and stress techniques.

CARDIOLITE, Kit for the preparation of Technetium Tc99m Sestamibi, is also useful in the evaluation of myocardial function using the first pass technique.

Rest-exercise imaging with Tc99m Sestamibi in conjunction with other diagnostic information has been used to evaluate ischemic heart disease and its localization in clinical trials, using a template consisting of the anterior wall, inferior-posterior wall and isolated apex, localization in the anterior or inferior-posterior wall in patients with supravalvular aortic stenosis or coronary artery disease was shown. Disease localization to the apex has not been established. Tc99m Sestamibi has not been studied or evaluated in other cardiac diseases.

It is usually not possible to differentiate recent from old myocardial infarction or to differentiate recent myocardial infarction from ischemia.

CONTRAINDICATIONS: None known.

WARNINGS: In studying patients in whom cardiac disease is known or suspected, care should be taken to continuous monitoring and treatment in accordance with safe, acceptable, and approved procedures. Infringement of such care has occurred 4 to 24 hours after Tc99m Sestamibi use and is usually associated with exercise stress testing (See Precautions).

PRECAUTIONS:

GENERAL

The contents of the vial are intended only for use in the preparation of Technetium Tc99m Sestamibi and are not to be administered directly to the patient without undergoing the preparation procedure.

Radioactive drugs must be handled with care and appropriate safety measures should be used to minimize radiation exposure to the personnel. Also, care should be taken to minimize radiation exposure to the patients consistent with proper patient management.

Contents of the kit before preparation are not radioactive. However, after the Sodium Perscurate Tc99m Injection is added, adequate shielding of the final preparation must be maintained.

The components of the kit are sterile and non-pyrogenic. It is essential to follow directions carefully and to adhere to strict aseptic procedures during preparation.

Technetium Tc99m ligand labeling reactions involving Technetium Tc99m in the standardized ion in the reduced state. Hence, Sodium Perscurate Tc99m Injection containing oxidants should not be used.

Technetium Tc99m Sestamibi should not be used more than six hours after preparation.

Radioisotopes 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 authorities to license the use of radioisotopes.

Stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate radiation measuring equipment.

The most frequent exercise stress test endpoints, which resulted in termination of the test during controlled Tc99m Sestamibi studies (two-thirds were cardiac patients) were:

- Fatigue 39%
- Dyspnea 17%
- Chest Pain 10%
- ST-depression 7%
- Arhythmia 1%

Cardiogenic, Myotubular, Impairment of Fertility

In comparison with most other diagnostic technetium labelled radioisotopes, the radiation dose delivered to the patient is extremely low (less than 0.1 mSv/30mCi at rest, 1.2 mSv/mCi at exercise). Minimal exposure (ALARA) is necessary in women of childbearing capability. (See Dosimetry subsection in DOSAGE AND ADMINISTRATION section.)

The active intermediate, (CuMIBI), was found to be genotoxic in potential for a number of fibroblasts.

No genotoxic activity was observed in the Ames, CHO/HPT and sister chromatid exchange (SCE) assays at high concentrations of (CuMIBI), an increase in cells with chromosome aberrations was observed in the in vivo intramuscular lymphocyte assay. (CuMIBI) did not show genotoxic effects in the in vitro mouse micronucleus test at a dose which caused systemic and bone marrow toxicity (1mg/kg, > 600 x minimal human dose).

Pregnancy Category C

Animal reproduction and teratogenesis studies have not been conducted with Technetium Tc99m Sestamibi. It is not known whether Technetium Tc99m Sestamibi can cause harm when administered to a pregnant woman or can affect reproductive capacity. There have been no studies in pregnant women. Technetium Tc99m Sestamibi should be given to a pregnant woman only if clearly needed.
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It’s the only gamma camera in existence that robotically aligns two large-field-of-view detector heads precisely into position at 90 or 180 degrees. Optimized for all of today’s nuclear medicine procedures, VERTEX alone doubles throughput for both cardiac SPECT and total body imaging.

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An extensive display of scientific posters and exhibits will augment the presentation.

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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**

<table>
<thead>
<tr>
<th></th>
<th>Before May 6</th>
<th>After May 6</th>
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</thead>
<tbody>
<tr>
<td>Physicians/Scientists</td>
<td>$160.00</td>
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<tr>
<td>Nonmembers</td>
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<td>$275.00</td>
</tr>
<tr>
<td>Technologists</td>
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</tr>
</tbody>
</table>

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- Isolation amplifier for patient safety
- Compatible with all computers

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

<table>
<thead>
<tr>
<th>Model</th>
<th>Strip Chart</th>
<th>CRT Monitor</th>
<th>HR/R-R Int</th>
<th>Trigger</th>
</tr>
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<td>5L</td>
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<td>1L</td>
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<td>3L</td>
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<td>4M</td>
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</tbody>
</table>

Accessory and optional products available:
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REFERENCES

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Table 4: Extent of Absorbed Radiation Doses: Iobenguane Sulfate I-131

<table>
<thead>
<tr>
<th>Organ</th>
<th>Adult 65 Years</th>
<th>Adult 16 Years</th>
<th>Adult 18 Years</th>
<th>Adult 40 Years</th>
<th>Adult 60 Years</th>
<th>Adult 80 Years</th>
<th>Adult 100 Years</th>
<th>Infant 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose (mCi)</td>
<td>456</td>
<td>228</td>
<td>312</td>
<td>228</td>
<td>312</td>
<td>144</td>
<td>87</td>
<td>27</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.41</td>
<td>0.21</td>
<td>0.31</td>
<td>0.21</td>
<td>0.31</td>
<td>0.13</td>
<td>0.08</td>
<td>0.03</td>
</tr>
<tr>
<td>Liver</td>
<td>0.08</td>
<td>0.04</td>
<td>0.05</td>
<td>0.04</td>
<td>0.05</td>
<td>0.02</td>
<td>0.01</td>
<td>0.005</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.33</td>
<td>0.20</td>
<td>0.31</td>
<td>0.20</td>
<td>0.31</td>
<td>0.06</td>
<td>0.04</td>
<td>0.01</td>
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<tr>
<td>Spleen</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03</td>
<td>0.01</td>
<td>0.005</td>
<td>0.001</td>
</tr>
<tr>
<td>Adrenal</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03</td>
<td>0.01</td>
<td>0.005</td>
<td>0.001</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td>0.005</td>
<td>0.001</td>
<td>0.0005</td>
</tr>
<tr>
<td>Testes</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td>0.005</td>
<td>0.001</td>
<td>0.0005</td>
</tr>
<tr>
<td>Bone</td>
<td>0.18</td>
<td>0.11</td>
<td>0.18</td>
<td>0.11</td>
<td>0.18</td>
<td>0.09</td>
<td>0.05</td>
<td>0.025</td>
</tr>
</tbody>
</table>

*ORIE, Radiation Internal Dose Information Center, Radiation Dose Estimates for I-131 MIBG Intravenous Administration
The following organs each receive less than 1 RAd per procedure: breasts, LLI wall, small intestine, stomach, LLI wall, lungs, muscle, red marrow, bone surfaces, skin and thymus.

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The Society of Nuclear Medicine mailing list is a powerful direct mail tool available to you. Use it to advertise:

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Our mailing list of members and subscribers is the most complete and up-to-date listing of nuclear medicine professionals in the world with over 15,000 entries. Our new U.S. Facility mailing list has over 4,600 names and addresses of nuclear medicine departments.

For more information and a brochure describing the SNM Mailing List, contact the SNM Mailing List Coordinator at (212) 889-0717, ext. 231.

Reach Those Who Count By Direct Mail With.
THE SOCIETY OF NUCLEAR MEDICINE MAILING LIST

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ANNOUNCING THE AMERICAN BOARD OF SCIENCE IN NUCLEAR MEDICINE 1994 CERTIFICATION EXAMINATION

The 1994 examination will be given Saturday, June 4, 1994, in Orlando, Florida, in conjunction with the 41st Annual Meeting of The Society of Nuclear Medicine.

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:

- Nuclear Medicine Physics
- Radiopharmaceutical and Radiochemistry
- Radiation Protection and Instrumentation
- NMR Physics and Instrumentation

Completed Applications must be received by April 15, 1994.
The examination fee is $450 ($400 refundable if you do not qualify).

For applications and more information please contact:
Christine Santos, Associate Coordinator
American Board of Science in Nuclear Medicine
The Society of Nuclear Medicine
Department of Meetings Services
136 Madison Avenue
New York, NY 10016;
(212) 889-0717 Fax: (212) 545-0221.
Policy — The Journal of Nuclear Medicine accepts classified advertisements from medical institutions, groups, suppliers, and qualified specialists in nuclear medicine. Acceptance is limited to Positions Open, Positions Wanted, and Equipment. We reserve the right to decline, withdraw, or modify advertisements.

Rates for Classified Listings — $22.00 per line or fraction of line (approx. 50 characters per line, including spaces). New classifieds must appear on the first line which will appear in capital letters. Special rates for SNM members on Positions Wanted. $10.00 per line. Note: Box numbers are available for the cost of the 2 lines required.

Rates for Display Ads — Agency commissions are offered on display ads only

Full page $1500 Quarter page $700 Half Page 950 Eighth page 550

Publisher-Set Charges — Page $150, half page $100; quarter page $75, eighth page $50.

Terms — Payment must accompany order. Make checks payable, in U.S. dollars on U.S. banks only, to: The Society of Nuclear Medicine.

Deadline — First of the month preceding the publication date (January 1 for February issue). Please submit classified listings typed double spaced. No telephone orders are accepted.

Send Copy to — Classified Advertising Department, The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6766, (212) 889-0717 FAX: (212) 542-0221

Societarian

Diatech, Inc., a leader in the development of synthetic peptides for diagnostic imaging, has opportunities in the formulation/development and Quality Control areas.

SCIENTIST PRODUCT DEVELOPMENT/FORMULATION. Candidates for this Ph.D-level position will develop parental formulations in support of investigational dosage forms and market products. Includes preparation of technical documentation to support IND/NDA submissions as well as internal requirements for manufacturing and quality.

Five to seven years experience in product development with 3-5 years experience in radiopharmaceutical product development desired; along with excellent technical problem solving skills, good oral and written communication skills are required. Manager QUALITY CONTROL. Candidate for this position will have background in chemistry, microbiology, pharmacy or related field. Individual will be responsible for establishing and maintaining the QC systems-controls to support business goals/outcomes from the development/clinical stages through the commercialization process.

Please submit resumes, including description of experience and position of desired to: Diatech, Inc., 9 Delta Drive, Londonderry, NH 03053.

Positions Available

Scientist

Diatech, Inc., a leader in the development of synthetic peptides for diagnostic imaging, has opportunities in the formulation/development and Quality Control areas. Candidates for this Ph.D-level position will develop parental formulations in support of investigational dosage forms and market products. Includes preparation of technical documentation to support IND/NDA submissions as well as internal requirements for manufacturing and quality.

Five to seven years experience in product development with 3-5 years experience in radiopharmaceutical product development desired; along with excellent technical problem solving skills, good oral and written communication skills are required. Manager QUALITY CONTROL. Candidate for this position will have background in chemistry, microbiology, pharmacy or related field. Individual will be responsible for establishing and maintaining the QC systems-controls to support business goals/outcomes from the development/clinical stages through the commercialization process.

Please submit resumes, including description of experience and position of desired to: Diatech, Inc., 9 Delta Drive, Londonderry, NH 03053.

Technologist

The Heart Institute of Northern Arizona is looking for a nuclear medicine technologist, strong in cardiology and X-ray background preferred. Great benefits and salary. If interested, send resume, or call Terri Little at (602) 692-1239.

NUCLEAR MEDICINE TECHNOLOGIST. Prepare stock solutions of radiopharmaceutical agents, calculate and administer doses. Perform diagnostic studies on patients using scanners, scintillation cameras to detect radiation emitted and produced organ images. Analyze results using computer software, including modification of software to accommodate testing variation; all under direction of physician. B.S. in Nuclear Technology plus certified as Nuclear Medicine Technologist by either Nuclear Medicine Technology Board (NMTCB) or American Registry of Radiologic Technologist (ARRT). One year experience required. Forty (40) hour work week M-F, 8:00 a.m. -4:30 p.m. $15.75 per hour, O.T. $23.67 per hour. Send resume to 7310 Woodward Ave., Rm. 415, Detroit, Michigan 48202. Reference No.: 16594. "Employer Paid Ad."

Positions Wanted

Physician

Experienced board certified nuclear physician seeks full or part-time position. Call Dr. Garcia (212) 2420-2498 (9am-4pm ET)

RADIOCHEMIST - Seeking position in a PET Center or in a radiopharmaceutical manufacturing facility. PhD in Pharmaceutical Sciences. Fourteen years experience in manufacturing cyclotron-produced radiopharmaceuticals, radiolabeling, analytical methods development, and R&D in radiochemistry. Experienced as project manager, group leader, and supervisor. Knowledge of cyclotron, QA/QC, and GLP and quality assurance. Have co-ordinated establishment of a PET Center, including scanner selection, support equipment, personnel, and the site preparation. Reply to: Box 501, The Society of Nuclear Medicine, 136 Madison Ave., New York, NY 10016.

NUCLEAR CARDIOLOGY FELLOWSHIP

1 year program offers active participation in innovative major academic clinical facility with strong research productivity. Candidate must have completed 2 years of clinical nuclear medicine training.

Send CV to: Jeffrey Boror, M.D. The New York Hospital-Cornell Medical Center, 525 East 68th Street, Room F487, New York, New York 10021, EEO/AAM/F/DV.

The New York Hospital-Cornell Medical Center

NUCLEAR MEDICINE PHYSICIAN

The College of Medicine, University of Saskatchewan and the Saskatoon District Health Board at Royal University Hospital require a NUCLEAR MEDICINE PHYSICIAN to fill a vacancy. The College has an undergraduate program and extensive involvement in postgraduate specialty training. The hospital department serves a population of about half a million. The successful candidate will be expected to contribute to teaching and research and will receive an appropriate faculty appointment in the academic department of Medical Imaging. Saskatchewan has a population of approximately 180,000 and offers a wide range of educational, cultural and leisure opportunities. Candidates must be certified or eligible for certification in Nuclear Medicine by the Royal College of Physicians and Surgeons of Canada.

This position has been cleared for advertising at the two-tier level. Applications are invited from qualified individuals, regardless of their immigration status in Canada. The University of Saskatchewan is committed to the principles of employment equity.

Interested applicants are invited to submit a curriculum vitae plus three references related to Nuclear Medicine practice to: Dr. A.A. Wilkinson, Head, Department of Nuclear Medicine, Royal University Hospital, Saskatoon, Saskatchewan, Canada S7N 0X0. Tel (306) 966-1820, Fax (306) 966-1742. Deadline June 15, 1994

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE

PET Radiochemist and PET Physicist for the WVU PET Center

The new state of the art PET imaging facility is being developed at West Virginia University. The PET Center will be a free standing metabolic imaging facility with emphasis on clinical, as well as, basic research. We are seeking dynamic experienced biochemist and physicist with at least 3 years of experience in PET, preferably with demonstrated ability to obtain extramural grants. The position will be at the level of assistant or associate professor, depending upon the experience of the successful candidate.

West Virginia University is located in Morgantown, West Virginia, a pleasant university community near many major urban areas. West Virginia University is an affirmative action/equal opportunity employer. Women and minority candidates are encouraged to apply. Send CV and names of three references to: Naresh C. Gupta, MD, Professor of Radiology and Director of PET Center, P.O. Box 9235, Health Sciences Center, West Virginia University, Morgantown, WV 26506. FAX: (304) 598-4702 PHONE: (304) 598-4260.

Review of applicants will begin immediately and will continue until the position is filled.
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