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United Kingdom
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It's not over until you get past the artifacts

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So rather than settle for potentially inconclusive images, use Cardiolite and reduce soft-tissue attenuation.

Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

To reduce soft-tissue attenuation
Cardiolite comes through

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. © 1994, DuPont Pharma
Pediatric Use
Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS: During clinical trials, approximately 8% of patients experienced a transient (1.5 rads/30mCi) or 2.0 rads/30mCi) immediately after the injection of Technetium Tc99m Sestamibi. A few cases of transient headache, flushing, edema, injection site inflammation, dyspnea, nausea, vomiting, pruritus, rash, urticaria, dry mouth, fever, dizziness, fatigue, dryness, and hypotension also have been attributed to administration of the agent. Cases of angina, chest pain, and death have occurred (see Warnings and Precautions). The following adverse reactions have been rarely reported: signs and symptoms consistent with seizure occurring shortly after administration of the agent; transient arthritis in a wrist joint; and severe hypersensitivity, which was manifested by dyspnea, hypotension, urticaria, and vomiting within two hours after a second injection of Technetium Tc99m Sestamibi.

DOSEAGE AND ADMINISTRATION: The suggested dose range for IV. administration in a single dose to be employed in the average patient (70kg) is 270-1110MBq (7.5-30mCi).
The dose administered should be the lowest required to provide an adequate study consistent with ALARA principles (see also PRECAUTIONS).

When used in the diagnosis of myocardial infarction, imaging should be completed within four hours after administration.
The patient dose should be measured by a suitable radioactivity calibration system immediately prior to patient administration. Radiochemical purity should be checked prior to patient administration.

Parenteral drug products should be used with particular care and discretion prior to administration whenever solution and container permit.

Store at 15-25°C before and after reconstitution.

RADIATION DOSIMETRY: The radiation dose to organs and tissues of an average patient (70 kg) per 1110MBq (30mCi) of Technetium Tc99m Sestamibi injected intravenously are shown in Table 4.

Table 4. Radiation Absorbed Doses from Technetium Sestamibi

<table>
<thead>
<tr>
<th>Estimated Radiation Absorbed Dose</th>
<th>2.0 hour void</th>
<th>4.0 hour void</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ</td>
<td>mGy/30mCi</td>
<td>mGy/30mCi</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>REST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathe</td>
<td>0.2</td>
<td>2.0</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>3.0</td>
<td>30.0</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>5.4</td>
<td>55.5</td>
</tr>
<tr>
<td>Lower Large Intestine Wall</td>
<td>3.9</td>
<td>40.0</td>
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<tr>
<td>Spleen</td>
<td>0.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Kidneys</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Liver</td>
<td>0.6</td>
<td>5.8</td>
</tr>
<tr>
<td>Lung</td>
<td>0.3</td>
<td>2.8</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.7</td>
<td>7.0</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.5</td>
<td>15.5</td>
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<tr>
<td>Testes</td>
<td>0.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.2</td>
<td>4.8</td>
</tr>
</tbody>
</table>

RADIOPHARMACEUTICAL INFORMATION: Dose Information Center, July, 1980, Oak Ridge Associated Universities, P.O. Box 117, Oak Ridge, TN37831, (801) 578-3468.

HOW SUPPLIED: Du Pont Radiochemicals’ CARDIOLITE®, Kit for the Preparation of Technetium Tc99m Sestamibi is supplied as a 5ml vial in lots of two (2), five (5) and thirty (30) vials, sterile and non-pyrogenic.

Prior to hypolirization the pH is between 5.3-5.9. The contents of the vials are hypoalbumin and stored under nitrogen.

This drug is administered by intravenous injection for diagnostic use after reconstitution with sterile, non-pyrogenic, radiolabeled Pertechnetate Tc99m Injection. The pH of the reconstituted product is 5.5 (5.0-6.0). No bacteriostatic preservative is present.

The precise structure of the technetium complex is Tc99m MIBI**, where MIBI is 2-methoxy isobutyl isonitrile.

INDICATIONS AND USAGE: CARDIOLITE® is used for the preparation of Technetium Tc99m Sestamibi is a myocardial perfusion agent that is useful in the evaluation of ischemic heart disease.

CARDIOLITE® 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 myocardial disease or coronary artery disease is accomplished using rest and stress techniques.

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

Rest-exercise imaging with Tc99m Sestamibi in conjunction with other diagnostic information may be 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 suspected angina pectoris or coronary artery disease was shown. Disease localization isolated 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 assure continuous monitoring and treatment in accordance with safe, accepted clinical procedures. A test dose 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 for Technetium Tc99m Sestamibi and are not to be administered directly to the patient without first undergoing the preparative procedure.

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

Continuous restraint of the kit before reconstitution is not necessary, however, after the Sodium Pertechnetate 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 labeling reactions involved maintaining the stannous ion in the reduced state. Hence, Sodium Pertechnetate Tc99m Injection containing oxidants should not be used.

Technetum Tc99m Sestamibi should not be made more than six hours after preparation.

Radiochemica should be used only by physicians who are qualified by training and experience in the clinical handling of radiopharmaceuticals and who have experience and training have been approved by the appropriate government agency authorized to license the use of radiouccinics.

STRESS testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate reconstitution and support apparatus.

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 35%
- Dyspnea 17%
- Chest Pain 16%
- ST-depression 7%
- Arrhythmia 1%

Carcinogenesis, Mutagenesis, Impairment of Fertility

In combination with other major diagnostic technetium labeled radiopeharmaceuticals, the radiation dose to the ovaries (1.5rad/30mCi at rest, 1.2 rad/30mCi at exercise) is high. Minimal exposure (ALARA) is necessary in women of childbearing capability. (See Dosimetry section in DOSAGE AND ADMINISTRATION section.)

The active intermediate, [CuMIBI]BF4, was evaluated for genotoxic potential in a battery of five tests. No genotoxic activity was observed in the Ames, CHO/HGPRT and sister chromatid exchange tests (all in vitro). At cytotoxic concentrations (~2ug/ml), an increase in cells with chromosome abnormalities was observed in the in vitro human lymphocyte assay. [CuMIBI]BF4, did not show genotoxic effects in the in vivo mouse micronucleus test at a dose which caused systemic and bone marrow toxicity (3mg/kg, > 600 x maximal human dose).

Fertility Category C

Animal reproduction and teratogenicity studies have not been conducted with Technetium Tc99m Sestamibi. It is also not known whether Technetium Tc99m Sestamibi can cause fetal harm when administered to pregnant women or can affect reproductive capacity. There have not been any studies on pregnant women. Technetium Tc99m Sestamibi should be given to a pregnant woman only if clearly needed.

Nursing Mothers

Technetium Tc99m Pertechnetate is excreted in human milk during lactation. It is not known whether Technetium Tc99m Sestamibi is excreted in human milk. Therefore, formula feedings should be substituted for breast feedings.

Brief Summary
Join more than 8000 of your colleagues in celebrating the 42nd Annual Meeting of the Society of Nuclear Medicine in Minneapolis, Minnesota, June 11-15, 1995. 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 exhibitors.

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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, radiochemical 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.
CardiaL®

one camera for all nuclear cardiology needs

Elscint
Double Imaging Performance

Double-efficiency SPECT is just the start. CardiaL features all bi-plane imaging modes - from upright exercise to supine ventriculography. CardiaL provides the highest count-rate First-Pass studies... the finest resolution... and ultimate diagnostic precision with simultaneous Transmission/Emission\textsuperscript{a} attenuation corrected SPECT.

Half the Setup Time

Sets up easier than a single head camera, yet CardiaL is the only system that shifts from supine to upright studies. And single-key-activation of automatic protocols ensures operational simplicity.

Designed for Times like These

CardiaL cuts both set-up and scan time in half, making it extremely cost-effective. What's more, CardiaL can perform two reimbursable studies in a single imaging procedure: both function and perfusion. And it runs non-cardiac applications equally well.

You'll be pleasantly surprised by the price... about the same as a single head system - a lot less than any other dual-head camera.

CardiaL\textsuperscript{\textregistered}  It costs much less because it does much more
New from DuPont Radiopharmaceuticals: High Quality and Extended Stability in a SPECT Brain Perfusion Agent

JUST WHAT YOU’RE LOOKING FOR...
Technetium Tc99m Bicisate should be used with caution in patients with renal or hepatic impairment since it is eliminated primarily by renal excretion. Adverse reactions are rare (≤1%). For details, see Adverse Reactions section of the prescribing information. In clinical trials, at least one of three readers of Neurolite® images (blinded to all other clinical information) correctly diagnosed stroke for 85% of the subjects with stroke while unblinded interpretation of CT/MRI images resulted in the correct diagnosis of stroke in 88% of subjects with stroke. There were 11 false positive and 34 false negative interpretations of Neurolite images and 0 false positive and 31 false negative interpretations of CT/MRI results.

Normal images, using Neurolite, of a 36-year-old female.
—Courtesy of Thomas C. Hill, MD, Deaconess Hospital, Boston, Mass
Just what you’re looking for...
HIGH-QUALITY IMAGES...
EXTENDED STABILITY...

High-Definition Perfusion Images

- Well-defined lesions
- Clear definition of perfusion defects as determined by visual analysis

Extended In Vitro Stability

- The SPECT brain agent with 6-hour stability after preparation
- Allows for more flexible patient scheduling
- Useful in the acute setting since doses can be prepared beforehand
- Enables SPECT brain imaging to be used with agitated or uncooperative patients where study delays are often encountered
- Allows for convenience of unit dosing

Please see brief summary of prescribing information at the end of this advertisement.
Introducing Neurolite®

JUST WHAT YOU’RE LOOKING FOR...

Desirable pharmacokinetics/dosimetry

- Accumulates rapidly in the brain\(^1\,^2\)
- Localizes as a function of regional brain perfusion, cellular uptake, and metabolism within the cells
- Rapid blood clearance—(< 10% remains in the blood after 1 minute, <5% after 60 minutes)
- A dosing range of 10-30 mCi of Neurolite provides the flexibility to achieve improved image quality and/or reduced imaging time\(^1\)

Simple room-temperature preparation

One-step quality control procedure

NEUROLITE®

KIT FOR THE PREPARATION OF TECHNETIUM Tc99m BICISATE INJECTION

Quality you expect. Stability you need.
The following is a brief summary. For more information please see complete prescribing information.

INDICATIONS
Neurolite single photon emission computerized tomography (SPECT) is indicated as an adjunct to conventional CT or MRI imaging in the localization of stroke in patients in whom stroke has already been diagnosed.

Neurolite is not indicated for assessment of functional viability of brain tissue. Also, Neurolite is not indicated for distinguishing between stroke and other brain lesions.

CONTRAINDICATIONS
None known.

WARNINGS
None known.

PRECAUTIONS
General
USE WITH CAUTION IN PATIENTS WITH RENAL OR HEPATIC IMPAIRMENT. TECHNETIUM Tc99m BICISATE IS ELIMINATED PRIMARILY BY RENAL EXCRETION. WHETHER TECHNETIUM Tc99m BICISATE IS DIALYZABLE IS NOT KNOWN. Dose adjustments in patients with renal or hepatic impairment have not been studied.

Patients should be encouraged to drink fluids and to void frequently during the 2-6 hours immediately after injection to minimize radiation dose to the bladder and other target organs.

Contents of the vials are intended only for use in the preparation of Technetium Tc99m Bicisate and are not to be administered directly to the patient without first undergoing the preparation procedure.

The contents of each vial are sterile and nonpyrogenic. To maintain sterility, aseptic technique must be used during all operations in the manipulation and administration of Neurolite.

Technetium Tc99m Bicisate should be used within six hours of the time of preparation.

As with any other radioactive material, appropriate shielding will be used to avoid unnecessary radiation exposure to the patient, occupational workers, and other people. Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides.

Carciogenesis, Mutagenesis, Impairment of Fertility
Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. When tested in vitro, Neurolite prepared with decayed generator eluate induced unscathed DNA synthesis in rat hepatocytes and caused an increased frequency of sister chromatid exchanges in CHO cells; but, it did not induce chromosomal aberrations in human lymphocytes or cause gene mutations in the Ames test or in a CHO/HGPRT test. Unreacted bicisate dihydrochloride increased the apparent rate of gene mutation of the TA 97a strain of S. typhimurium in the Ames test; but, it did not demonstrate clastogenic activity in an in vivo micronucleus assay in mice.

Pregnancy, Teratogenic Effects
Pregnancy Category C
Animal reproduction studies have not been conducted with Technetium Tc99m Bicisate. It is also not known whether Technetium Tc99m Bicisate can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Therefore, Technetium Tc99m Bicisate should not be administered to a pregnant woman unless the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
Technetium Tc99m Pertechnetate can be excreted in human milk. Therefore, formula should be substituted for breast milk until the technetium has cleared from the body of the nursing woman.

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

ADVERSE REACTIONS
In clinical trials, Neurolite has been administered to 1022 subjects (262 normals, 760 patients). Of these, 548 (54%) were men and 473 (46%) were women. The mean age was 58 years (range 17 to 92 years). In the 760 patients who had experienced neurological events, there were 11 (1.4%) deaths, none of which were clearly attributed to Neurolite.

A total of 60 subjects experienced adverse reactions; the adverse reaction rates were comparable in the <65 year age group and the >65 year age group.

The following adverse effects were observed in <1% of the subjects: headache, dizziness, seizure, agitation/anxiety, malaise/somnolence, paroxysm, hallucinations, rash, nausea, syncope, cardiac failure, hypertension, angina, and apnea/cyanosis.

In clinical trials of 197 patients, there were inconsistent changes in the serum calcium and phosphorus levels. The cause of the changes has not been identified and their frequency and magnitude have not been clearly characterized. None of the changes required medical intervention.

DOSEAGE AND ADMINISTRATION
Before administration, a patient should be well hydrated. After administration, the patient should be encouraged to drink fluids liberally and to void frequently.

The recommended dose range for intravenous administration for a 70 kg patient is 370 to 1110 MBq (10-30 mCi). Dose adjustments for age, weight, gender, or renal or hepatic impairment have not been studied.

The dose for the patient should be measured by a suitable radioactivity calibration system immediately before administration to the patient. Radiochemical purity should be checked before administration to the patient. Neurolite, like other parenteral drug products, should be inspected visually for particulate matter and discoloration prior to administration unless solution and container permit. Preparations containing particulate matter or discoloration should not be administered. They should be disposed of in a safe manner, in compliance with all applicable regulations.

Prior to reconstitution, vial A and vial B are stored at 15°-25° C. Protect vial A from light. Store at room temperature (15°-30°C) after preparation.

Aseptic techniques and effective shielding should be employed in withdrawing doses for administration to patients. Waterproof gloves and effective shielding should be worn when handling the product.

RADIATION DOSIMETRY
The radiation doses to organs and tissues of an average patient (70 kg) for Technetium Tc99m Bicisate injected intravenously for 370 MBq (10 mCi) are shown in Table 4 and for 1110 MBq (30 mCi) are shown in Table 5.

<table>
<thead>
<tr>
<th>Organ</th>
<th>2.0 hr Void</th>
<th>4.8 hr Void</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mGy/MBq</td>
<td>mGy/MBq</td>
</tr>
<tr>
<td></td>
<td>370 mBq</td>
<td>10 mCi</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>1.26</td>
<td>0.13</td>
</tr>
<tr>
<td>Brain</td>
<td>2.04</td>
<td>0.20</td>
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<tr>
<td>Gallbladder Wall</td>
<td>9.25</td>
<td>0.91</td>
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<tr>
<td>Intestine Wall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Lower Large)</td>
<td>4.81</td>
<td>0.47</td>
</tr>
<tr>
<td>(Intestine Wall)</td>
<td>3.48</td>
<td>0.35</td>
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<tr>
<td>(Upper Large)</td>
<td>5.68</td>
<td>0.61</td>
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<tr>
<td>Kidneys</td>
<td>2.70</td>
<td>0.27</td>
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<tr>
<td>Liver</td>
<td>1.96</td>
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<tr>
<td>Lungs</td>
<td>0.74</td>
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<td>Spleen</td>
<td>2.00</td>
<td>0.22</td>
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<tr>
<td>Red Marrow</td>
<td>0.89</td>
<td>0.09</td>
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<tr>
<td>Testes</td>
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<td>0.08</td>
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<tr>
<td>Thyroid</td>
<td>1.30</td>
<td>0.13</td>
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<tr>
<td>Urinary Bladder Wall</td>
<td>11.10</td>
<td>1.10</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.89</td>
<td>0.09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organ</th>
<th>2.0 hr Void</th>
<th>4.8 hr Void</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mGy/MBq</td>
<td>mGy/MBq</td>
</tr>
<tr>
<td></td>
<td>1110 MBq</td>
<td>30 mCi</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>3.77</td>
<td>0.39</td>
</tr>
<tr>
<td>Brain</td>
<td>6.11</td>
<td>0.61</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>27.75</td>
<td>2.73</td>
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<tr>
<td>Intestine Wall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Lower Large)</td>
<td>14.43</td>
<td>1.41</td>
</tr>
<tr>
<td>(Intestine (Small))</td>
<td>10.43</td>
<td>1.05</td>
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<tr>
<td>(Upper Large)</td>
<td>17.76</td>
<td>1.83</td>
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<tr>
<td>Kidneys</td>
<td>8.10</td>
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<tr>
<td>Liver</td>
<td>5.98</td>
<td>0.60</td>
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<td>2.22</td>
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<tr>
<td>Ovaries</td>
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<td>2.66</td>
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<tr>
<td>Testes</td>
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<td>0.24</td>
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<tr>
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<td>3.89</td>
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<td>33.33</td>
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</tr>
<tr>
<td>Total Body</td>
<td>2.66</td>
<td>0.27</td>
</tr>
</tbody>
</table>

*Dosimetry calculated using the MIRD software program at Oak Ridge Associated Universities, P.O. Box 117, Oakridge, TN, 29 July 1988.

Marketed By
DuPont Radiopharmaceutical Division
The DuPont Merck Pharmaceutical Company
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Billerica, Massachusetts 01821

For Ordering Tel. Toll Free: 800-225-1572
All other business: 800-362-2986
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References:

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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.

The SophyCamera DST-XL with Whole-Body Emphasis

Sophy Medical Systems, Inc. brings its second variable-angle open-gantry gamma camera to the medical market—the Sophy-Camera DST-XL. With this new addition, the DST-XL camera will allow users to make a caseload specific choice: the DST-XL for general purpose imaging with a whole-body emphasis, or the DST for general purpose imaging with a cardiac emphasis. With both cameras available users can select the one optimized for either cardiac or whole-body studies. The new camera can achieve multiple detector angulations—180° for single-pass whole-body studies and general tomography, 90° for supine or prone spine tomography and high-efficiency cardiac SPECT and 75° or 60° for bilane or prone first-pass exams. The DST-XL can perform a wide array of examinations easily and efficiently. And the DST-XL, the like the DST, is an open-gantry, single-table system. For immediate attention or transport, simply pull the patient away. IV’s, monitors and respirators may be placed in close proximity without interference. Imaging may be performed with the patient on a table, stretcher, chair or standing up. And because the system is open up, feelings of claustrophobia tend to be reduced. The DST-XL also introduces infrared body contouring, which automatically follows the patient’s outline in whole-body and general SPECT imaging, reducing detector distance, improving resolution and reducing acquisition set-up time. Sophy Medical Systems, Inc., 9720 Patuxent Woods Dr., Columbia, Md 21046, (410) 312-8800. Fax: (410) 312-8994.

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The 1995 examination will be given Saturday, June 11, 1995 in Minneapolis, Minnesota, in conjunction with the 42nd Annual Meeting of the Society of Nuclear Medicine.

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Completed Applications must be postmarked by March 15, 1995. The examination fee is $450 ($400 refundable if you do not qualify).

For applications and more information, please contact:
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