Spirit of Change

Siemens Nuclear Medicine Group
Siemens Medical Systems, Inc.
Nuclear Medicine Group
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Telephone (708) 304-7700
It's SPECTacular!

New
From CAPINTEC

The Hardware And Software Performance (HASP) SPECT Phantom is ideal for routine quality control and acceptance testing. The HASP Phantom can also be used as a training and research tool for technologists, physicians and scientists. There are no extra components to keep track of since it comes completely assembled with its own manual. You can obtain valuable quantitative information quickly and accurately.

HIGHLIGHTS

• Low Cost and Easy-To-Use.
• Use to evaluate SPECT and PET imaging systems.
• Acceptance testing and routine quality control.
• Clinical SPECT protocols easily evaluated.
• No assembly required — just fill and use.

Circle Reader Service No. 23
CAPINTEC, INC.
6 Arrow Road, Ramsey, NJ USA 07446
Phone: (800) ASK-4-CRC or (201) 825-9500
Fax: (201) 825-4829
'Tis the season to be stress-ful

This season, you can enhance the information you get with myocardial perfusion imaging. By performing stress myocardial perfusion imaging with Cardiolite®, you can obtain critical diagnostic information regarding function and stress perfusion from one study. Cardiolite also offers the unique advantages of higher photon energy (140 keV) for greater anatomical detail, particularly important for difficult-to-image patients, and the ability to perform gated SPECT, which can enhance interpretive confidence.

So remember, the next time you perform a myocardial perfusion imaging study, make patient management easier—stress Cardiolite.

Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

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. © 1995, DuPont Pharma
ADVERSE REACTIONS: During clinical trials, approximately 8% of patients experienced a transient nausea and/or taste perversion (metallic or bitter taste) 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, chest pain, and hypotension have also been reported. Cardiac, arterial, and venous events have occurred adjacent to the agent, including angina, chest pain, and death have occurred (see Warnings and Precautions). The following adverse reactions have been rarely reported: signs and symptoms consistent with创客 suggests occurring shortly after administration of the agent; transient arthritis in a wrist joint; and severe hypersensitivity, which was characterized by dyspnea, hypotension, bradycardia, and vomiting within two hours after a second injection of Technetium Tc99m Sestamibi.

DOSEAGE AND ADMINISTRATION: The suggested dose range for I.V. administration in a single dose to be employed in the average patient (70kg) is 370-1110MBq (10-30mCi).

The dose administered should be the least 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. Radiopharmaceutical purity should be checked prior to patient administration.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

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

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

Table 4. Radiation Absorbed Doses from Tc99m Sestamibi

<table>
<thead>
<tr>
<th></th>
<th>Organ</th>
<th>Absorbed Dose</th>
<th>2.0 hour void</th>
<th>4.0 hour void</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>rad/MBq</td>
<td>rad/MBq</td>
<td>rad/MBq</td>
</tr>
<tr>
<td>Organ</td>
<td></td>
<td>30mCi</td>
<td>1110MBq</td>
<td>30mCi</td>
</tr>
<tr>
<td>Breast</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Stomach</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>5.4</td>
<td>5.4</td>
<td>5.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
<td>5.8</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Kidneys</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Liver</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
<td>5.7</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>2.7</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
<td>6.4</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Testes</td>
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<td>3.9</td>
</tr>
<tr>
<td>Red Marrow</td>
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<td>0.5</td>
<td>0.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

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

Radioactive drugs 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.

The contents of the kit before preparation are not radioactive. However, after the Sodium Pertechnetate injection is added, adequate shielding of the final preparation must be maintained.

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

Technetium Tc99m labeling reactions involved depend on maintaining the stability of the reduced Tc99m ion. The choice of labeling reagent containing oxidants should not be used.

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

Radiochemists 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 proper government agency authorized to license the use of radionuclides.

Stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate reconditioning 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: 30%
- Dyspnea: 17%
- Chest Pain: 16%
- ST-depression: 7%
- Arrhythmia: 18%

Radiopharmaceutical Internal Dose Information Center, July, 1990, Oak Ridge Associated Universities, P.O. Box 117, Oak Ridge, TN 37831, (800) 576-3449.

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.

To priorhythm the pH is between 5.3-5.9. The contents of the vials are lyophilised and stored under nitrogen. Store at 15-25°C before and after reconstitution. Technetium Tc99m Sestamibi contains no preservatives. Included in each two (2) vial kit are one (1) package insert, six (6) vial shield labels and six (6) radiation warning labels. Included in each five (5) vial kit are one (1) package insert, five (5) vial shield labels and six (6) radiation warning labels. Included in each thirty (30) vial kit are one (1) package insert, thirty (30) vial shield labels and thirty (30) radiation warning labels.

The U.S. Nuclear Regulatory Commission has approved this reagent kit for distribution to persons licensed to use radiopharmaceutical material pursuant to section 35.11 and section 35.200 of Title 10 CFR Part 35, to persons who hold an equivalent license issued by an Agreement State, and, outside the United States, to persons authorized by the appropriate authority.
using aerosols to determine the patency of the pulmonary airway system? Use a gas (that's what the airway system is for), and Xenon (127 or 133) are gases which are safe, economical and easy to administer with the XENAMATIC™ 3000.

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- Built-in O₂ monitor with digital display and control.
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**Computers in Nuclear Medicine: A Practical Approach**
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DUPONT PHARMA CARDIOVASCULAR NUCLEAR MEDICINE RESEARCH FELLOWSHIP

The Society of Nuclear Medicine Awards Committee announces that a fellowship for $30,000 is available for July 1, 1996.

The objective of this fellowship is to: (1) Encourage physician to enter the field of Cardiovascular Nuclear Medicine, and (2) Support high quality nuclear cardiology clinical research.

Funds can be used to support the research and/or salary of the investigator. Preference will be given to young physicians, or those new to the field of Cardiovascular Nuclear Medicine. The award will be announced at the next Annual SNM Meeting, June, 1996, in Denver, CO.

For more information and an application:
The Society of Nuclear Medicine, SNM Awards Committee
1850 Samuel Morse Drive, Reston, VA 22090

Deadline: January 6, 1996

MALLINCKRODT FELLOWSHIP

Mallinckrodt, Inc. has announced an Annual Fellowship of $30,000 for a physician fellow active in nuclear medicine research and/or development. The award is to further a research project involving the development of single photon radiopharmaceuticals or beta emitters to be used in nuclear medicine oncology. Applicants are asked to submit their curriculum vitae, a detailed account of their research project including prior accomplishments on the project, and future plans. Deadline for this year’s award is January 6, 1996. Requested information, along with at least two letters supporting the application, should be forwarded to: William J. MacIntyre, PhD, The Society of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, VA 22090. The recipient will be announced at the Annual Meeting of The Society of Nuclear Medicine.

THE SNM/ MEDI-PHYSICS AWARD FOR INNOVATION IN BRAIN IMAGING

The Society of Nuclear Medicine announces an exciting new research grant supported by Medi-Physics, Inc., Amersham Healthcare for functional brain imaging using SPECT in the field of neuropsychiatry.

This year’s grant challenges the candidate to do innovative research which will expand the clinical utility of functional brain imaging and enhance the emphasis of SPECT brain imaging services in nuclear medicine departments across the United States. Preference will be given to young physicians or scientists who have recently entered the field.

For more information and application forms, please contact:
The Society of Nuclear Medicine
SNM Awards Committee
1850 Samuel Morse Drive
Reston, VA  22090

Completed applications must be returned by January 6, 1996. The award winner will be announced at the 1996 Annual SNM Meeting in Denver, Colorado.
Maximal Vasodilation
for patients unable to exercise adequately

Imaging comparable to maximal exercise

- Interpretable images obtained in 98.7% of patients
- Maximal coronary hyperemia achieved in 2-3 minutes
- No supplemental exercise necessary

Rapid onset, short duration

- <10-second half-life minimizes post-infusion monitoring time
- Side effects usually resolve quickly

ADENOSCAN®
adenosine

Please see brief summary of prescribing information on adjacent page for warnings, precautions and contraindications.

Fujisawa

For Intravenous Infusion Only

DESCRIPTION
Adenoscan® is an endogenous nucleoside occurring in all cells of the body. It is chemically 6-amino-9-beta-D-ribofuranosyl-9-H-purine.
Adenosin is a white crystalline powder. It is soluble in water and practically insoluble in alcohol. Solubility increases by warming and lowering the pH of the solution.
Each Adenoscan® vial contains a sterile, non-pyrogenic solution of adenosine 3 mg/mL and sodium chloride 9 mg/mL. In Water for Injection, q.s. The pH of the solution is between 4.5 and 7.5.

INDICATIONS AND USAGE:
Adenoscan® is indicated as an adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately.

(Warnings)

CONTRAINdications:
Intravenous Adenoscan® should not be administered to individuals with:
1. Second- or third-degree AV block (except in patients with a functioning artificial pacemaker).
2. Sinus node disease, such as sick sinus syndrome or symptomatic bradyarrhythmias.
3. Known or suspected bronchocentric or bronchoplastic lung disease (e.g., asthma).
4. Known hypersensitivity to adenosine.

WARNINGs:
Fetal Cardiac Arrest, Life Threatening Ventricular Arrhythmias, and Myocardial Infarction
Fetal cardiac arrest, sustained ventricular tachycardia (requiring resuscitation), and nonfatal myocardial infarction have been reported coincident with Adenoscan infusion. Patients with unstable angina may be at greater risk.

Sedative and Adenoscan® Infusion
Adenoscan® (adenosine) has a direct depressant effect on the SA and AV nodes and has the potential to cause first-, second- or third-degree AV block, or atrioventricular (AV) block. Approximately 5% of patients developing AV block with Adenoscan, including first-degree (S:AVR), second-degree (S:AVN), and third-degree (S:AVN) block. All episodes of AV block have been asymptomatic, transient, and did not require intervention. Adenoscan® can cause transient bronchospasm. Adenoscan should be used with caution in patients with pre-existing first- or second-degree AV block or bundle branch block and should be avoided in patients with high-grade AV block or atrioventricular dyssynchrony (except in patients with a functioning artificial pacemaker). Adenoscan® should be discontinued in any patient who develops persistent or symptomatic high-grade AV block. Sinus pause has been rarely observed with adenosine infusion.

Hypotension
Adenoscan® (adenosine) is a potent peripheral vasoconstrictor and can cause significant hypotension. Patients with an intact baroreceptor reflex mechanism are able to maintain blood pressure and tissue perfusion in response to Adenoscan® by increasing heart rate and cardiac output. However, Adenoscan® should be used with caution in patients with autonomic dysfunction, systemic valvular heart disease, peripheral or cardiac effusions, aortic and mitral insufficiency, and those with a history of severe hypertension, or a history of angina pectoris. Patients with a recent myocardial infarction, unstable angina, or prior myocardial infarction who have had previous cardiac catheterization are more likely to experience hypotension.

Hypersensitivity
Intravenous administration of Adenoscan® (adenosine) has led to various allergic responses, including bronchospasm, hypotension, and dyspnea. Adenoscan® should be used with caution in patients with a history of atopy or a history of allergy to adenosine. Patients who have experienced anaphylaxis to adenosine should not be treated with Adenoscan®.

Pulmonary Edema, Pulmonary Hypertension, and Cardiac Arrest
Adenoscan® has been associated with the development of pulmonary edema, pulmonary hypertension, and cardiac arrest. Adenoscan® should be used with caution in patients with a history of pulmonary edema, pulmonary hypertension, or a history of cardiac arrest.

ADVERSE EFFECTS:
Adenoscan® (adenosine) is administered most frequently for diagnostic purposes, and adverse effects are observed in patients in whom the test is indicated. The following adverse effects have been reported in patients given Adenoscan®.

DOSAGE AND ADMINISTRATION:
For intravenous infusion only.
Adenoscan® should be given as a continuous peripheral intravenous infusion.
The calculated intravenous dose for adults is 1.40 mg/kg infused for six minutes (total dose of 0.84 mg/kg).
The required dose of thallium-201 should be injected at the midpoint of the Adenoscan® infusion (i.e., after the first three minutes of Adenoscan® infusion).
A second injection is administered at the end of the Adenoscan® infusion and may be injected directly into the intravenous infusion bag.
If the injection is not at least 30 minutes after the previous injection, the Adenoscan® infusion should be discontinued.
A single administration of 1 mg/kg has been used to test the safety and efficacy of Adenoscan® in patients with heart disease.

Note: Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration.

CAUTION:
Federal law prohibits dispensing without prescription.

Circle Reader Service No. 50
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  This new syringe shield features 360° viewing through 6.2 density leaded glass with tip-to-tip visibility.
• PRO-Tec III
  The all new Syringe Shield featuring a unique Safe-T-lock design that immediately grips and secures the syringe in place and releases it by the simple press of a button.
• PRO-Tec II
  Our most popular syringe shield. Designed for the clinician who has previously found it difficult to work with conventional syringe shields. Lightweight, tensile strength of steel, and tungsten shielding make the pencil thin Pro-Tec II a popular choice.

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  Specified with either 1/2" or 1" lead shielding on all 6 sides, and 8-12 key locked, lead lined drawers this module is a must in all hot labs.
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  These shields come in two sizes mini and standard; choose the size that fits your workload.

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- Daily constancy isotope keys
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  - Prints "peel & stick" syringe / report labels
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  - RS-232 serial port standard

The new Atomlab 100 PET performs all standard dose calibration and then some. With more features than the Atomlab 100 at less cost than the Atomlab 200 - Atomlab 100™ PET is a great investment.

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- Inventory control of 25 samples, correcting for volume, activity and molybdenum concentration
- Volume determination and future dose computations
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- Isotope decay protection
- Automatic linearity calculations using attenuator tubes
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- Advanced dot matrix printer

**The Atomlab™ 950 Thyroid Uptake System**
- The only POWER MAC based Thyroid Uptake System
- Easy to learn, easy to use
- 1024 Channel Multi-Channel Analyzer
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- Auto-calculation and calibration
- Complements any size nuclear medicine department
- Uptakes, Bioassay, Wipe Testing, Schilling, Manual MCA

The Atomlab 930 is a complete Thyroid Uptake System specifically designed for nuclear medicine professionals, capable of performing a wide array of functions including Updates, Bioassay, Wipe Test, Schilling, Manual MCA mode.

FREE 150 PAGE BIODEX CATALOG

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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**

<table>
<thead>
<tr>
<th>Model</th>
<th>Strip Chart</th>
<th>CRT Monitor</th>
<th>HR/R-R Int</th>
<th>Trigger</th>
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<tr>
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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.
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Nuclear Medicine Technologists

Located in the beautiful city of Savannah, Georgia, site of the upcoming 1996 Olympic Yachting events, the Savannah Regional Heart Center of Candler Hospital is presently seeking a qualified applicant to fill a part-time opening (minimum 20 hours per week) for a nuclear medicine technologist for its Mobile Diagnostic Unit.

Interested applicants should:

- Hold AART/NMTCB certification
- Have at least one year of experience as a Nuclear Medicine Technologist
- Have working knowledge of Radiation Safety guidelines and Georgia state regulations for radiation licensure
- Georgia state commercial driver’s license is a plus

If you have further interest in this outstanding opportunity, please contact: Nannette Cafiero, Recruiter, P.O. Box 9787, Savannah, GA 31412-9787. In Georgia (912) 692-6118. Outside Georgia 1-800-569-5463, ext. 6118. Or you may fax your resume for immediate consideration to: (912) 692-6662.

EOE

SNM 43RD ANNUAL MEETING

Critical Dates

<table>
<thead>
<tr>
<th>Item</th>
<th>Due Date</th>
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<tbody>
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<td>ABSTRACT FORMS</td>
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<td>Scientific Papers</td>
<td>1/9/96</td>
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<td>Scientific Exhibits.</td>
<td>1/9/96</td>
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<tr>
<td>REGISTRATION FORM</td>
<td>4/29/96</td>
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<td>HOUSING FORM.</td>
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DON’T FORGET THE MID-WINTER MEETING IS IN SAN JUAN, PUERTO RICO

DATE: January 9-16, 1996

LOCATION: Caribe Hilton Hotel and Casino

EDUCATION PROGRAM SPONSOR: The Computer and Instrumentation Council
Adenoscan*: Pharmacologic Alternative to the Treadmill

Adenoscan is a new pharmacologic stressor that enables the detection of coronary artery disease. When used with a radioactive tracer, Adenoscan enables doctors to quickly and accurately determine the status of blood supply to the heart in those patients unable to undergo or adequately complete a treadmill stress test: such as individuals who are arthritic or have orthopedic problems of the lower limbs and those with lower-body prostheses. Patients suffering from neuro-muscular diseases or who have pacemakers are excellent candidates for Adenoscan treatment. The drug works by dilating normal coronary arteries, increasing the heart's blood flow between three and four times its normal capacity. Once dilation takes place, 99mTc is injected to illuminate those areas of the heart muscle with increased blood flow. The drug is supplied as 3 mg/ml in a 30-ml single-dose, flip-top glass vial of sterile, nonpyrogenic normal saline solution, packaged individually and in packages of 10. Adenoscan is administered as an intravenous infusion over a 6-min period. Adenoscan increases blood flow to the coronary arteries, thus producing the same effect as exercise without requiring the patient to undergo physical exertion. Fujisawa USA, Inc., William A. Ehmg, Three Parkway North, Deerfield, IL 60015-2548. Phone: (708) 317-8639.

Breakthrough Nuclear Workstation from GE: Ability to Improve Nuclear Medicine Productivity

GE Medical Systems has introduced an advanced display and analysis workstation designed to improve the productivity of nuclear medicine departments. The GE Nuclear Imaging Environment (GENIE*) analysis workstation offers a total imaging environment in which both software and operating system are able to perform a vast array of system operations. Features include: an innovative design philosophy based on departmental needs for power, flexibility, connectivity and simplicity. Its open architecture allows running of several standard computer platforms. By utilizing recognized industry standards such as X Windows and Motif and DICOM 3, GENIE is designed for maximum forward and backward compatibility to UNIX platforms.

GENIE features a graphical user interface and easy-to-read screen layouts designed to reduce training time and increase productivity, enabling data analysis, networking and archiving activities to be controlled form a single workstation. Information exchange is based on standard file formats such as DICOM 3, Intefile and GE Starlink. GENIE operates concurrently with Star 4000i, 3200i and CamStar systems, and utilizes GE's library of nuclear medicine software. GE Medical Systems, Brian Johnson, P.O. Box 414, Milwaukee, WI 53201. Phone: (800) 643-6439.

Identification Markers for Use on Medical Images

For many years, x-ray technologists have been required to use lead right and left markers on every x-ray film. Now, with the use of JRT Associate's identification markers, nuclear medicine images can have "R" and "L" identification imaged directly on your film. Positional information is achieved during acquisition for assured patient film markings. Each 100 μCi 99mTc identification marker set consists of 5 cm diameter "R" and "L" markers. JRT Associates, Janet Barbieri, Marketing Manager, 124 Saw Mill River Rd., Elmsford, NY 10523. Phone: (800) 221-0111. Fax: (914) 592-3167.

Diagnosing Heart Problems with Medi-Physics Myoview™

This past July, Medi-Physics, Inc., Amersham Healthcare received an approval letter from the U.S. Food and Drug Administration (FDA) for their new product—Myoview™—a kit for the preparation of 99mTc-tetrofosmin. Medi-Physics says this new product will make diagnosing heart problems more accurate and cost-effective. Since Myoview is technetium-labeled, it will be readily available when needed by hospitals and clinics as opposed to thallium, which is cyclotron-produced. Thallium's availability depends on delivery schedules that are not entirely under the physician's control. Myoview offers a significant potential for savings to hospitals, patients and their insurance carriers, especially in comparison with other cardiac imaging agents. This product gives departments various options in scheduling and imaging patients, thus improving camera utilization. Patients can be fully scanned and diagnosed with Myoview in one day, unlike with other techniques that can require the patient to return the second day. Furthermore, since the drug can be made up quickly without tedious preparation steps, availability to emergency departments for use as soon as patients presenting with chest pain are stabilized is an extra bonus. Myoview is sold directly to qualified institutions and distributed through the Medi-Physics nationwide network of more than 100 select radiopharmacies. Medi-Physics, Inc., Amersham Healthcare, William A. Ehmg, 2636 South Clearbrook Dr., Arlington Heights, IL 60005. Phone: (708) 593-6300, ext. 244. Fax: (708) 593-0069.

Introducing the Macintosh® Thyroid Uptake System

Biodex Medical Systems proudly introduces the Atolab 950, a thyroid uptake system packaged in either a Macintosh Quadra 605 with a color monitor or Macintosh Powerbook. Programs include: thyroid uptake, wipe testing, bioassay, shilling tests, RBC survival, blood volume and administration/QA. The wipe test program is extensive to satisfy new regulations and includes the ability to customize site and location, documented in clear, quality report-style. All program reports are generated on a laser-quality printer on either facility letterhead or standard stationary.

The Atolab 950 is available either with a mobile stand or in a table top configuration for departments with limited floorspace. Biodex Medical Systems, Brookhaven R&D Plaza, P.O. Box 702, Shirley, NY 11967-0702. Phone: (800) 224-6339. Fax: (516) 924-9241.
Join more than 8000 of your colleagues in celebrating the 43rd Annual Meeting of the Society of Nuclear Medicine in Denver, Colorado, June 2-6, 1996. 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.

**Continuing Education Courses**
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 include 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.

The ever-increasing importance of the role of 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.

**Exhibit**
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.

If you need further information, please contact:
Society of Nuclear Medicine Department: Meeting Services
1850 Samuel Morse Drive, Reston, Virginia 22090
Phone: (703) 708-9000 Fax: (703) 708-9015

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<td>275.00</td>
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OptiCEL self-tuning digital detectors keep your nuclear systems out of the shop.

**NEW OPTICEL™ DIGITAL DETECTORS.** Sports cars aren't the only high-performance machines that need constant tuning. To get optimal image quality consistently, your digital gammacamera will need ongoing adjustment as well. The question is, "Will you have to sacrifice uptime to get it?" Not with OptiCEL digital detectors from Toshiba. OptiCEL digital detectors feature Optotune™, an exclusive self-tuning technology that automatically adjusts the digital detector. That means that your Toshiba gammacamera will stay up and running, not up on the rack.

Available on Toshiba's nuclear gammacamera systems, Optotune tunes the digital detector up to 512 times per second. That equates to super-crisp image quality every time, but of equal importance, it translates to exceptional reliability and maximum uptime. Digital detectors without Optotune may require service every two months to get similar tuning. And service time is downtime.

New OptiCEL digital detectors: powerful, self-tuned nuclear diagnostics designed to stay in service... and out of the shop. For more information call: 1-800-421-1968

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