RADIOACTIVE DRUG RESEARCH COMMITTEE (RDRC)

The New York Presbyterian Hospital and Weill Medical College of Cornell University

RDRC Amendment request form
This is a request form. Review and approval by RDRC is needed prior to implementation.

Principle Investigator name:
Protocol Number:
Study Title:

Request regarding:

☐ Change in PI
☐ Change in Radiopharmaceutical/tracer use in the Protocol
☐ Change in the consent language used to describe the risks of the radiopharmaceutical material or agent
☐ Change or addition of radiopharmaceutical material or agent
☐ Change in dose of/ exposure to radiopharmaceutical material or agent
☐ Change in number or dose of radiation exposure related to other procedures (e.g. CT scan, X-rays)
☐ Adverse events involving the radiopharmaceutical material or agent
☐ Changes in location of the research
☐ Changes in vendor providing the radiopharmaceutical material or agent
Request regarding (continue):

- Changes in the authorized user of the radiopharmaceutical material or agent
- Change in the number of subjects
- Re-opening protocol that had been closed to accrual
- Annual Report
- Other:

  Please clarify:

- Supplemental information attached (please check the box if that applies to your request and provide additional documents)

Requested by: ______________________

Signature: ______________________

Date: ________________
Reviewer's Comments:

Drug:
Date:
Status of study:
Comments:

Approved as is:

Approved With Comments/Suggestions:

Deferred: ______
Rejected: ______

Reviewed by: ________________
Reviewer's Signature: _____________________________
Review Date: ________________