

Human Subject Protocol No \_\_\_\_\_

Receipt date \_\_\_\_\_

**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:**

<p><b>Drug:</b> <b>Date:</b> <b>Status of study:</b> <b>Comments:</b></p>
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**Approved as is:**

**Approved With Comments/Suggestions:**

**Deferred:** \_\_\_\_\_

**Rejected:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

**Reviewer's Signature:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_