**Stony Brook University**

**Radioactive Drug Research Committee (RDRC)**

**Amendment/Revision Cover Sheet**

**Principal investigator:**

**RDRC #:**

**Title:**

**Today’s Date:**

1. **Indicate the type of amendment/revision:**

[ ] Minor amendment/revision (e.g., no substantial alteration to (i) the level of risks to the subjects; (ii) the research design or methodology; (iii) the qualifications of the research team; or (iv) the facilities available to support safe conduct of the research.

[ ] Major amendment/revision (e.g., resulting in increased risk to the subject)

1. **Describe the requested change(s) and provide a clear rationale for the proposed change(s).**

1. **Will the amendment/revisions affect the risks or benefits to subjects?**

 [ ] No [ ] Yes

 **If yes, please provide a justification for the modification:**