**Stony Brook University**

**Radioactive Drug Research Committee (RDRC)**

**Reporting Form for Adverse Events (AEs)**

All adverse events must be reported to the RDRC within 5 working days. Please complete and submit this form to emily.li.1@stonybrook.edu.

**Principal investigator:**

**RDRC #:**

**Title:**

**Today’s Date:**

1. Did the Adverse Event occur in a subject enrolled through SBU?

[ ]  No [ ]  Yes: Subject ID#:

1. Date of occurrence of Adverse Event:
2. a). Did the Adverse Event result in death?

 [ ]  No [ ]  Yes

 b). Was the Adverse Event life threatening?

 [ ]  No [ ]  Yes

1. Describe the Adverse Event. For SBU subjects, include details concerning how the event was managed, including outcome.

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1. Has the Adverse Event occurred before:

 [ ]  No [ ]  Yes\*

 \*If **YES**, what is the incidence of occurrence?

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1. Is this study still open to enrollment of new subjects?

 [ ]  No [ ]  Yes

1. In the opinion of the PI, is this adverse event probably attributable to the use of radioactive drug in the research study?

[ ]  No [ ]  Yes