**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