RDRC RADIATION EXPOSURE QUESTIONNAIRE

Study coordinator: please complete this form at the time of consent. <u>Studies</u> <u>utilizing RDRC compounds will not be performed if this form is not submitted.</u>

1. Study coordinator/P.l	[. :		
2. Study Name:			
3. IRB #:			
4. Participant I.D.:			
5. Subject # out of 30:			
	ed in a RDRC research stu ed isotope, x-ray, CAT sca	-	
(Check one)	Yes	No	
If yes, please list the dat study:	te, location and IRB numb	er (if available) of tl	ne research
Date:	IRB #:		
Location:			
the line below and retain with Mapping Center.	Form is completed and signed by the participant's signed consent for the participant's signed by the participant's signed consent for the participant for the par	form. Submit the upper p	
Name	Signature	Date	Time
	~ .g		
1. Subject # out of 30: _			
	ed in a RDRC research stu ed isotope, x-ray, CAT sca	-	
(Check one)	Yes	No	
Research Subject Name	e (Print):		
Signature:			
51 5 114141 C			