

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

**RADIOACTIVE DRUG RESEARCH COMMITTEE (RDRC)
REPORT ON RESEARCH USE OF RADIOACTIVE DRUG
MEMBERSHIP SUMMARY**

Form Approved: OMB No. 0910-0053

Expiration Date: 10/31/04

DATE OF SUBMISSION

NOTE: 21 CFR 361.1 Requires that an annual report be submitted by each RDRC. Use Form FDA 2914 to report names and qualifications of RDRC members and consultants. Also use Form FDA 2915 to add special summaries, as required.

Return COMPLETED form to:

Food and Drug Administration
Center for Drug Evaluation and Research
ODE-III (HFD-160)
5600 Fishers Lane
Rockville, MD 20857

Attention: RDRC

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
Center for Drug Evaluation and Research
ODE-III (HFD-160)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

RDRC COMMITTEE NUMBER

NAME OF INSTITUTION

RDRC CHAIRPERSON

a. Name

b. Address (Include ZIP code)

c. Telephone No. (Include Area Code)

d. E-mail

A. REQUIRED MEMBERS (Names and Qualifications)

NOTE: Names must be listed. Qualifications previously submitted to FDA may be incorporated by reference to the appropriate submission. An individual may not represent more than one required specialty within the proscribed meetings.

1. PHYSICIAN(S) RECOGNIZED AS SPECIALIST(S) IN NUCLEAR MEDICINE

2. PERSON(S) QUALIFIED BY TRAINING AND EXPERIENCE TO FORMULATE RADIOACTIVE DRUGS

3. PERSON(S) WITH SPECIAL COMPETENCE IN RADIATION DOSIMETRY

B. OTHER VOTING MEMBERS *(Names and Disciplines; Specialties)*

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C. COMMITTEE CONSULTANTS *(i.e., Pediatrician) (Names and Disciplines; Specialties)*

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D. NON-VOTING MEMBERS, IF ANY *(Names and Position Titles)*

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NUMBER OF STUDY SUMMARIES SUBMITTED IN THIS REPORT

SIGNATURE OF RDRC CHAIRPERSON	DATE
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(If additional space is needed, attach 8-1/2" X 11" sheets of plain white bond)

FOR FDA USE ONLY

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