

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

Please enclose a copy of this Checklist together with the RT materials you submit. All materials must be labeled with the protocol and assigned registration number.

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or on CD. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org with the **protocol # and registration # in the subject line**. Please refer to IROC Rhode Island website for instructions on sending digital data (www.QARC.org).

Data not sent via sFTP may be sent via email to datasubmission@qarc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

The following materials must be submitted prior to the start of radiotherapy for interventional review (*The patient may start treatment prior to receiving the results of the review.*):

DATE
SUBMITTED

- _____ Operative & pathology reports for lumpectomy/mastectomy/SLN/ALND procedures
- _____ Copy of digital RT Treatment Plan (DicomRT or RTOG format)
- _____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ DRRs of each 3D treatment field
- _____ Prescription sheet for the ENTIRE treatment
- _____ RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf or Proton Dosimetry Summary Form http://www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf
- _____ Explanation if recommended doses to organs at risk are exceeded

Final Review materials must be submitted within 1 week of the completion of radiation:

- _____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
- _____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Documentation listed above showing modifications from the original submission (if not previously submitted).

Please contact study CRA by email (DataSubmission@qarc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.