

## ALLIANCE A012301 – Imaging Substudy

Patient Initials: \_\_\_\_\_ Registration #: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Electronic submission is required via TRIAD for all radiology materials. Please submit as soon as possible after each timepoint occurs.**

### *DIAGNOSTIC IMAGING:*

DATE  
SUBMITTED

\_\_\_\_\_ Baseline Mammogram

\_\_\_\_\_ 12 Month Mammogram

\_\_\_\_\_ 24 Month Mammogram

Please contact us by email ([DataSubmission@qarc.org](mailto:DataSubmission@qarc.org)) or phone: **(401) 753-7600** for clarification.