

ALLIANCE A021302
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 CD. For data sent via sFTP, a notification email should be sent to sFTP@garc.org with the **protocol # and registration # in the subject line**. Please refer to the [IROC Rhode Island website](#) for instructions on sending digital data.

Data not sent via sFTP may be sent via email to datasubmission@garc.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 within 3 days of the start of radiotherapy for interventional review:

**DATE
SUBMITTED**

- _____ Operative & pathology reports for surgical resection
- _____ Initial CT or PET/CT Imaging and reports (if actual scans submitted to Imaging Core Lab do not need to be resubmitted)
- _____ Copy of Endoscopy report
- _____ Copy of digital RT Treatment Plan (in DicomRT format)
- _____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ DRRs of each treatment field if 3D planning; DRRs not required for IMRT
- _____ Prescription sheet for the ENTIRE treatment
- _____ [RT-1 Dosimetry Summary Form](#)
- _____ [Motion Management Reporting Form](#) (if applicable)
- _____ 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 Form](#)
- _____ Documentation listed above showing modifications from the original submission (if not previously submitted).

Please contact study CRA by [email](#) at or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.

Version date: 9/30/2015