

**Checklist for Submission of Radiation Oncology Quality Assurance Materials**

Patient Initials: \_\_\_\_\_ Registration #: \_\_\_\_\_ RT Start Date: \_\_\_\_\_

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

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

Radiation Oncologist: \_\_\_\_\_ Email: \_\_\_\_\_

**This study requires the use of TRIAD for RT data submission.**

**The following materials must be submitted within 3 days of the start of radiotherapy for interventional review:**

DATE  
SUBMITTED

- \_\_\_\_\_ Copies of pre-treatment CT and MRI studies and reports identifying the location of the primary rectal tumor
- \_\_\_\_\_ Copy of digital RT Treatment Plan (DicomRT format to include treatment planning CT, structures files, plan and dose files)
- \_\_\_\_\_ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ RT-1 Dosimetry Summary Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)

**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](http://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](mailto:DataSubmission@qarc.org)) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.