

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 data you submit. All materials must be labeled with the protocol and assigned registration number.

Radiotherapy data, imaging studies and reports should only be submitted for patients on Arm C (after Step 2 registration) or Arm E (after Step 3 registration).

Proton-therapy, cyber knife treatment, electrons and hypo-fractionation are not allowed on this study.

Submission of treatment plans in digital format as DICOM RT is **required**. This digital data must include treatment planning CT, structures files, and plan and dose files. Any items on the list below that are not part of the digital plan submission may be included with this transmission.

This study uses TRIAD for RT data and imaging submission.

The following materials must be submitted within one week after the completion of radiotherapy:

DATE
SUBMITTED

_____ Diagnostic imaging studies with reports (used for RT treatment planning)

_____ Copy of digital RT Treatment Plan (DicomRT format)

_____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics

_____ DRRs (Not required for IMRT)

_____ RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf

_____ RT Daily Treatment Chart, including prescription, daily and cumulative doses

_____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

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.