

ALLIANCE A071801

Checklist for Submission of Imaging & 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.

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 prefers the use of TRIAD for RT data submission. In the event that a site has not completed all steps required for TRIAD data submission in time to meet the timeline for data submission, data submitted via sFTP will also be accepted.

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 IROC Rhode Island website for instructions on sending digital data (www.QARC.org).

Non DICOM RT data not sent via Triad or sFTP may be sent by email to datasubmission@garc.org with the protocol # and registration # in the subject line.

Please note that secure emails will Not be opened.

The following materials must be submitted within 1 week of the completion of radiotherapy for review:

DATE
SUBMITTED

_____ Copies and reports of imaging studies and other diagnostic materials used for planning target volumes
(Submit imaging to IROC Ohio, per Section 6.4.3.)

_____ 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

_____ RS-1 Dosimetry Summary Form http://www.qarc.org/forms/Radiotherapy/IROC_RS1DosimetrySummaryForm.pdf

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

The following materials should be submitted as they are acquired for review:

_____ Copies and reports of imaging studies done at follow-up and documenting disease recurrence (Submit imaging to IROC Ohio, per Section 6.4.3.)

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