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

Patient Initials	s: Registration #:	RT Start Date:	_
Sender's Nam	ne:	Phone #:	_
Email:			_
Radiation Ond	cologist:	Email:	_
Please <i>encl</i> o	se a copy of this Checklist together with t with the protocol and assigned registra	the RT materials you submit. All materials must be lation number.	abeled
planning CT, s		RT is <b>required</b> . This digital data must include treatment items on the list below that are not part of the digital plant.	
	RIAD data submission in time to meet the tim	issions. In the event that a site has not completed all standard for pre-treatment review, data submitted via SFTF	
		t to <a href="mailto:sFTP@qarc.org">sFTP@qarc.org</a> with the protocol # and registrations of sending digital data ( <a href="mailto:www.QARC">www.QARC</a>	
The following review:	g materials <u>must be submitted one (1) wee</u>	ek prior to the start of radiotherapy for interventiona	al
<u>DATE</u> SUBMITTED			
	algorithm, and volume of interest dose sta Prescription sheet for the entire treatment	nRT format) ort that includes the MU calcs, beam parameters, calculatistics	ation
Final Review	materials must be submitted within 21 da	ays of the completion of radiation:	
	RT-2 Total Dose Record www.qarc.org/for	luding prescription, daily and cumulative doses  rms/IROC_RT2RadiotherapyTotalDoseRecord.pdf  lifications from the original submission (if not previously	

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

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