

Checklist for Submission of Quality Assurance Materials

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Diagnostic imaging may be submitted via sFTP or on CD. For imaging sent via sFTP, a notification email should be sent to sFTP@qarc.org with the **protocol # and registration # in the subject line**. Please refer to IROC Rhode Island website for instructions on sending digital data (www.IROCRI.QARC.org).

Submit Mammograms done at the following time points:

**DATE
SUBMITTED**

_____ Baseline: Within 180 days prior to pre-registration

_____ 12 months following baseline mammogram

_____ 24 months following baseline mammogram

_____ 36 months following baseline mammogram

_____ 48 months following baseline mammogram

Off Study date _____.

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.