

ALLIANCE A211601

Checklist for Submission of Quality Assurance Materials

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Diagnostic Imaging may be submitted electronically preferably with **TRIAD** (see Section 6.3.3). Alternatively, the images and reports may be submitted via sFTP to IROC Rhode Island (IROC RI). For imaging sent via sFTP, a notification email should be sent to sFTP@qarc.org with the **protocol # and registration # in the subject line**. Digital data submission instructions including instructions for obtaining a sFTP account, can be found at <http://irocricri.qarc.org>. Follow the link labeled digital data.

Mammograms from the following time points must be submitted for review:

DATE
SUBMITTED

_____ Baseline digital mammogram: For patients enrolling concurrently, taken at most 8 weeks prior to registration to A211601; for patients enrolling retrospectively, taken within 1 year prior to registration to A211601; and corresponding radiology report.

_____ Digital Mammogram taken as near as possible to one year after registration to A211601 and corresponding radiology report. (+/- 8 weeks)

_____ Digital Mammogram taken as near as possible to two years after registration to A211601 and corresponding radiology report. (+/- 8 weeks)

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