

ALLIANCE A211801

Checklist for Submission of Quality Assurance Materials

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Files should be submitted electronically through TRIAD (see Section 11.2.5). Images and reports may be submitted via sFTP to IROC Rhode Island (IROC RI).

Email Notification sent only to inform IROC RT of the sFTP submission. Refer to IROC Rhode Island website for instructions on sending digital data.

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

DATE
SUBMITTED

_____ The original mammogram taken prior to enrollment on A211801 and corresponding radiology report. (Mammogram should be \leq 6 months old.)

_____ The mammogram taken as near as possible to one year after registration to A211801 (+/- 8 weeks) and corresponding radiology report.

Please note: Digital files must be submitted in DICOM format. Ensure that software used to de-identify images, if used, does not remove the date of the scan and specifics of the physics/image acquisition such as breast thickness and compression.

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