

Checklist for Submission of 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 final review, data submitted via QARC SFTP will also be accepted. For data 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.QARC.org).

Non DICOM RT data not sent via Triad or sFTP may be sent by email to datasubmission@qarc.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

- _____ 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
- _____ DRRs of each 3D treatment field
- _____ RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf
- _____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
- _____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

Photographic Assessment (Please submit the following digital photos as soon as available):

- _____ Before RT (all patients; for patients randomized to Mepitel arm, photo must be taken prior to placement of Mepitel film)
- _____ Post RT (all patients; for patients randomized to Mepitel arm, photos must be taken prior to removal of Mepitel film And at least one-hour post-removal)
- _____ Follow-Up Post RT (all patients; _____ 7-14 days, _____ 3 months, _____ 6 months, _____ 1 year, _____ 2 years)

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