

**CALGB (Alliance) 70806**

**Checklist for Submission of Diagnostic Imaging Quality Assurance Review Data**

Patient Initials: \_\_\_\_\_ Registration #: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please enclose a copy of this Checklist together with the Diagnostic materials you submit. All materials must be labeled with the protocol and assigned registration number.**

Diagnostic imaging scans in DICOM format may be submitted via sFTP or on CD. For data sent via sFTP, a notification email should be sent to [sFTP@garc.org](mailto:sFTP@garc.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](http://www.QARC.org)).

Data not sent via sFTP may be sent via email to [datasubmission@garc.org](mailto:datasubmission@garc.org) with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

**DIAGNOSTIC IMAGING AND REPORTS:**

DATE  
SUBMITTED

\_\_\_\_\_ Baseline Mammogram  
\_\_\_\_\_ Baseline Mammogram report

\_\_\_\_\_ 12 Month Mammogram  
\_\_\_\_\_ 12 Month Mammogram report

Please contact us by email ([skessel@garc.org](mailto:skessel@garc.org)) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.