

ALLIANCE N0577

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

All Radiation Therapy Review materials must be submitted within 2 weeks of the completion of radiation:

All materials must be labeled with the protocol and assigned registration number.

Digital treatment plan may be submitted via sFTP or on CD. 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.irocri.qarc.org).

Data not sent via sFTP may be sent via email to datasubmission@qarc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

DATE
SUBMITTED

External Beam Treatment Planning System Data

_____ Digital RT treatment plan (including CT, structure, dose and plan files)

_____ Only 3D plans may be submitted as hard copy if digital submission is not possible. Color isodose distributions in axial, sagittal and coronal planes which include the isocenter of the planning target volume (PTV) must be submitted. Color DVHs should include GTV, CTV, PTV and OARs.

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

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