

## PBTC-048

### 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 and diagnostic imaging 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 data submission, data submitted via sFTP will also be accepted. For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto: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](http://www.QARC.org)). Non DICOM RT data not sent via Triad or sFTP may be sent by email to [datasubmission@qarc.org](mailto: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

\_\_\_\_\_ All diagnostic imaging used to plan the target volume. This includes MRI PRIOR to initiation of radiotherapy.

\_\_\_\_\_ Copy of digital RT Treatment Plan (DicomRT format)

\_\_\_\_\_ Treatment planning system summary report that includes the MU calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.

\_\_\_\_\_ RT-1 Dosimetry Summary Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)

\_\_\_\_\_ RT-2 Total Dose Record [www.qarc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)

\_\_\_\_\_ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses.

If the recommended doses to the organs at risk are exceeded, an explanation should be included for review.

If a PTV margin of 3 mm is used, written documentation that image-guided radiation therapy (IGRT) methods are used on a daily basis or alternatively that a head fixation system or verification system was used with weekly or more frequent imaging should be included for review.

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