

**Localized Leiomyosarcoma Biomarker Protocol  
LMS Spore2**

**Checklist for Submission of Diagnostic Imaging Studies**

Registration #: \_\_\_\_\_

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

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

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

Diagnostic imaging should be submitted via sFTP. 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 QARC website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

**Submit Diagnostic Imaging done at the following time points:**

*Please indicate 'N/A' for any imaging time points that will not be acquired.*

DATE  
SUBMITTED

\_\_\_\_\_ **Prior to Treatment**

\_\_\_\_\_ **Post Cycle 2**

\_\_\_\_\_ **Prior to Surgery**

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.