

<p style="text-align: center;">Localized Leiomyosarcoma Biomarker Protocol LMS Spore2</p>

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 with the **protocol # and registration # in the subject line**. Please refer to QARC website for instructions on sending digital data (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 or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.