

Metastatic Leiomyosarcoma Biomarker Protocol

LMS Spore 1

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**

_____ **Post Cycle 4**

_____ **Post Cycle 6**

_____ **Post Cycle 8**

_____ **Progression**

Please contact study CRA by email datasubmission@qarc.org or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing cooperation.