

COG AHEP0731
Checklist for Submission of Diagnostic Imaging Studies

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Diagnostic imaging and reports may 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 [IROC RI website](#) for instructions on sending digital.

Diagnostic imaging sent via a secure email or reports not sent via sFTP may be sent via email to datasubmission@qarc.org with the protocol # and registration # in the subject line.

ONLY DIAGNOSTIC IMAGING AND REPORTS ARE REQUIRED TO BE SUBMITTED TO QARC. THERE IS NO RADIOTHERAPY COMPONENT TO THIS STUDY.

DIAGNOSTIC IMAGING AND REPORTS:

DATE
SUBMITTED

_____ **Pre-study (at diagnosis):** CT/MR **AND** US along with reports.

_____ **Post cycle 2:** CT/MR **AND** US along with reports (*Stratum 3/Stratum 4 patients*).

_____ **Post cycle 4:** CT/MR **AND** US along with reports (*Stratum 3/Stratum 4 patients*).

_____ **Post cycle 6:** CT/MR **AND** US along with reports (*Stratum 4 non-responders*).

_____ **Post cycle 7:** CT/MR **AND** US along with reports (*Stratum 4 responders*).

_____ **End of therapy:** CT/MR along with report (*Stratum 2/Stratum 3/Stratum 4*).

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

Imaging may also be submitted via Dicomunicator. CDs with the imaging and reports may also be sent via courier.

Version date: 7/28/2015