

COG AHEP1531

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

The files should be submitted electronically via TRIAD, sFTP or Dicomcommunicator. See section 16.4 for more details on TRIAD submission. 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 Rhode Island website for instructions on sending digital data (www.QARC.org).

Radiology reports not sent via TRIAD or sFTP may be sent to datasubmission@qarc.org with the protocol # and registration # in the subject line. CDs with the imaging and reports may also be sent via courier.

DIAGNOSTIC IMAGING AND REPORTS:

DATE

SUBMITTED: TIMEPOINT:

_____ Baseline
_____ Post Block 2
_____ Post Block 3
_____ Post cycle 1
_____ Post cycle 2
_____ Post cycle 3
_____ Post cycle 4
_____ Post cycle 6
_____ End of Therapy _____ Please indicate cycle number.

GROUPS

A:	A1	_____	A2	_____
B1:	Arm 4	_____	Arm 6	_____
B2:	Resectable	_____	Unresectable	_____
C:	CDDP	_____	C5VD	_____
D:	D1	_____	Arm CE	_____
E:	E1	_____	E2	_____
F:	Arm PLADO	_____	Arm P/GEMOX	_____
			Arm VI	_____

Scans and Reports:

_____ MR (Primary Site)
_____ CT (Primary Site)
_____ CT Chest (Metastatic)
_____ Other

Version date: 08/30/2018