

AHOD0321 DATA/FILMS CHECKLIST

Version date 1/09/2006

QARC Contact: Alan Krinsky

Email AKrinsky@QARC.org

Phone (401) 454-4301

ON-TREATMENT REVIEW IS NOT REQUIRED FOR THIS PROTOCOL

DIAGNOSTIC IMAGING:

***** Imaging studies should be submitted as soon as available***

The following studies and radiology reports are required at the time points identified below:

- _____ CT Neck
- _____ Chest
- _____ Abdomen
- _____ Pelvis

AND one of the following:

- _____ Gallium Scan (Planar & Spect)

OR

- _____ PET Scan

Please identify the time point(s) for the study or studies included in this film submission:

- _____ Baseline (Pre-Study)
- _____ After completion of 1st set of chemotherapy (cycles 1 and 2)
- _____ After completion of 2nd set of chemotherapy (cycles 3 and 4)
- _____ After completion of 3rd set of chemotherapy (cycles 5 and 6)
- _____ After completion of 4th set of chemotherapy (cycles 7 and 8)
- _____ After completion of 5th set of chemotherapy (cycles 9 and 10)
- _____ After completion of 6th set of chemotherapy (cycles 11 and 12)
- _____ After completion of 7th set of chemotherapy (cycles 13 and 14)
- _____ After completion of 8th set of chemotherapy (cycles 15 and 16)
- _____ Disease Progression

****MAIL ALL DATA & FILMS TO: (If you need verification of receipt of this data, please write your name & address):**

QARC
272 West Exchange Street, Suite 101
Providence, RI 02903