

**Checklist for Data Submission of Radiology & Radiation Oncology Quality Assurance Materials**

Patient Initials: \_\_\_\_\_ Registration #: \_\_\_\_\_ RT Start Date: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Radiation Oncologist: \_\_\_\_\_ Email: \_\_\_\_\_

**Please enclose a copy of this Checklist with the materials you submit. All materials must be labeled with the protocol and registration #. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, Dicomcommunicator, or email.** For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto:sFTP@qarc.org) (not an individual's email account) 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](http://www.QARC.org)). Emailed data should go to [DataSubmission@qarc.org](mailto:DataSubmission@qarc.org) (not an individual's email account) with the protocol # and registration # in the subject line. **Please do not submit the same items via multiple submission methods.**

DATE  
SUBMITTED

**The following materials must be submitted immediately for real-time review:**

\_\_\_\_\_ Baseline MIBG scan with report (Please also include Baseline CT/MR scans with reports.)

**The following materials should be submitted as they are available for retrospective review:**

\_\_\_\_\_ For **MIBG non-avid patients**: PET scans with reports done at:  
 \_\_\_\_\_ Baseline, \_\_\_\_\_ Post Induction, \_\_\_\_\_ Post SCT (if > 5 + sites Post Induction), \_\_\_\_\_ Post Consolidation,  
 \_\_\_\_\_ Post Cycle 3 Post-Consolidation, \_\_\_\_\_ End of Post-Consolidation, \_\_\_\_\_ Post Cycle 3 Continuation (if Arm E),  
 \_\_\_\_\_ Post Cycle 6 Continuation (if Arm E), \_\_\_\_\_ Post Continuation (if Arm E), \_\_\_\_\_ Relapse/Progression

\_\_\_\_\_ For **MIBG avid patients**: MIBG scans with reports done at:  
 \_\_\_\_\_ Post MIBG Therapy (Arm B/C), \_\_\_\_\_ Post Induction, \_\_\_\_\_ Post SCT (if > 5 + sites Post Induction),  
 \_\_\_\_\_ Post Consolidation, \_\_\_\_\_ Post Cycle 3 Post-Consolidation, \_\_\_\_\_ End of Post-Consolidation,  
 \_\_\_\_\_ Post Cycle 3 Continuation (if Arm E), \_\_\_\_\_ Post Cycle 6 Continuation (if Arm E),  
 \_\_\_\_\_ Post Continuation (if Arm E), \_\_\_\_\_ Relapse/Progression

\_\_\_\_\_ CT/MR scans with reports done at:  
 \_\_\_\_\_ Post Cycle 4 Induction, \_\_\_\_\_ Post Induction (PreOp & PostOp if surgery done Post Cycle 5),  
 \_\_\_\_\_ Post Consolidation, \_\_\_\_\_ Relapse/Progression

\_\_\_\_\_ Operative & pathology reports

**RT Data (Due within 1 week of completion of RT):**

- \_\_\_\_\_ Primary site digital RT Treatment Plan (DicomRT format)
- \_\_\_\_\_ Primary site Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ Primary site DRRs of each 3D treatment field
- \_\_\_\_\_ Primary Site RT-1 Dosimetry Summary Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf) or Proton Reporting Form [https://www.qarc.org/forms/Radiotherapy/IROC\\_ProtonReportingForm.pdf](https://www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf)
- \_\_\_\_\_ Motion Management Reporting Form (if applicable) [www.qarc.org/forms/IROC\\_MotionManagementForm.pdf](http://www.qarc.org/forms/IROC_MotionManagementForm.pdf)
- \_\_\_\_\_ Explanation if recommended doses to organs at risk are exceeded
- \_\_\_\_\_ Proton therapy: smearing radius of the compensator, set-up margin (SM) and PTV margin for each treatment beam and a description of the rationale for the PTV margins.
- \_\_\_\_\_ Primary & Metastatic Sites Daily RT Treatment Chart with prescription
- \_\_\_\_\_ Primary & Metastatic Sites RT-2 Total Dose Record  
[www.qarc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)

Please contact us by email ([DataSubmission@qarc.org](mailto:DataSubmission@qarc.org)) or phone: **(401) 753-7600** for clarification.