

Checklist for Data Submission of Radiology Quality Assurance Materials

Patient Initials: _____ 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 COG registration number. Electronic submission is the preferred method for submitting all radiology materials. Valid electronic methods of submission include TRIAD, QARC sFTP, Dicommunicator, or email.

For radiology materials sent via sFTP, a notification email should be sent to 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).

Emailed radiology materials should go to 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.**

Although discouraged, submission via CD is acceptable only when electronic submission is not possible, please use the mailing address provided below to submit via the mail.

The following radiology scans and corresponding reports should be submitted as soon as they are obtained:

DATE
SUBMITTED

_____ For **MIBG non-avid patients:** PET scans with reports done at:
 ___ Baseline, ___ Post cycle 2, ___ Post cycle 4, ___ Post cycle 6, ___ Confirmatory Response (if applicable)

_____ For **MIBG avid patients:** MIBG scans with reports done at:
 ___ Baseline, ___ Post cycle 2, ___ Post cycle 4, ___ Post cycle 6, ___ Confirmatory Response (if applicable)

_____ CT/MR scans with reports done at:
 ___ Baseline, ___ Post cycle 2, ___ Post cycle 4 (if Soft Tissue disease at Baseline), ___ Post cycle 6,
 ___ Confirmatory Response (if applicable)

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