

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

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

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, or email. For data 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 data should go to DataSubmission@qarc.org (*not an individual's email account*) with the protocol # and registration # in the subject line. Please note that secure emails will Not be opened. **Please do not submit the same items via multiple submission methods.**

For all imaging submissions, the full set of images performed must be submitted. Please make sure the person exporting the studies from the radiology department knows that it is unacceptable to alter/remove the DICOM attributes of study date, study description & series description.

DATE
SUBMITTED

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

_____ MIBG/PET scans with reports done at:
 _____ Baseline, _____ Post Induction, _____ Post Cycle 2 Extended Induction, _____ Post Cycle 4 Extended Induction, _____ Post Cycle 6 Extended Induction, _____ Post Extended Induction, _____ Post SCT (if applicable), _____ Post Consolidation, _____ End of Therapy, _____ Relapse/Progression

_____ CT/MR scans with reports done at:
 _____ Baseline, _____ Post Cycle 4 Induction (if applicable), _____ Post Induction (PreOp & PostOp if surgery done Post Cycle 5), _____ Post Cycle 2 Extended Induction, _____ Post Cycle 4 Extended Induction, _____ Post Cycle 6 Extended Induction, _____ Post Extended Induction, _____ Post SCT (if applicable), _____ Post Consolidation, _____ End of Therapy, _____ Relapse/Progression

_____ Operative & pathology reports

RT Data (Due within 1 week of completion of RT for all primary and metastatic sites):

- _____ Digital RT Treatment Plan (DicomRT format)
- _____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf or Proton Reporting Form https://www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf
- _____ Motion Management Reporting Form (if applicable) 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.
- _____ Daily RT Treatment Chart with prescription
- _____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

Please contact us by email (DataSubmission@qarc.org) for clarification.