

**Checklist for Data Submission of Radiology Quality Assurance Materials**

Patient Initials: \_\_\_\_\_

Registration #: \_\_\_\_\_

Sender's Name: \_\_\_\_\_

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

**This study prefers the use of TRIAD for data submission.** In the event that a site has not completed all steps required for TRIAD data submission in time to meet the timeline for data submission, data submitted via QARC sFTP will also be accepted.

For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto:sFTP@qarc.org) with **the protocol # and registration # in the subject line**. Please include a completed checklist with your sFTP upload. Refer to IROC Rhode Island website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

If not uploaded, emailed radiology reports 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.** Please note that secure emails will Not be opened.

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.

**The following PET/CT/MR scans and corresponding reports should be submitted as soon as they are obtained:**

DATE  
SUBMITTED

- \_\_\_\_\_ Pre-Treatment (within 28 days of enrollment)
- \_\_\_\_\_ Post cycle 2
- \_\_\_\_\_ Post cycle 4
- \_\_\_\_\_ Post cycle 9
- \_\_\_\_\_ End of treatment
- \_\_\_\_\_ 3-month
- \_\_\_\_\_ 6-month
- \_\_\_\_\_ 12-month

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