

COG APEC1621

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Diagnostic imaging and reports may be submitted via sFTP. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org with the protocol # and registration # in the subject line. Please refer to QARC website for instructions on sending digital data (www.QARC.org).

Diagnostic imaging sent via a secure email or reports not sent via sFTP may be sent via email to datasubmission@qarc.org with the protocol # and registration # in the subject line.

Imaging may also be submitted via Dicomcommunicator. CDs with the imaging and reports may also be sent via courier.

DIAGNOSTIC IMAGING AND REPORTS:

DATE
SUBMITTED

Scans and reports should be submitted for review at upon request:

Protocol:

_____	APEC1621A	_____	APEC1621B	_____	APEC1621C
_____	APEC1621D	_____	APEC1621E	_____	APEC1621F
_____	APEC1621G	_____	APEC1621H	_____	APEC1621J
_____	APEC1621K	_____	APEC1621M	_____	APEC1621N

Timepoint:

_____	Baseline	_____	_____	_____	_____
_____	Post Cycle	_____	_____	_____	_____
_____	Post Cycle	_____	_____	_____	_____
_____	Post Cycle	_____	_____	_____	_____
_____	Post Cycle	_____	_____	_____	_____

Scans and Reports:

_____ CT
_____ MR
_____ PET CT
_____ PET MR
_____ MIBG
_____ Bone Age XR (tumor radiograph) and knee MRI (If requested)