COG AREN03B2	
Patient Initials:	Registration #:
Sender's Name:	Phone #:
Email:	
labeled with the protocol and as method for submitting all radiol QARC sFTP, Dicommunicator, of For radiology materials sent via slemail account) with the protocol # for instructions on sending digital Emailed radiology materials shoul protocol # and registration # in the methods. For TRIAD uploads, see COG me Although discouraged, submission Please use the mailing address Submission Materials: These me COG treatment protocol, submission	TP, a notification email should be send to sFTP@qarc.org (not an individual's and registration # in the subject line. Please refer to IROC Rhode Island website
Pre Study DIAGNOSTIC IMA	GING AND REPORTS:
<u>DATE</u> <u>SUBMITTED</u>	
Copy of chest CT with	report (required for malignant tumors)
Copy of PreOp abdom	en and pelvis CT and/or abdomen and pelvis MR with report(s)
Copy of US report (if d	one)

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