

COG AALL1731
Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see COG Policy and Procedures – Other Membership area). Contact IROC RI (QARC) for questions or further information.

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

Please enclose a copy of this Checklist together with the RT materials you submit. All materials must be labeled with the protocol and assigned registration number.

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or on CD. 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 IROC Rhode Island website for instructions on sending digital data (www.QARC.org).

Data not sent via sFTP may be sent via email to datasubmission@qarc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

Patients receiving RT on this study will have a review only of the dose delivered. There is no on-treatment review and no target volume review.

FINAL RT DATA

Submit within one week of completion of radiotherapy

**DATE
SUBMITTED**

_____ Cranial RT _____ Testicular RT

_____ [RT-2 Radiotherapy Total Dose Record form](#).

_____ Copy of the daily RT treatment chart including prescription, daily, and cumulative doses.

Please contact study CRA by [email](mailto:) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.

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