

ECOG-ACRIN EA8191

Checklist for Submission of Radiation Therapy Quality Assurance Materials

Registration #: _____ RT Start Date (DDMMYYYY): _____
Sender's Name: _____ 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.

Submission of treatment plans in digital format as DICOM RT is required. Digital data must include CT scans, structures, plan, and dose files. Any items on the list below that are not part of the digital submission may be included with the transmission of the digital RT data. This study uses **TRIAD** for RT data submission. sFTP will be accepted, if necessary, as an alternative method of data submission for this study.

For data sent via sFTP, a notification email should be sent to sFTP@garc.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).

Please indicate Radiation Therapy Site: ___ Prostate Bed ___ Nodes ___ Metastatic Site

The following materials must be submitted within 1 week of the completion of radiation:

DATE SUBMITTED

_____ Copies of the diagnostic imaging studies (in DICOM format) used to define target volumes. Copies of the corresponding radiology reports, exam notes, clinical information, and pathology reports.

_____ Digital RT Treatment Plan (DicomRT format) that includes the CT, structures, dose, and plan files. These items are included in the digital plan.

_____ Treatment planning system summary report that includes the MU calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.

_____ Prescription sheet for entire treatment

_____ RT-1 Dosimetry Form www.garc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf or Proton Dosimetry Summary Form
https://www.garc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf

_____ Motion Management Reporting Form (if applicable)
https://www.garc.org/forms/IROC_MotionManagementForm.pdf

_____ RT Daily Treatment Chart, including prescription, daily and cumulative doses

_____ RT-2 Radiotherapy Total Dose Record Form
www.garc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

Please contact study CRA by email (Dat submission@garc.org) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.

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