

**IROC Rhode Island QA Center (QARC)**  
**TBI Summary Form for VMAT/Tomotherapy**

PT initials: _____	*Protocol #: _____	*Registration #: _____
Date of Birth: _____	Sex: M ___ F ___	*Radiotherapy Dept: _____
Physicist/ Dosimetrist: _____	RTF#: _____	
Radiation Oncologist Name: _____	Radiation Oncologist Email: _____	

Treatment Machine:    Model: \_\_\_\_\_    Energy: \_\_\_\_\_

I. TBI Planning Information	
1. Average Lung Dose Rate Average lung dose rate is calculated by determining Lungs Dmean per fraction and dividing it by the time it takes the beams treating lungs to deliver the dose.	_____ cGy/min
2. IGRT Method	
3. IGRT Tolerances	
4. Was a virtual flash margin used for planning? If yes, how large is the margin?	___ Yes/ ___ No                      ___ mm
5. Were autoplanning scripts used? ( <a href="https://github.com/esimiele/VMAT-TBI">https://github.com/esimiele/VMAT-TBI</a> )	___ Yes/ ___ No
6. Was the junction dose verified, or will it be verified, at the VMAT/AP-PA or tomo/PA-PA match line (if applicable)? If so, how? (Example: In-vivo dose measurement or dose summation based on image registration)?	___ Yes/ ___ No

7. Dose per Fraction to Prescription Point (cGy)	
8. Number of Fractions per Day	
9. Total Dose to Prescription Point (cGy)	
10. Dose Rate at Prescription Point (cGy/min)	
11. Treatment Position	

## II. FRACTIONATION SCHEDULE

FRACTION	DATE	TIME OF TREATMENT
#1		
#2		
#3		
#4		
#5		
#6		
#7		
#8		

This form was completed by:

\*Print Name: \_\_\_\_\_

\*Date: \_\_\_\_\_

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

**Please save and submit along with the RT data to  
IROC QA Center via sFTP**

Please do not **submit** duplicate copies