

**Checklist for Submission of Radiation Oncology Quality Assurance Materials**

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.**

Submission of treatment plans in digital format as DICOM RT is **required**. This digital data must include treatment planning CT, structures files, and plan and dose files. Any items on the list below that are not part of the digital plan submission may be included with this transmission.

**This study prefers the use of TRIAD for RT data submission.** In the event that a site has not completed all steps required for TRIAD data submission in time to meet the timeline for on-treatment review, data submitted via SFTP will also be accepted. For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto: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](http://www.QARC.org)).

Non DICOM RT data not sent via Triad or sFTP may be sent by email to [datasubmission@qarc.org](mailto:datasubmission@qarc.org) with the protocol # and registration # in the subject line.

**The following materials must be submitted prior to the start of radiation (RT may begin as soon as data is submitted, pre-approval is not required to initiate treatment) for interventional review:**

DATE  
SUBMITTED

- \_\_\_\_\_ Operative & pathology reports for mastectomy/ALND
- \_\_\_\_\_ Diagnostic imaging studies with reports (only if used for planning target volumes for Digital RT plan)
- \_\_\_\_\_ Copy of digital RT Treatment Plan (DicomRT format)
- \_\_\_\_\_ Dose Volume Histograms (DVH), when using IMRT a DVH shall be submitted for a category of tissue called "unspecified tissue"
- \_\_\_\_\_ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ DRRs of each 3D treatment field
- \_\_\_\_\_ Prescription sheet for the entire treatment
- \_\_\_\_\_ RT-1 Dosimetry Summary Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)
- \_\_\_\_\_ Motion Management Reporting Form (if applicable) [www.qarc.org/forms/IROC\\_MotionManagementForm.pdf](http://www.qarc.org/forms/IROC_MotionManagementForm.pdf)
- \_\_\_\_\_ Explanation if recommended doses to organs at risk are exceeded

**Final Review materials must be submitted within 7 Days of the completion of radiation:**

- \_\_\_\_\_ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
- \_\_\_\_\_ RT-2 Total Dose Record [www.qarc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)
- \_\_\_\_\_ Documentation listed above showing modifications from the original submission (if not previously submitted).

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