

Radiation Oncology Facility Survey

Alliance Foundation Trials

Protocol Number: AFT-16

The Quality Assurance Review Center (QARC) provides radiation therapy quality assurance for the AFT-16 trial. This facility survey is required to provide appropriate contact information at your Radiation Oncology Facility for this trial.

Name of Primary Radiation Oncology Facility: _____

Address: _____

Country: _____ Phone: _____

AFT-16 Study Site # (if applicable): _____

Will Radiation Therapy be delivered to subjects at locations other than the one listed above Yes No

If yes, please list the name and address of the other facilities below:

Radiation Oncology Facility: _____

Radiation Oncology Facility: _____

Principal Investigator for Study AFT-16: _____

Will the Principal Investigator also be the Responsible Radiation Oncologist: Yes No

Responsible Radiation Oncologist for Study AFT-16:

Name (First Last): _____

Email: _____ Phone: _____

Other Radiation Oncologists Who May Be Treating Patients on Study AFT-16:

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

RT QA Contact/Data Manager for Study AFT-16 (Person in the RT Department who can answer questions about credentialing submission and/or subject RT data).

Name: _____

Email: _____

Phone: _____

Research Coordinator for Study AFT-16 (Person who can answer questions regarding study management, subject recruitment, and data).

Name: _____

Email: _____

Phone: _____

Physicist Responsible for Study AFT-16:

Name: _____

Email: _____

Phone: _____

Dosimetrist Responsible for Study AFT-16:

Name: _____

Email: _____

Phone: _____

Individual Completing Survey

Name: _____

Phone: _____

Email: _____

Date: _____

Please download, complete, save, and submit to QARC via email to: AFT16@qarc.org

For questions, please contact the Project Manager at AFT16@qarc.org or by Phone: (401) 753-7600

Please do not submit duplicate copies