

Quality Assurance Review Center RT-2 Radiotherapy Total Dose Record

OARC
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At completion of radiotherapy submit this form with all radiotherapy data required.

*Protocol #:		*Regi	*Registration #:		
*Radiotherapy Dept:					
Physicist/Dosimetrist:					
Radiation Oncologist Name:		Radiati	Radiation Oncologist Email:		
List Names Of Target Volumes Corresponding To Those On RT-1 Forms, Record Boost Volumes Separately					
Name of Target Volume (i.e. PTV1, Chest)					
Date of First Treatment to the Target Volume					
Number of Treatments					
Date of Last Treatment					
Total Dose To Treatment Point (Central Axis)					
Interruptions					
From:	To: Reason:				
From:	To: Reason:				
From:	To: Reason:				
From:	To: Reason:				
Off Protocol Therapy					
Date:	Reason:				
Discontinued Radiotherapy					
Date:	Reason:				
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This form was completed by:			Please save and submit to QARC via sFTP		
*Print Name:			Or		
*Date:				Oi.	
*Email:			Attach form to Email: <u>DataSubmission@qarc.org</u>		
*Phone:			Please do not submit duplicate copies		