

# Alliance Foundation Trial AFT-25

## Checklist for Submission of Diagnostic Imaging Studies

Registration #: \_\_\_\_\_ Date of Core Biopsy: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Please enclose a copy of this Checklist together with the materials you submit. All materials must be labeled with the protocol and assigned registration number.**

Diagnostic imaging may be submitted via sFTP. 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 QARC website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

Diagnostic imaging reports not sent via sFTP may be sent via email to [datasubmission@qarc.org](mailto:datasubmission@qarc.org) with the protocol # and registration # in the subject line.

### **Mammograms from the following time points must be submitted for review:**

DATE  
SUBMITTED

\_\_\_\_\_ Baseline digital mammogram consisting of the last screening and diagnostic mammogram studies that immediately predate the diagnostic core biopsy and surgery with reports

\_\_\_\_\_ Breast ultrasound and/or breast MRI scans if performed with report(s).

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

**CDs with the imaging and reports may also be sent via courier.**