

FTP Account Request for Trial M14-360

Request Date: _____

Requestor: _____

Institution Name: _____

IROC Houston RTF #: _____

Address: _____

Country: _____

Phone Number: _____

Email Address: _____

Technical FTP Contact (if different from above): _____

RT Facility (if different from above): _____

Phone Number: _____

Email Address: _____

Treatment Planning System and Version: _____

Submit form: Save and attach to email abbviem14360@garc.org

For questions, please contact abbviem14360@garc.org or Phone: (401) 753-7600

QARC Use Only:

Site Code: _____ Account Set Up Date: _____

Username: _____ Password: _____

Comments: