

Radiation Oncology Facility Survey – Alliance Foundation Trial M14-360

The Quality Assurance Review Center (QARC) provides radiotherapy quality assurance for the Alliance Foundation Trial M14-360. This facility survey is required to supply appropriate contact information at your Radiation Oncology Facility regarding this study.

Name of Radiation Oncology Facility: _____

Address: _____

_____ Country: _____

Phone: _____

Does your Radiation Department have prior 3D and/or IMRT credentialing for NCTN / Cooperative group RT participation (RTOG, SWOG, NRG, etc)?

_____ **Yes** For consideration of pre-approval, please provide documentation of prior credentialing and list the most recent lung cancer trials utilizing respiratory motion assessment and management, as well as daily image-guidance, in which you have participated. Sites using both 3D and IMRT techniques only have to submit IMRT documentation for review.

Please specify mode of treatment used in prior studies:

3D _____ IMRT _____ VMAT _____ TomoTherapy _____ Other: Please specify: _____

Please specify mode of treatment to be used in current study:

3D _____ IMRT _____ VMAT _____ TomoTherapy _____ Other: Please specify: _____

****If your site has been credentialed to treat only with 3D conformal techniques and you plan to use IMRT for treating subjects on this study, please complete and submit the Lung Benchmark Exercise on the QARC website at www.qarc.org under the Alliance Foundation Trial link for approval.***

_____ **No** Please complete and submit the Lung Benchmark Exercise on the QARC website at www.qarc.org under the Alliance Foundation Trial link.

Responsible Radiation Oncologist for Study M14-360: Will we be able to communicate with you in English? _____

Name: _____

Email: _____

Phone: _____

RT QA Contact/Data Manager for Study M14-360 (Person in the RT Department who can answer questions about credentialing submission and/or patient data). Will we be able to communicate with you in English? _____

Name: _____

Email: _____

Phone: _____

Other Radiation Oncologists Who May Be Treating Patients on Study M14-360:

Name: _____ Will we be able to communicate with you in English? _____

Email: _____

Name: _____ Will we be able to communicate with you in English? _____

Email: _____

Name: _____ Will we be able to communicate with you in English? _____

Email: _____

Name: _____ Will we be able to communicate with you in English? _____

Email: _____

Physicist Responsible for Study M14-360: Will we be able to communicate with you in English? _____

Name: _____

Email: _____

Phone: _____

Dosimetrist Responsible for Study M14-360: Will we be able to communicate with you in English? _____

Name: _____

Email: _____

Phone: _____

Individual Completing Survey:

Name: _____

Phone: _____

Email: _____

Date Completed (ddmmmyyyy): _____

Please save and submit to QARC via sFTP

Or

Attach to Email to abbviem14360@garc.org

Please do not submit duplicate copies