ALLIANCE A021501

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials:	Registration #:	RT Start Date:	
Sender's Name:		Phone #:	_
Email:			_
Radiation Oncologist:		Email:	
Ohio Alliance Imagi	r patient <u>pre-registration</u> baseline im ng Core Lab (ICL) for central review Island (QARC) when appropriate.		
Please enclose a copy of the protocol and assign	of <i>this Checklist</i> together with the F ed registration number.	₹T materials you submit. All ma	terials must be labeled with
	olans in digital format as DICOM RT i and dose files. Any items on the list b ssion.		
	se of <u>TRIAD</u> for RT data submission time to meet the timeline for pre-treater		
	notification email should be sent to ser to IROC Rhode Island website for in		
	sent via Triad or sFTP may be sent b ct line. Data may also be sent via co		org with the protocol # and
The following materials review.	must be submitted one week prior	to the start of radiotherapy for t	he required pre-treatment
<u>DATE</u> <u>SUBMITTED</u>			
Treatment p	reatment Plan (DICOMRT format) tha lanning system summary report that in nd volume of interest dose statistics		
DRRs of ea organs at ris	ch treatment field, showing collimator sk	and beam aperture (one with and	one without target volume and
Prescription	sheet for the entire treatment etry Summary Form www.qarc.org/fo	rms/IROC_RT-1DosimetrySumma	ıryForm.pdf
Motion Man	agement Reporting Form www.qarc.c	org/forms/IROC_MotionManageme	
Explanation	if recommended doses to organs at	isk are exceeded	
Final Review materials I	must be submitted <u>within 21 days</u> o	of the completion of radiotherap	y:
RT-2 Radio	Radiotherapy Daily Treatment Chart, therapy Total Dose Record www.qarc tion of any modifications made subse	org/forms/IROC RT2Radiotherap	<u>yTotalDoseRecord.pdf</u>
Please email: datasubmis Thank you for your ongoi	ssion@garc.org or phone: (401) 753-7 ng co-operation.	'600 for clarification as necessary.	

Version date: 1/27/2017