

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

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

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or on CD. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org with the **protocol # and registration # in the subject line**. Please refer to IROC Rhode Island website for instructions on sending digital data (www.irocri.qarc.org).

Data not sent via sFTP may be sent via email to datasubmission@qarc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

The following materials must be submitted:

DATE
SUBMITTED

_____ Copy of digital RT Treatment Plan (DicomRT or RTOG format), including CT, structures, dose, and plan files.

_____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses to all required areas.

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