

Checklist for Submission of Quality Assurance Materials

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Diagnostic imaging may be submitted via sFTP or on CD. For imaging 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).

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

DATE
SUBMITTED

_____ the original mammogram taken at most 12 months prior to registration to CCTG study MA.32

_____ one as near as possible to one year after registration to MA.32 (months 10-18).

_____ one as near as possible to two years after registration to MA.32 (months 18-30).

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.