ALLIANCE N1048

Checklist for Submission of Radiation Oncology Quality Assurance Materials

| Patient Initials: | Registration #: | RT Start Date: | |
|-----------------------|-----------------|----------------|--|
| Sender's Name: | | Phone #: | |
| Email: | | | |
| Radiation Oncologist: | | Email: | |

All Radiation Therapy Review materials must be submitted within 1 week of the completion of radiation:

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 <u>sFTP@qarc.org</u> with the **protocol # and registration # in the subject line**. Please refer to IROC Rhode Island website for instructions on sending digital data (<u>www.QARC.org</u>).

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

| DATE SUBMITTE | <u>-D</u> |
|------------------|--|
| | External Beam Treatment Planning System Data Digital RT treatment plan (including CT, structure, dose and plan files) DRR's for each treatment field (submission of orthogonal DRRs is sufficient for IMRT) DVH for "unspecified tissue", if IMRT is used (should be included in the digital RT plan) Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics |
| | Supportive Data Baseline CT and MRI radiology reports, endoscopy and ultrasound reports Explanation if recommended doses to organs at risk are exceeded Daily radiotherapy record including the prescription, daily and cumulative doses to all required areas and organs at risk |
| | <u>Forms</u> RT-1 Dosimetry Summary Form <u>www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf</u> RT-2 Form <u>www.garc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf</u> |

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

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