

**Cardiac Sparing Whole Lung Adverse Event Transmittal Form**

2/13/2012

Patient Initials (F, L): \_\_\_\_\_

Registration #: \_\_\_\_\_

Number of forms included in this submission: \_\_\_\_\_

Please attach a completed MedWatch 3500 form for each expected or unexpected Adverse Event per sections 16.1 and 16.2 of the protocol.

Name and email address of person submitting the form: \_\_\_\_\_

\_\_\_\_\_

Date the form and data were submitted to QARC: \_\_\_\_\_

The data should be submitted to: [CardiacSparingIMRT@QARC.org](mailto:CardiacSparingIMRT@QARC.org)

Questions about the form or data to be submitted should be directed to the email above.