

Cardiac Sparing Whole Lung IMRT Baseline Data Submission Checklist

2/13/2012

Patient Initials (F, L): _____

Registration #: _____

_____ **History and Physical (done by medical oncologist)**
If current chemotherapy and/or other treatment information is not included in the H & P, the information should be provided in another document

_____ **History and Physical (done by radiation oncologist)**
If information about prior radiation therapy treatment is not included in the H & P, the information should be provided in another document

_____ **Pre-treatment test results**
(CBC, differential, platelets, liver enzymes)

_____ **EKG (report only)**

_____ **ECHO (report only)**

_____ **Chest CT (report only)**

Name and email of person submitting the data: _____

Date the data was submitted to QARC: _____

The form and data should be submitted to: CardiacSparingIMRT@QARC.org

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