

**Cardiac Sparing Whole Lung IMRT Follow-Up Data Submission Checklist**  
2/13/2012

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

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

<u>Studies to Be Obtained</u>	<u>Frequency</u>	<u>Date of Scan/Evaluation</u>
<b>History and Physical</b> (done by medical oncologist)	q 4 mo x 6	_____
<b>History and Physical</b> (done by radiation oncologist)	q 4 mo x 6	_____
<b>Follow-up Test Results:</b>		
- CBC, differential, platelets	q 6 mo x 4	_____
- liver enzymes	q 4 mo x 6	_____
<b>EKG (report only)</b>	q 6 mo x 4	_____
<b>ECHO (report only)</b>	q 6 mo x 4	_____
<b>Chest CT (report only)</b> (this does not need to be submitted again with this form if included with the Response form)	q 6 mo x 4	_____

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

\_\_\_\_\_

Date the data was submitted to QARC: \_\_\_\_\_

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

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