

## Cardiac Sparing Whole Lung IMRT Off-Study Form

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

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

Please indicate the reason the patient has been removed from study:

\_\_\_\_\_ **Progression/Relapse**  
(copies of the baseline scan, progression/relapse scan and the scan done just prior to the progression/relapse scan should be submitted along with the corresponding radiology reports, if not already submitted)

\_\_\_\_\_ **Death**

\_\_\_\_\_ **Lost to follow-up**

\_\_\_\_\_ **Withdrawal of consent for any further data submission.**

The date of the event should be included in the comments section.

Comments:

Please include any additional supportive information/documentation that are relevant with the submission of this form.

Name and email address of the person completing this form: \_\_\_\_\_

\_\_\_\_\_

Date the form was completed: \_\_\_\_\_

\_\_\_\_\_

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

Questions about the form should be submitted to the same address.