

**ALLIANCE Z11102**

**Checklist for Submission of Radiation Oncology Quality Assurance Materials**

Patient Initials: \_\_\_\_\_ Registration #: \_\_\_\_\_ RT Start Date: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Radiation Oncologist: \_\_\_\_\_ Email: \_\_\_\_\_

**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 [sFTP@qarc.org](mailto:sFTP@qarc.org) with the **protocol # and registration # in the subject line**. Please refer to [IROC Rhode Island website](#) for instructions on sending digital data.

Data not sent via sFTP may be sent via email to [datasubmission@qarc.org](mailto:datasubmission@qarc.org) with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

**The following materials must be submitted prior to the start of radiotherapy for pre-treatment review:**

DATE  
SUBMITTED

- \_\_\_\_\_ Required diagnostic imaging and reports (see list below)
- \_\_\_\_\_ Digital RT treatment plan (RTOG or DICOM format)
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.
- \_\_\_\_\_ DRRs for each treatment field.
- \_\_\_\_\_ Prescription sheet for entire treatment.
- \_\_\_\_\_ [RT-1 Dosimetry form](#)

**Diagnostic Imaging & Reports:**

- \_\_\_\_\_ **Pre-Study** Diagnostic Bilateral Mammogram with report (required)
- \_\_\_\_\_ **Pre-Study** Diagnostic Bilateral MRI with report (if done)
- \_\_\_\_\_ Operative & pathology reports from lumpectomy.
- \_\_\_\_\_ Any additional optional imaging modality (such as whole breast ultrasound, breast specific gamma imaging [BSG], molecular breast imaging [MBI], positron emission mammography [PEM] or breast tomosynthesis) performed along with corresponding reports.
- \_\_\_\_\_ Image guided biopsy images and reports, pathology report from the biopsy performed (required).

**Final Review materials must be submitted within 1 week of the completion of radiation:**

- \_\_\_\_\_ [RT-2 Form](#)
- \_\_\_\_\_ Completed Daily RT Treatment Chart, prescription including the daily and cumulative doses to all required areas, critical organ and reference points.
- \_\_\_\_\_ All revised data if modifications were made subsequent to initial data submission.

Please contact study CRA by email ([alliance@qarc.org](mailto:alliance@qarc.org)) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.

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