

AALL1131 DATA CHECKLIST

Version Date: 07/27/2017

QARC Contact: Sandy Kessel

Email SKessel@garc.org

Phone (401) 753-7600

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see Administrative Policy 3.9). Contact QARC for questions or further information.

Patient Identifier: _____

Registration #: _____

FINAL RT DATA

Submit within one week of completion of radiotherapy:

_____ RT-2 Total Dose Record Form.

_____ Copy of daily RT treatment chart including prescription, daily, and cumulative doses to all areas treated.

No on-treatment review is required for radiotherapy data in this protocol.

No RT Simulation or Verification Images are required for this protocol.

Diagnostic Imaging Studies and Reports for Patients Enrolled on the Osteonecrosis Study

Scans must be submitted in DICOM Format

MRI scans and radiology reports of the knees and hips should be submitted for the following time points:

_____ End of Consolidation

_____ Beginning of Maintenance

_____ End of Therapy

See protocol sections 15.3 – 15.8 for MRI acquisition and submission details. Please see the QARC website for RT data and imaging submission information.

If you need verification of receipt of this data, please include contact information on this form.

If data is mailed to QARC please send it to the following address:

Quality Assurance Review Center
640 George Washington Highway
Building B, Suite 201
Lincoln, RI 02865