

## ACNS1022 DATA CHECKLIST

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Patient Identifier: \_\_\_\_\_

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

This is a retrospective central radiology review. No results will be returned to the institution. The following scans should be submitted for review at the completion of treatment or when the patient is removed from protocol therapy.

### DIAGNOSTIC IMAGING & REPORTS:

\_\_\_\_\_ **Baseline Pre-study brain MRI and report (from time point(s) as noted below):**

\_\_\_\_\_ Pre-operative MRI

\_\_\_\_\_ Post-operative MRI (required if patient had surgery)

\_\_\_\_\_ Recurrence MRI (designated as the baseline brain MR)

\_\_\_\_\_ **Baseline Pre-study spine MRI and report** (must be obtained for patients with a history of spinal or leptomeningeal disease, or those patients with symptoms suspicious of spinal disease)

\_\_\_\_\_ **End of Therapy/Removal from Protocol Therapy**

\_\_\_\_\_ Brain MRI and corresponding report

\_\_\_\_\_ Spine MRI and corresponding report (if applicable)

\_\_\_\_\_ **Best Response (if different from end of treatment scan)**

\_\_\_\_\_ Brain MRI and corresponding report

\_\_\_\_\_ Spine MRI and corresponding report (if applicable)

**\*\*\*\* Please note that all imaging sequences obtained must be submitted (e.g. pre contrast T1, FLAIR, T2, diffusion, post contrast T1, etc).**

Diagnostic imaging and reports may be submitted via sFTP. 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 the IROC RI (QARC) website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

Diagnostic imaging sent via a secure email or reports 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. CDs with the imaging and reports may also be sent via courier.

- Mail or courier data should be submitted to:  
IROC RI (QARC)  
640 George Washington Highway, Building B, Suite 201  
Lincoln, RI 02865

**If you need verification of receipt of this data, please write your name, email address or mailing address below:**