

COG ACNS1821

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 and diagnostic imaging you submit. All materials must be labeled with the protocol and assigned registration number. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, CD, or Dicomcommunicator. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org (not an individual's email account) with the protocol # and registration # in the subject line. Please refer to IROC Rhode Island website for instructions on sending digital data (www.QARC.org). **Please do not submit the same items via multiple submission methods.**

RADIOTHERAPY DATA: The following data marked with an * must be submitted within 3 days of the start of radiation therapy for an interventional review.

DATE SUBMITTED:

- _____ *Digital RT treatment plan (including CT, structure, dose and plan files).
- _____ *Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ *MRI studies that have been fused with the planning CT are required to be submitted along with the digital RT data. The corresponding spatial registration files should also be submitted, if available.
- _____ *Required diagnostic imaging and reports.
- _____ *RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf or Proton Reporting Form http://www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf
- _____ Explanation if recommended doses to organs at risk are exceeded
- _____ For protons, a description of the rationale for the PTV margins.
- _____ If a PTV margin of 3 mm is used, written documentation that image-guided radiation therapy (IGRT) methods are used on a daily basis or alternatively that a head fixation system or verification system was used with weekly or more frequent imaging.

Data to be Submitted within 1 Week Following Completion of Treatment:

- _____ RT-2 Form http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Daily radiotherapy record including the prescription, daily and cumulative doses
- _____ Documentation listed above showing any modifications from original submission. Data not included with the digital submission.

DIAGNOSTIC IMAGING AND REPORTS:

Please select the imaging timepoint:

- _____ Pre-study
- _____ End of Therapy
- _____ Progression
- _____ Relapse
- _____ Other (if other, please specify timepoint and/or reason for submission below):

Please select the type of scan(s) submitted:

- _____ Pre-op brain MR
- _____ Post-op brain MR
- _____ Pre-op spine MR
- _____ Post-op spine MR
- _____ Other (please specify type of scan below):

For questions about data submission or the RT and/or imaging review process, please contact us by email (DataSubmission@qarc.org) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.