COG ACNS1931
Checklist for Central Imaging Review

Patient Initials:_____ Registration #: _____

Sender's Name:_____ Phone #: _____

Email**:** _____

Please enclose a copy of this Checklist together with the 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, and Dicommunicator. 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). Emailed data should go to DataSubmission@qarc.org *(not an individual's email account)* with the protocol # and registration # in the subject line.

Please do not submit the same items via multiple submission methods.

DIAGNOSTIC IMAGING AND REPORTS:

Pre-Study:

_____ Pre-op/biopsy brain MR

_____ Post-op/biopsy brain MR

_____ Pre-op/biopsy spine MR

_____ Post-op/biopsy spine MR

_____ Brain MR

_____ Spine MR

End of Therapy:

_____ Brain MR

_____ Spine MR

Progression/Relapse:

_____ Brain MR

_____ Spine MR

Other Scans (*Scan(s) from other timepoints requested to complete the Central Imaging Review*.)**:**

_____ Brain MR

_____ Spine MR

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