

**Checklist for Submission of Radiation Therapy Data & Central Surgical Review Materials**

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

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

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

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

**Please enclose a copy of this Checklist with the materials you submit. All materials must be labeled with the protocol and registration #. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, and Dicomcommunicator.** For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto: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](http://www.qarc.org)). **Please do not submit the same items via multiple submission methods.**

**Radiotherapy Data (submit within 1st 3 days of treatment for primary site)**

**DATE SUBMITTED**

- \_\_\_\_\_ Digital RT plan in DicomRT format (CT, structure, dose and plan files; Structures to include all target volumes & required Organs at Risk) Required for primary site RT.
- \_\_\_\_\_ DRRs for each 3D treatment field (if applicable)
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ Diagnostic imaging and reports (See below.)
- \_\_\_\_\_ Explanation of recommended doses to organs at risk are exceeded (if applicable)
- \_\_\_\_\_ [RT-1 Dosimetry Summary Form](#) or [Proton Reporting Form](#)
- \_\_\_\_\_ [Motion Management Reporting Form](#) (if applicable)

**Please submit the following additional information for Brachytherapy:**

- \_\_\_\_\_ Digital RT plan in DicomRT format (CT, structure, dose and plan files; Structures to include all target volumes & required Organs at Risk)
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ [Brachytherapy Physics Reporting Form](#)
- \_\_\_\_\_ A copy of the Written Directive.

**Please submit the following additional information for intra-operative RT:**

- \_\_\_\_\_ Radiotherapy record (treatment chart) including prescription and daily and cumulative doses to all required areas and organs at risk.
- \_\_\_\_\_ Physician's note describing the procedure, dose calculation and description of the applicator along with any relevant dosimetric characteristics (i.e. present depth dose for prescribed energy)

**Data to be Submitted within 1 Week Following Completion of Radiotherapy**

- \_\_\_\_\_ [RT-2 Form](#)
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses
- \_\_\_\_\_ Documentation listed above showing any modifications from original submission.

**Dx Imaging/Reports (If patient doesn't receive RT, all baseline radiology reports are still required for Cx Sx Review.):**

- \_\_\_\_\_ PreStudy CT/MR/PET/Bone scan images with corresponding radiology reports
- \_\_\_\_\_ Week 12 CT/MR/PET/Bone scan images with corresponding radiology reports
- \_\_\_\_\_ Copies of all operative, pathology and cytology reports
- \_\_\_\_\_ Post DPE CT/MR images with corresponding radiology reports (if applicable)

Please contact us by email ([DataSubmission@qarc.org](mailto:DataSubmission@qarc.org)) or phone: **(401) 753-7600** for clarification.