

**COG AALL1732**  
**Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies**

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see COG Policy and Procedures – Other Membership area). Contact IROC RI (QARC) for questions or further information.

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 you submit. All materials must be labeled with the protocol and assigned registration number.**

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or on CD. 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 IROC Rhode Island website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

Data 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**. Data may also be sent via courier to the address below.

**Patients receiving RT on this study will have a review only of the dose delivered. There is no on-treatment review and no target volume review.**

**FINAL RT DATA**

**Submit within one week of completion of radiotherapy**

**DATE  
SUBMITTED**

\_\_\_\_\_ [RT-2 Radiotherapy Total Dose Record form.](#)

\_\_\_\_\_ Copy of the daily RT treatment chart including prescription, daily, and cumulative doses.

Please contact study CRA by [email](#) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.

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