

Checklist for Submission of Diagnostic Imaging Quality Assurance Review Data

Patient Initials: _____ Registration #: _____
 Sender's Name: _____ Phone #: _____
 Email: _____

Please enclose a copy of this Checklist together with the Diagnostic materials you submit. All materials must be labeled with the protocol and assigned registration number.

Diagnostic imaging scans in DICOM format may be submitted via sFTP or on CD. For data sent via sFTP, a notification email should be sent to 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).

Data not sent via sFTP may be sent via email to datasubmission@qarc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

DIAGNOSTIC IMAGING AND REPORTS:

DATE
SUBMITTED

- _____ Baseline PET/CT and Data Acquisition Form **AND**
 _____ Baseline CT scan (neck, chest, abdomen, pelvis) **IF** PET/CT scan is done without contrast
- _____ Post cycle 3 induction PET/CT and Data Acquisition Form **AND**
 _____ Post cycle 3 CT scan (neck, chest, abdomen, pelvis) **IF** PET/CT scan is done without contrast
- _____ Post cycle 6 induction PET/CT and Data Acquisition Form **AND**
 _____ Post cycle 6 CT scan (neck, chest, abdomen, pelvis) **IF** PET/CT scan is done without contrast
- _____ Continuation phase CT scan (neck, chest, abdomen, pelvis) for those patients **in CR**
 p cycle 7, 13, 18, 24 (please indicate the appropriate time point)
- _____ Continuation phase PET/CT and Data Acquisition Form (if required - for patient **not in CR**)
 p cycle 7, 13, 18, 24 (please indicate the appropriate time point) **AND**
 _____ Continuation CT scan (neck, chest, abdomen, pelvis) **IF** PET/CT scan is done without contrast
- _____ Relapse PET/CT and Data Acquisition Form **AND**
 _____ Relapse CT scan (neck, chest, abdomen, pelvis) **IF** PET/CT scan is done without contrast

Combined PET/CT is sufficient if performed with intravenous and oral contrast. If not, a separate CT of the neck/chest/abdomen/pelvis must also be submitted (see Table 10).

The PET/CT Data Acquisition Form is located in Appendix VI of the protocol document.

Please note ECOG requires that all scans submitted be entered and tracked via the online ECOG Sample Tracking System. An STS shipping manifest form must be generated and shipped with the submission (see protocol section 10.4)

Please contact study CRA by email (ECOG@qarc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.