

Coop Group \_\_\_\_\_ \*Protocol # \_\_\_\_\_ \*Registration No. \_\_\_\_\_  
 PT initials \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex M \_\_\_ F \_\_\_  
 Radiotherapy Dept. \_\_\_\_\_ Radiation Oncologist \_\_\_\_\_  
 Physicist/ Dosimetrist \_\_\_\_\_ Phone: \_\_\_\_\_

**CLINICAL DATA**

Primary Site: \_\_\_\_\_ Clinical Stage: \_\_\_\_\_ TNM Stage: T \_\_\_ N \_\_\_ M \_\_\_  
 Histology: \_\_\_\_\_ Has patient had a biopsy (Y/N) \_\_\_ Date: \_\_\_\_\_  
 Has patient had a surgical excision? (Y/N) \_\_\_ Date: \_\_\_\_\_  
 \_\_\_ Complete Resection \_\_\_ Incomplete Resection \_\_\_ Microscopic Residual \_\_\_ Gross Residual \_\_\_ Inoperable  
 Describe the original tumor location and size \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF FIRST TREATMENT \_\_\_\_\_

**Treatment Technique**

Check off all that apply: \_\_\_ 3D Conformal \_\_\_ TomoTherapy \_\_\_ IMRT (SMLC or DMLC)  
 \_\_\_ Rotational IMRT \_\_\_ Motion Management \_\_\_ IGRT  
 \_\_\_ Other \_\_\_\_\_

➤ **Note: If Protons are used for treatment, please use the Proton Reporting form instead.**

Heterogeneity Calculations: \_\_\_ Yes \_\_\_ No Bolus Thickness if used: \_\_\_\_\_ cm  
 Treatment Planning System \_\_\_\_\_ Patient Position \_\_\_\_\_

➤ **Must** Include Treatment Planning System Summary Reports (which includes monitor unit calculations, beam parameters, calculation algorithm and volume of interest dose statistics pages) with data submission.

Protocol Treatment Site	Target Volume Name	Daily Dose (cGy)	Total Number of Fractions	Total Dose (cGy)	Prescription Isodose Surface (e.g. 95%)	Number of Beams	Beam energy (e.g. 6X, 6e)
Phase #1							
Phase #2							
Phase #3							
Intended Total							

This form was completed by:

\*Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 \*Phone: \_\_\_\_\_

**Please save and submit along with the digital RT plan to QARC via sFTP**

**Or**

**Please do not resubmit this form by fax or mail.**