



Quality Assurance Review Center
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Radiation Oncology Facility Survey

The Quality Assurance Review Center (QARC) is a Data and Review Center, providing radiotherapy quality assurance and diagnostic imaging data management programs for several NCI supported Cooperative Groups and international pharmaceutical companies. QARC is an established research resource for clinical investigators around the world.

The CTSU RT Facility Inventory may be submitted in lieu of this application provided that the contact information is current.

In an effort to maintain up-to-date records, please complete the Radiation Facility information below. Your time is appreciated.

Cooperative Group: _____

Name of Radiation Oncology Facility: _____

Address: _____

_____ Country: _____

Phone: _____

Fax: _____

Is this Facility also known by any other name? If so, please provide: _____

Mailing Address (if different from above): _____

Name of Registering/ Referring Institution(s) / Cooperative Group: _____

Responsible Radiation Oncologist:

Name: _____

Email: _____

Facility: _____

Address: _____

Phone: _____

Fax: _____

Radiotherapy Coordinator- Primary Contact in Radiation Oncology (The person within RT who will triage questions):

Name: _____

Email: _____

Facility: _____

Address: _____

Phone: _____

Fax: _____

Other Radiation Oncologists Who May Be Treating Patients:

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Clinical Research Associate (CRA) or Primary Contact Person responsible for Data submission:

Name: _____

Email: _____

Facility: _____

Address: _____

Phone: _____

Fax: _____

Physicist Responsible for Protocol Compliance:

Name: _____

Email: _____

Facility: _____

Address: _____

Phone: _____

Fax: _____

Person Responsible for Protocol Patients Dosimetry:

Name: _____

Email: _____

Facility: _____

Address: _____

Phone: _____

Fax: _____

Does this site participate in the Radiological Physics Center's (RPC) Thermoluminescent Dosimetry (TLD) survey program (required)?

Yes: _____ No: _____ Date of last survey: _____ RTF# from RPC: _____

Does this Institutions share staff and planning systems with other facilities? Yes: _____ No: _____

Name: _____

RTF# from RPC: _____

Name: _____

RTF# from RPC: _____

Name: _____

RTF# from RPC: _____

Name: _____

RTF# from RPC: _____

Individual Completing Survey:

Name: _____

Phone: _____

Email: _____

For questions regarding this form contact EAKanbi@QARC.org