

**IROC Rhode Island QA Center (QARC)
Brachytherapy Physics Reporting Form**

This form is to be completed by Physicist/ Dosimetrist or Radiation Oncologist. If a Remote Afterloading Unit with a single source was used, please complete page 2.

Coop Group _____	Protocol # _____	Registration No _____
PT initials _____	Date of birth _____	Sex M ___ F ___
Radiation Oncologist _____	Physicist/Dosimetrist _____	
Radiotherapy Dept _____		

Please list any External Beam Dose given to the Implant Site or Critical Tissue.			
Site	Dose	Site	Dose

IS THIS INTRA-OP? Yes No IS THIS POST-OP? Yes No

Date of Surgery, if yes _____

SITE: _____

PROCEDURE: intracavitary interstitial (temporary, permanent) plaque

Radionuclide: _____ # sources _____ Total air-kerma strength _____ cGy.cm²/h or mCi _____

Type and number of applicator/source/device _____

Date, time inserted _____ removed _____ total treatment time _____ h

TARGET VOLUME: _____ cm³, length _____ cm, width _____ cm, thickness _____ cm

TREATMENT PLAN: Computer Planning System _____ Image (eg: CT) based _____ or _____ not

Dose is prescribed at _____ Prescribed dose _____ cGy, Dose rate at prescription _____ cGy/h

SOURCE CONFIGURATION: Sketch below: (Submit orthogonal films & isodose distributions in appropriate planes with **target volumes** and **source locations** indicated or CT-based isodose distributions & DVH's as required by protocol.)

TREATMENT EVALUATION: Treatment dose (TD) at prescription _____ cGy, Dose rate at prescription _____ cGy/h

Minimum target dose _____ cGy, Treatment volume (volume receiving prescribed dose) _____ cc

Treatment volume cc / Target volume cc _____

Special interest points	Dose planned, cGy	Dose delivered, cGy

REMOTE AFTERLOADING, SINGLE SOURCE:

SITE: _____

IS THIS PROCEDURE: Intra-op (___ Yes/___ No) Post-op (___ Yes/___ No)

IS THIS PROCEDURE: Single fraction
 Two fractions separated by _____ hours
 Other _____ (# of fractions) separated by _____ hours

PROCEDURE: intracavitary interstitial HDR LDR

Type of applicator/source/device _____

Radio nuclide: _____ Air-kerma strength _____ cGy, cm²/ h or mCi _____

TARGET VOLUME: _____ cm³, length _____ cm, width _____ cm, thickness _____ cm

TREATMENT PLAN: Treatment planning system _____ version, image based _____ or not _____.

Dose is prescribed at _____ Prescribed dose _____ cGy

SOURCE CONFIGURATION: Sketch below or submit printouts, indicating dwell-time in the various positions: (Submit isodose distributions in appropriate planes with **target volumes**.)

TREATMENT EVALUATION: Treatment dose (TD) at prescription _____ cGy, Dose rate at prescription _____ cGy/h,

Treatment volume _____ cm³, Minimum target dose _____ cGy, Treatment volume cc/ Target volume cc _____

Special interest points	Dose planned, cGy	Dose delivered, cGy

This form was completed by:

Print Name: _____

Date: _____

Email: _____

Phone: _____

This reporting form is based upon Recommendations of the American Endocurietherapy Society, published in Endocurie. Hypertherm. Oncol. Vol. 7, 1991, 1-12, where the concepts and the quantities are defined and discussed.