

PT initials: \_\_\_\_\_ \*Protocol #: \_\_\_\_\_ \*Registration #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ \*Radiotherapy Dept: \_\_\_\_\_  
 Physicist/ Dosimetrist: \_\_\_\_\_ RTF#: \_\_\_\_\_  
 Radiation Oncologist Name: \_\_\_\_\_ Radiation Oncologist Email: \_\_\_\_\_

**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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTENDED TOTAL EFFECTIVE DOSE (for all phases):** \_\_\_\_\_

**DOSE PRESCRIPTION (phase 1): Target Volume Name** \_\_\_\_\_ **Date of First Treatment** \_\_\_\_\_

Prescription Effective Dose per Fraction: _____	RBE used : _____
Intended Effective Dose for Phase 1: _____	Uncertainty in depth and modulation
Intended Number of Fractions: _____	Included in prescription? ___ yes / ___ no

**Type:** \_\_\_ Scattered \_\_\_ Uniform Scanning \_\_\_ Pencil Beam Scanning \_\_\_ IMPT

**Treatment Fields (phase 1) Be sure to include Beam Data Printouts from the Planning System and Monitor Unit Calculations**

Field Name (e.g. Ant, RL1A, 3A)						
Gantry Angle / Couch Angle	/	/	/	/	/	/
Prescribed depth / modulation	/	/	/	/	/	/
Custom range compensator?	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
Monitor Units per Fraction						

This form is completed by:

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

**Please save and submit along with the digital RT plan to IROC QA Center via sFTP**

**Or**

**Attach to Email to [Dat submission@garc.org](mailto:Dat submission@garc.org)**

Please do not **submit** duplicate copies



**IROC Rhode Island QA Center (QARC)  
 Proton Dosimetry Summary Form**

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Registration #: \_\_\_\_\_

Protocol #: \_\_\_\_\_

**DOSE PRESCRIPTION (phase 2): Target Volume Name \_\_\_\_\_ Date of First Treatment \_\_\_\_\_**

Prescription Effective Dose per Fraction: _____	RBE used : _____
Intended Effective Dose for Phase 2: _____	Uncertainty in depth and modulation
Intended Number of Fractions: _____	Included in prescription? ___ yes / ___ no

Type: \_\_\_ Scattered \_\_\_ Uniform Scanning \_\_\_ Pencil Beam Scanning \_\_\_ IMPT

**Treatment Fields (phase 2) Be sure to include Beam Data Printouts from the Planning System and Monitor Unit Calculations**

Field Name (e.g. Ant, RL1A, 3A)						
Gantry Angle / Couch Angle	/	/	/	/	/	/
Prescribed depth / modulation	/	/	/	/	/	/
Custom range compensator?	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
Monitor Units per Fraction						

**DOSE PRESCRIPTION (phase 3): Target Volume Name \_\_\_\_\_ Date of First Treatment \_\_\_\_\_**

Prescription Effective Dose per Fraction: _____	RBE used : _____
Intended Effective Dose for Phase 3: _____	Uncertainty in depth and modulation
Intended Number of Fractions: _____	Included in prescription? ___ yes / ___ no

Type: \_\_\_ Scattered \_\_\_ Uniform Scanning \_\_\_ Pencil Beam Scanning \_\_\_ IMPT

**Treatment Fields (phase 3) Be sure to include Beam Data Printouts from the Planning System and Monitor Unit Calculations**

Field Name (e.g. Ant, RL1A, 3A)						
Gantry Angle / Couch Angle	/	/	/	/	/	/
Prescribed depth / modulation	/	/	/	/	/	/
Custom range compensator?	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
Monitor Units per Fraction						

This form is completed by:

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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**\*Required**