

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

**DATE OF RADIOSURGERY PROCEDURE** \_\_\_\_\_

**TREATMENT UNIT**

- Linear Accelerator: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Energy \_\_\_\_\_ MV
- Gamma Knife

**TECHNIQUE**

Number of isocenters or beam-center positions \_\_\_\_\_ Number of stationary beams \_\_\_\_\_ arcs \_\_\_\_\_

If applicable, sum of degrees per arc for all arcs \_\_\_\_\_ Collimator diameter(s): isocenter #1 \_\_\_\_\_ mm

#2 \_\_\_\_\_ mm

**TARGET VOLUME**

Largest measure in any direction _____ mm	Anterior-posterior measure _____ mm
Left-right measure _____ mm	Cephalad-caudad measure _____ mm
Target volume _____ cm <sup>3</sup>	Determined from
	Serial CT <input type="checkbox"/>
	MRI <input type="checkbox"/>
	Other <input type="checkbox"/>

**PRESCRIPTION DOSE**

\_\_\_\_\_ Gy to \_\_\_\_\_ % isodose contour Maximum within target volume \_\_\_\_\_ Gy

Minimum within target volume \_\_\_\_\_ Gy Volume inside prescription isodose surface \_\_\_\_\_ cm<sup>3</sup>

Ratio of Prescription Isodose Volume/ Target Volume \_\_\_\_\_

- Submit**
- 1) Isodose distributions in three orthogonal planes for each target. If not possible, three transverse slices representing each target and including the isocenter(s)
  - 2) Dose-volume histogram for the planning target volume (s)
  - 3) Dose-volume histograms for critical structures (optic chiasm, L & R optic nerves, pituitary gland, hypothalamus, brainstem) for the total treatment.
  - 4) RS-1

**To :** IROC Rhode Island QA Center (QARC)  
Building B, Suite 201  
640 George Washington Highway  
Lincoln, RI 02865-4207  
Email: [Dat submission@garc.org](mailto:Dat submission@garc.org)

Date submitted: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_