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|------------------------------|----------------------------|------------------------|
| 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 _____ cm³ Determined from Serial CT
 MRI
 Other

PRESCRIPTION DOSE

_____ Gy to _____ % isodose contour Maximum within target volume _____ Gy

Minimum within target volume _____ Gy Volume inside prescription isodose surface _____ cm³

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 : Quality Assurance Review Center
 Building A, Suite 201
 640 George Washington Highway
 Lincoln, RI 02865-4207
 Email: Dat submission@qarc.org

Date submitted: _____
 Name: _____
 Telephone: _____
 Fax: _____
 Email: _____