

**Quality Assurance Review Center
 Total Body Irradiation Radiotherapy Summary Form**

Coop Group _____	*Protocol # _____	*Registration # _____
PT initials _____	Date of birth _____	Sex M ___ F ___
Physicist/Dosimetrist _____	Radiation Oncologist _____	
Radiotherapy Dept. _____		

Treatment Machine: Model: _____ Energy: _____

I. PRESCRIPTION POINT DATA	Field I	Field II	Field III	Field IV
1. Field Name (R. Lat., L. Lat., etc.)				
2. Depth of Prescription Point (cm) (1/2 thickness at the Umbilicus)				
3. Distance from source to prescription point (cm) (distance = SSD + depth)				
4. Collimator Setting in cm				
5. Transmission Factor (s) a) Tray				
b) Other (describe) _____ _____				
6. Monitor Units (minutes if Co- 60)				

7. Dose per Fraction to Prescription Point (cGy)	
8. Number of Fractions per Day	
9. Total Dose to Prescription Point (cGy)	
10. Dose Rate at Prescription Point (cGy/min)	
11. Treatment Position	

REFERENCE POINT DATA – Record the total dose for the following points as required in the protocol and defined in the protocol guidelines. (This list may include more points than required or may not include all of the required points for this specific protocol.)

- A. Head _____ cGy
- B. Neck _____ cGy
- C. Mid-Mediastinum _____ cGy

*Required

- D. Lung (mid R) _____ cGy
- E. Umbilicus _____ cGy (prescription point)
- F. Hip(Pelvis) _____ cGy
- G. Knee _____ cGy
- H. Ankle _____ cGy

II. CORRECTED LUNG DOSE

Dose to Lung reference point (mid right lung) at mid-mediastinum level:

Corrected for Density = _____ cGy Not Corrected for Density = _____ cGy

III. BEAM MODIFIERS

Attenuators over lungs: NO _____ YES _____

Material: _____ Thickness: _____ cm Transmission Factor: _____

Compensator: NO _____ YES _____

Material: _____ Transmission Factor: _____

Bolus: NO _____ YES _____ Material: _____ Thickness: _____ cm

Other: NO _____ YES _____ Describe: _____

IV. FRACTIONATION SCHEDULE

FRACTION	DATE	TIME OF TREATMENT
#1		
#2		
#3		
#4		
#5		
#6		
#7		
#8		

This form was completed by:

Print Name: _____

Date: _____

Email: _____

Phone: _____

Please save and submit along with the digital RT plan to QARC via sFTP

Or

Please do not resubmit this form by fax or mail.

***Required**