

**Checklist for Submission of Radiation Oncology Quality Assurance Materials**

Patient Initials: \_\_\_\_\_ Registration #: \_\_\_\_\_ RT Start Date: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Radiation Oncologist: \_\_\_\_\_ Email: \_\_\_\_\_

**This study requires the use of TRIAD for RT data submission. This checklist is for materials required for Arm 1 patients.**

**The following materials must be submitted at least 3 days prior to the start of radiotherapy for interventional review:**

DATE  
SUBMITTED

- \_\_\_\_\_ Baseline Chest CT and Abdomen & Pelvis CT/MR or diagnostic quality PET/CT with radiology reports (must be done within 60 days prior to pre-registration or initiation of systemic therapy)
- \_\_\_\_\_ Prior to Registration Chest CT and Abdomen & Pelvis CT/MR or diagnostic quality PET/CT with radiology reports (must be done within 28 days prior to randomization)
- \_\_\_\_\_ Copy of digital RT Treatment Plan (DicomRT format to include treatment planning CT/MR, structures files, plan and dose files)
- \_\_\_\_\_ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ RT-1 Dosimetry Summary Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf) or Proton Dosimetry Summary Form [http://www.qarc.org/forms/Radiotherapy/IROC\\_ProtonReportingForm.pdf](http://www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf)
- \_\_\_\_\_ Motion Management Reporting Form [www.qarc.org/forms/IROC\\_MotionManagementForm.pdf](http://www.qarc.org/forms/IROC_MotionManagementForm.pdf)

**Final Review materials must be submitted within 1 week of the completion of radiation:**

- \_\_\_\_\_ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
- \_\_\_\_\_ RT-2 Total Dose Record [www.qarc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)
- \_\_\_\_\_ Documentation listed above showing modifications from the original submission (if not previously submitted).

Please contact study CRA by email ([DataSubmission@qarc.org](mailto:DataSubmission@qarc.org)) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.