

*Wake Forest NCORP Research Base*  
**WF-2201**

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

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

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

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

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

**This study prefers the use of TRIAD for data submission.** In the event that a site has not completed all steps required for TRIAD data submission in time to meet the timeline for data submission, data submitted via sFTP will also be accepted.

For data sent via sFTP, a notification email should be sent to [sFTP@garc.org](mailto:sFTP@garc.org) with **the protocol # and registration # in the subject line**. Please include a completed checklist with your sFTP upload. Refer to IROC Rhode Island website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

Please note that secure emails will Not be opened.

For all imaging submissions, the full set of images performed must be submitted. Please make sure the person exporting the studies from the radiology department knows that it is unacceptable to alter/remove the DICOM attributes of study date, study description & series description.

**The following materials must be submitted within 1 week of the completion of radiotherapy for review:**

DATE  
SUBMITTED

\_\_\_\_\_ If prior SRS was given for brain metastases, need MRs and digital RT plans

\_\_\_\_\_ If no surgery was performed, need Baseline Brain MR with report

\_\_\_\_\_ If surgery was performed, need \_\_\_\_\_ PreOp Brain MR with report AND \_\_\_\_\_ PostOp Brain MR with report

\_\_\_\_\_ For all patients, need repeat planning MR with report (if applicable)

\_\_\_\_\_ Copy of digital RT Treatment Plan (DicomRT format to include treatment planning MR images, structure files, and plan and dose files)

\_\_\_\_\_ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics

\_\_\_\_\_ RS-1 Dosimetry Summary Form (1 form for each target volume)

[http://www.garc.org/forms/Radiotherapy/IROC\\_RS1DosimetrySummaryForm.pdf](http://www.garc.org/forms/Radiotherapy/IROC_RS1DosimetrySummaryForm.pdf)

\_\_\_\_\_ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses

**The following materials should be submitted as they are acquired for retrospective imaging review:**

\_\_\_\_\_ Follow-up Brain MR images and reports done at:

\_\_\_\_\_ Month 2, \_\_\_\_\_ Month 4, \_\_\_\_\_ Month 6, \_\_\_\_\_ Month 9, \_\_\_\_\_ Month 12, \_\_\_\_\_ any scan performed outside the schedule for standard of care if clinically indicated

Please contact IROC RI study manager by email ([DataSubmission@garc.org](mailto:DataSubmission@garc.org)) for clarification as necessary. Thank you for your ongoing co-operation.