

NCI ETCTN 10015

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

This study allows the use of TRIAD for RT 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 pre-treatment review, data submitted via SFTP or CD/DVD will also be accepted.

For data sent via sFTP, a notification email should be sent to sFTP@garc.org with **the protocol # and registration # in the subject line**. Please refer to IROC Rhode Island website for instructions on sending digital data (www.QARC.org).

Non DICOM RT data not sent via Triad or sFTP may be sent by email to datasubmission@garc.org with the protocol # and registration # in the subject line. Data may also be sent via courier.

DIAGNOSTIC IMAGING AND REPORTS:

DATE
SUBMITTED

The scans and reports noted below should be submitted for review at the following time points:

Timepoint:

| | |
|--------------------|-------|
| _____ Baseline | _____ |
| _____ Post Cycle 2 | _____ |
| _____ Post Cycle 4 | _____ |
| _____ Post Cycle 6 | _____ |
| _____ Post Cycle | _____ |

Scans and Reports:

_____ CT
_____ MR
_____ PET CT
_____ PET MR
_____ CXR
_____ Other