

Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies
PEPN2415

Subject Number #: _____ RT Start Date: _____
Sender's Name: _____ Phone #: _____
Email: _____
Radiation Oncologist _____ Email _____

Please enclose a copy of this Checklist together with the RT materials and diagnostic imaging you submit. All materials must be labeled with the protocol and assigned registration number. SFTP submission is preferred; however, the imaging may be burned to a CD and mailed. Instructions for data submission are on the IROC Rhode Island web site at <https://www.qarc.org/> under "Digital Data." All items on the list below that are not part of the digital submission may be included with the transmission of the digital RT data or submitted separately. **Please do not submit the same items via multiple submission methods.**

RADIOTHERAPY DATA: The following data marked with an * must be submitted within 3 days of the start of radiation therapy for an interventional review.

**DATE
SUBMITTED**

External Beam Treatment Planning System Data

- _____ *Digital RT treatment plan (including CT, structure, dose and plan files). Structures to include all target volumes, required Organs at Risk and if IMRT, Unspecified Tissue.
- _____ *Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.
- _____ *MRI studies that have been fused with the planning CT are required to be submitted along with the digital RT data.
- _____ All diagnostic imaging and reports used to plan the target volume. This includes CT or MRI PRIOR to attempted surgical resection of the primary tumor.

Forms

- _____ *RT-1 Dosimetry Summary Form **or** Proton Reporting Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf

Data to be Submitted within 1 Week Following Completion of Treatment

- _____ RT-2 Form http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Daily radiotherapy record including the prescription, daily, and cumulative doses.
- _____ Documentation listed above showing any modifications from original submission. Data not included with the digital submission.

DIAGNOSTIC IMAGING

_____ **Baseline Brain MRI**

_____ **Pre-op Brain MR**

_____ **Post-Op Brain MRI**

_____ **Spine MRI**

_____ **Other scans as directed**

For questions about data submission or the RT and/or imaging review process, please contact us by email (DataSubmission@qarc.org) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing trial participation.