

Checklist for Data Submission of Radiology & Radiation Oncology Quality Assurance Materials

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

Please enclose a copy of this Checklist with the materials you submit. All materials must be labeled with the protocol and registration #. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, Dicomcommunicator, or email. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org (not an individual's email account) 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). Emailed data should go to DataSubmission@qarc.org (not an individual's email account) with the protocol # and registration # in the subject line.

Please do not submit the same items via multiple submission methods.

DATE
SUBMITTED

The following materials should be submitted as they are available for retrospective review:

_____ MIBG or PET scans with reports done at:

_____ Baseline, _____ Post Induction, _____ Post SCT (if > 5 + sites Post Induction), _____ Pre Post-Consolidation,
_____ End of Therapy, _____ Relapse/Progression

_____ CT/MR scans with reports done at:

_____ Baseline, _____ Post Cycle 4 Induction, _____ Post Induction (PreOp & PostOp if surgery done Post Cycle 5),
_____ Pre Post-Consolidation, _____ End of Therapy, _____ Relapse/Progression

_____ Operative & pathology reports

RT Data (Due within 1 week of completion of RT):

- _____ Primary site digital RT Treatment Plan (DicomRT format)
- _____ Primary site Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Primary site DRRs of each 3D treatment field
- _____ Primary Site RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf or Proton Reporting Form https://www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf
- _____ Motion Management Reporting Form (if applicable) www.qarc.org/forms/IROC_MotionManagementForm.pdf
- _____ Explanation if recommended doses to organs at risk are exceeded
- _____ Proton therapy: smearing radius of the compensator, set-up margin (SM) and PTV margin for each treatment beam and a description of the rationale for the PTV margins.
- _____ Primary & Metastatic Sites Daily RT Treatment Chart with prescription
- _____ Primary & Metastatic Sites RT-2 Total Dose Record
www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

Please contact us by email (DataSubmission@qarc.org) or phone: (401) 753-7600 for clarification.