

Checklist for Data Submission of Radiology Quality Assurance Materials

Patient Initials: _____

Registration #: _____

Electronic submission is required via TRIAD for all radiology materials.

The following radiology scans and corresponding reports should be submitted as soon as they are obtained:

DATE
SUBMITTED

_____ CT/MR scans with reports done at:
☐ Baseline, ☐ Post cycle 2, ☐ Post cycle 4, ☐ Post cycle 6,
☐ Post cycle 9, ☐ Post cycle 12, ☐ End of Therapy,
☐ Confirmatory Response (if applicable)

_____ For **MIBG non-avid patients**: PET scans with reports done at:
☐ Baseline, ☐ Post cycle 2, ☐ Post cycle 4, ☐ Post cycle 6,
☐ Post cycle 9, ☐ Post cycle 12, ☐ End of Therapy,
☐ Confirmatory Response (if applicable)

_____ For **MIBG avid patients**: MIBG scans with reports done at:
☐ Baseline, ☐ Post cycle 2, ☐ Post cycle 4, ☐ Post cycle 6,
☐ Post cycle 9, ☐ Post cycle 12, ☐ End of Therapy,
☐ Confirmatory Response (if applicable)

Please contact us by email (DataSubmission@qarc.org) for clarification.