

COG APEC14B1 REN

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Electronic submission is required via TRIAD for all radiology materials. Please submit as soon as possible after enrollment.

PreStudy DIAGNOSTIC IMAGING AND REPORTS:

DATE
SUBMITTED

_____ Copy of chest CT with report (required for malignant tumors)

_____ Copy of PreOp abdomen and pelvis CT and/or abdomen and pelvis MR with report(s)

_____ Copy of US report (if done)

_____ Brain MR with report (for Rhabdoid, CCSK)

_____ Whole body PET CT, Whole body PET MR, or Bone scan with report (for Rhabdoid, CCSK)

_____ Additional CT, MR and NM studies with reports (based on symptoms for RCC)

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