# *COG ASCT2031*
# *Checklist for Submission of Radiation Therapy Data*

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

Sender's Name:_____ Phone #:_____

Email**:** _____

Radiation Oncologist:_____ Email:_____

**Please *enclose a copy of this Checklist* together with the RT materials you submit. All materials must be labeled with the protocol and assigned registration number. Please be aware that RT materials for**

Radiotherapy data (Including Digital RT treatment plan) may be submitted via TRIAD (preferred method) or sFTP. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org with the **protocol # and registration # in the subject line**. Please refer to the IROC Rhode Island website for instructions on sending digital data. Reports and Treatment forms can be sent via email to datasubmission@qarc.org with the **protocol # and registration # in the subject line.**

All RT Forms are available on the IROC RI website.

## ***Radiotherapy Data for VMAT or Tomotherapy TBI*** **(Please see section 17.11.1 in protocol for submission information)**

**DATE SUBMITTED**

_____ Digital (DICOM-format) RT treatment plan (including CT, structure, dose and plan files).

_____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics. Dose volume histograms (DVH) for the composite treatment plan for all target volumes and required organs at risk.

_____ TBI Summary Form for VMAT and Tomotherapy TBI

**Data to be Submitted within 1 Week Following Completion of Radiotherapy**

_____ RT-2 Form (for TBI, and cranial and testicular boost irradiation, if given)

_____ Daily radiotherapy record (treatment chart) including the prescription, daily and cumulative doses for TBI, and cranial and testicular boost irradiation, if given)

## ***Radiotherapy Data for Conventional TBI*** **(Please see section 17.11.2 in protocol for submission information)**

_____ TBI Summary Form for Conventional TBI

_____ Measured and/or calculated doses for the TBI reference points.

_____ DICOM RT treatment plan for the TBI treatment (if treatment plan is performed)

_____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics. Dose volume histograms (DVH) for the composite treatment plan for all target volumes and required organs at risk if treatment plan is performed).

**Data to be Submitted within 1 Week Following Completion of Radiotherapy**

_____ RT-2 Form (for TBI, and cranial and testicular boost irradiation, if given)

_____ Daily radiotherapy record (treatment chart) including the prescription, daily and cumulative doses for TBI, and cranial and testicular boost irradiation, if given)

If emergency RT is administered, documentation should be provided in the RT-2 Total Dose Record Form and the radiotherapy record (treatment chart).



**Please contact study CRA by email or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing cooperation.**
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