

Checklist for Submission of 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 together with the RT materials you submit. All materials must be labeled with the protocol and assigned registration number.

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or on CD. For data sent via sFTP, a notification email should be sent to sFTP@garc.org 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).

Data not sent via sFTP may be sent via email to datasubmission@garc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

The following materials must be submitted within 3 days of the start of radiotherapy for review:

DATE
SUBMITTED

- _____ Copy of pre-study diagnostic imaging and radiology report.
- _____ Operative and pathology reports.
- _____ Digital RT Treatment Plan (DicomRT) including CT, structures, dose, and plan files.
- _____ Dose volume histograms (DVH) of the target volumes and all required organs at risk. When using IMRT a DVH shall be submitted for a category of tissue called "unspecified tissue." This is defined as tissue contained within the skin, but which is not otherwise identified by containment within any other structure. DVH's are included in the digital plan.
- _____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics.
- _____ RT-1 Dosimetry Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf

Final Review materials must be submitted within 1 week of the completion of radiation:

- _____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
- _____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Treatment plan if any revisions were made subsequent to the initial submission

Please contact study CRA by email (ECOG@garc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.