## **ECOG-ACRIN EA3163**

## **Checklist for Submission of Radiation Therapy Quality Assurance Materials**

Patient Initial	s: Registration #:	RT Start Date:	
Sender's Naı	me:	Phone #:	
Email:		_	
Radiation Or	cologist:	Email:	
	ese a copy of this Checklist together we the protocol and assigned registration	rith the RT materials you submit. All materian number.	als must be
structures, plaincluded with	an, and dose files. Any items on the list I	OM RT is required. Digital data must include Colon that are not part of the digital submission This study uses TRIAD for RT data submission omission on this study.	may be
	# in the subject line. Please refer to IRO0	sent to <a href="mailto:sFTP@qarc.org">sFTP@qarc.org</a> with the <b>protocol #</b> are Rhode Island website for instructions on send	
The followin review:	g materials must be submitted <u>within</u>	3 days of the start of radiotherapy for interv	entional
<u>DATE</u> SUBMITTED			
		ng and post-induction chemotherapy imaging used is of the corresponding radiology reports, exam note pathology reports must be submitted.	
	Digital RT Treatment Plan (DicomRT forma	t) that includes the CT, structures, dose and plan file	es.
	Treatment planning system summary report calculation algorithm, and volume of interest	that includes the monitor unit calculations, beam part dose statistics.	arameters,
	Prescription sheet for entire treatment.		
	RT-1 Dosimetry Form <a href="www.qarc.org/forms/roms/roms/roms/radiother">www.qarc.org/forms/roms/roms/roms/roms/roms/roms/roms/</a>	IROC_RT-1DosimetrySummaryForm.pdf or Proto apy/IROC_ProtonReportingForm.pdf	n Reporting
		I include proton planning technique, the data input in or screen captures of the robustness evaluation.	n robust
Final RT rev	ew materials must be submitted withi	n 1 week of the completion of radiation:	
	Completed RT Daily Treatment Chart. inc	uding prescription, daily and cumulative doses	
	•	rm www.qarc.org/forms/IROC_RT2RadiotherapyTotalE	OoseRecord.pdf
	Treatment plan if any revisions were made		

Please contact study CRA by email <a href="mailto:DataSubmission@qarc.org">DataSubmission@qarc.org</a> or phone: (401) 753-7600 for clarification as necessary. If any changes occur in the patient's status, please inform IROC RI in writing. Thank you for your ongoing co-operation.

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