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

Patient Initials:	Registration #:	RT Start Date:		
Sender's Name:		Phone #:		
Email:				
Radiation Oncologist:		Email:		
This study requires the use of <u>TRIAD</u> for data submission.				
DATE SUBMITTED				
interventional review:  CAP CT/MR wit Copy of digital F files, plan and dose Treatment planr calculation algorithm RT-1 Dosimetry RT prescription Operative & pat Exam notes	h radiology reports (must RT Treatment Plan (Dicor files) ning system summary rep n, and volume of interest Summary Form <u>www.qa</u> hology reports	rc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf		
	·	eek of the completion of radiation: cluding prescription, daily and cumulative doses		
		orms/IROC_RT2RadiotherapyTotalDoseRecord.pdf		
Copy of digital F files, plan and dose Treatment planr calculation algorithm RT-1 Dosimetry RT prescription	RT Treatment Plan (Dicor files) ning system summary rep n, and volume of interest Summary Form <u>www.qa</u>	1 week of the completion of radiation: mRT format to include treatment planning CT, structures out that includes the MU calcs, beam parameters, dose statistics mc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf orms/IROC_RT2RadiotherapyTotalDoseRecord.pdf		

Please contact study CRA by email (<u>DataSubmission@qarc.org</u>) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.