



IROC Rhode Island QA Center (QARC)

Radiosurgery RS-1 Dosimetry Summary Form
Use a separate RS-1 form for each target volume

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PT initials: Protocol #: Registration #:
Date of Birth: Sex: M F Radiotherapy Dept:
Physicist/ Dosimetrist: RTF#:
Radiation Oncologist Name: Radiation Oncologist Email:

RESECTED or UNRESECTED

TREATMENT UNIT

Linear Accelerator Gamma Knife

TECHNIQUE

Number of isocenters or beam-center positions Number of stationary beams arcs
If applicable, sum of degrees per arc for all arcs Collimator diameter(s): isocenter #1 mm #2 mm

TARGET VOLUME NAME

TARGET VOLUME LOCATION

Largest measure in any direction mm Anterior-posterior measure mm
Left-right measure mm Cephalad-caudad measure mm
Target volume cm3 Determined from Serial CT MRI Other

PRESCRIPTION DOSE

Gy to % isodose contour Maximum within target volume Gy # of Fractions
Minimum within target volume Gy Volume inside prescription isodose surface cm3
Ratio of Prescription Isodose Volume/ Target Volume

This form was completed by:

*Print Name:
*Date:
*Email:
*Phone:

Please save and submit along with the digital RT plan to IROC QA Center via sFTP
Or
Attach to Email to Datasubmission@garc.org
Please do not submit duplicate copies

Copy this page for additional target volumes as needed *Required