SWOG S1827

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 labeled with the protocol and | | | s you submit. All materials must be |
| | d plan and dose files. | | This digital data must include treatment below that are not part of the digital plan |
| | | | vent that a site has not completed all steps ubmission, data submitted via sFTP will |
| For data sent via sFTP, a notific # in the subject line. Please ref (www.QARC.org). | | | org with the protocol # and registration uctions on sending digital data |
| Non DICOM RT data not sent via # and registration # in the subject Please note that secure emails v | ct line. | be sent by email to d | latasubmission@qarc.org with the protoco |
| The following materials must | be submitted within | 1 week of the comp | pletion of radiotherapy for review: |
| DATE SUBMITTED | | | |
| Copies (in DICOM | format) and reports c | of all imaging studies | used to define the target volume |
| Copy of digital RT Treatment Plan (DicomRT format) | | | |
| | g system summary re ne of interest dose st | | MU calcs, beam parameters, calculation |
| RT-1 Dosimetry Su | ımmary Form <u>www.q</u> | arc.org/forms/IROC_l | RT-1DosimetrySummaryForm.pdf |
| RT-2 Total Dose Record <u>www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf</u> | | | |
| Completed RT Dail | y Treatment Chart, ir | ncluding prescription, | daily and cumulative doses |
| Please contact study CRA by en necessary. Thank you for your o | | | e: (401) 753-7600 for clarification as |

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