## **SWOG S1933**

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

Patient Init	ials:	Registration #:	RT Start Date:	
Sender's N	lame:		Phone #:	
Email:				
Radiation Oncologist:			Email:	
		of this Checklist togethene protocol and assigned	er with the RT materials you submit. All materi I registration number.	als
structures,	plan, and dose		OM RT is required. Digital data must include CT scans Of for RT data submission but sFTP will also be accepted	
registratio			ent to <a href="mailto:sFTP@qarc.org">sFTP@qarc.org</a> with the <b>protocol #</b> and Rhode Island website for instructions on sending digit	al
Radiother	•	ollowing materials to be su	bmitted at least 5 days prior to the start of	
<u>DATE</u> SUBMITTI	<u>ED</u>			
	Digital RT Tre and plan files.		that includes the treatment planning CT, structures, dose	
		nning system summary report tl alculation algorithm, and volume	nat includes the monitor unit calculations, beam e of interest dose statistics.	
	— Prescription s	neet for entire treatment		
	 RT-1 Dosimet	ry Summary Form www.garc.or	g/forms/IROC_RT-1DosimetrySummaryForm.pdf	
	 Motion Manag	gement Form www.qarc.org/fori	ns/IROC_MotionManagementForm.pdf	
	Copies (in DIC	COM format) and reports of all ir	naging studies used to define the target volume	
	Full 4DCT stu	dy used to define the target volu	ıme	
Final RT re	A copy of the all required a RT-2 Radioth	patient's radiotherapy record in		s to

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.

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