



**FTP Account Request**

**Request Date:** \_\_\_\_\_

**Requestor:** \_\_\_\_\_

**Institution Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Technical FTP Contact:** \_\_\_\_\_

**RT Facility (if different from above):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Protocols to submit digitally:** \_\_\_\_\_

**Treatment Planning System and Version:** \_\_\_\_\_

**Submit form to:** QARC Fax: (401) 753-7601

**For questions, please contact** Kate Schmitter, MSc [KSchmitter@QARC.org](mailto:KSchmitter@QARC.org)  
Phone: 401) 753-7600 Fax: (401) 753-7601

**QARC Use Only:**

**Site Code:** \_\_\_\_\_ **RTF #:** \_\_\_\_\_

**Account Set Up Date:** \_\_\_\_\_

**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Comments:**