

A5971 DATA CHECKLIST

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RADIOTHERAPY DATA:

(No On-Treatment review is required. Within one week of radiotherapy completion, the following shall be submitted.)

- _____ RT-2 Form
- _____ Copy of the completed daily RT treatment chart

DIAGNOSTIC IMAGING & REPORTS:

(Copies of diagnostic imaging is for central review only – not required for RT review)

Pre-Chemo

- _____ CXR with report
- _____ Gallium / PET / Bone scan with report(s)
- _____ CT scan(s) of site(s) positive for disease at diagnosis with report(s)

End of Induction Chemo

- _____ CXR with report
- _____ Gallium / PET / Bone scan with report(s)
- _____ CT scan(s) of site(s) positive for disease at diagnosis with report(s)

If any of these items are not available, please inform QARC.

- MAIL ALL DATA TO:
QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865

If you need verification of receipt of this data, please write your name & email address:
