

**AALL07P4 DATA/FILMS CHECKLIST**

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**Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see Administrative Policy 3.9. Contact QARC for questions or further information.**

Patient Identifier: \_\_\_\_\_

Registration #: \_\_\_\_\_

***ON-TREATMENT REVIEW***

No on-treatment review is required for radiotherapy data in this protocol.

***FINAL DATA***

**Submit within one week of completion of radiotherapy:**

\_\_\_\_\_ RT-2 Total Dose Record Form for each field.

\_\_\_\_\_ Copy of daily RT treatment chart including prescription, daily, and cumulative doses to all required areas.

**NO RT FILMS (SIMULATION OR VERIFICATION) ARE REQUIRED FOR THIS PROTOCOL.**

***DIAGNOSTIC IMAGING & REPORTS***

No diagnostic imaging is required for this protocol

- **MAIL ALL DATA TO: (If you need verification of receipt of this data, please write your name & address)**

Quality Assurance Review Center  
Suite 201  
640 George Washington Highway  
Lincoln, RI 02865-4207