

AALL08P1 DATA/FILMS CHECKLIST

QARC Contact: Sandy Kessel

Email SKessel@garc.org

Phone (401) 753-7600

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