

## AGCT0521 DATA/FILMS CHECKLIST

QARC Contact: Sandy Kessel

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

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

**ONLY DIAGNOSTIC IMAGING AND REPORTS ARE REQUIRED TO BE SUBMITTED TO QARC. THERE IS NO RADIOTHERAPY COMPONENT TO THIS STUDY.**

### IMAGING STUDIES & REPORTS:

**The following studies and reports are required at the time points identified below:**

- \_\_\_\_\_ Primary site CT or MR and report
- \_\_\_\_\_ Metastatic site CT or MR and report
- \_\_\_\_\_ Bone scan and report
- \_\_\_\_\_ Copy of op report

**Please identify the time point(s) for the study or studies included in this data submission:**

- \_\_\_\_\_ Baseline (Pre-study)
- \_\_\_\_\_ End of Therapy

**MAIL ALL DATA TO:**

QARC  
Suite 201  
640 George Washington Highway  
Lincoln, RI 02865-4207

**If you need verification of receipt of this data, please write your name & address below.**