

**AHEP0731 DATA/FILMS CHECKLIST**

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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.**

\_\_\_\_\_ **Pre-study (at diagnosis):** CT/MR **AND** US along with reports.

\_\_\_\_\_ **Post cycle 2:** CT/MR **AND** US along with reports (*Stratum 3/Stratum 4 patients*).

\_\_\_\_\_ **Post cycle 4:** CT/MR **AND** US along with reports (*Stratum 3/Stratum 4 patients*).

\_\_\_\_\_ **Post cycle 6:** CT/MR **AND** US along with reports (*Stratum 4 non-responders*).

\_\_\_\_\_ **Post cycle 7:** CT/MR **AND** US along with reports (*Stratum 4 responders*).

\_\_\_\_\_ **End of therapy:** CT/MR along with report (*Stratum 2/Stratum 3/Stratum 4*).

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

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