

ANBLO032 DATA/FILMS CHECKLIST

QARC Contact: Dee Logan

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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.

DIAGNOSTIC IMAGING & REPORTS:

_____ MIBG Scans at the following times:

___ Pre-Treatment

___ Before 4th cycle of Cis-RA

___ Within 2 weeks after last dose of Cis-RA

_____ Positive MIBG Scans during follow up:

___ 3 Months

___ 6 Months

___ 9 Months

___ 1 Year

___ 1.5 Year

___ 2 Years

___ 2.5 Years

___ 3 Years

___ At Relapse

_____ Copies of all corresponding radiology reports

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

QARC
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640 George Washington Highway
Lincoln, RI 02865-4207