

## ANBL0531 DATA/FILMS CHECKLIST

### QARC Contact: Dee Logan

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

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

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see Administrative Policy 3.9, April 2004). Contact QARC for questions or further information.

### DIAGNOSTIC IMAGING & REPORTS:

**As of Amendment 1, a central retrospective review of imaging has been added to the study.**

\_\_\_\_\_ Copies of the initial diagnostic CT and/or MRI should be submitted to QARC along with copies of the corresponding radiology reports.

### RADIOTHERAPY DATA:

**If RT is given, the data listed below must be sent for a final review. No on-treatment review is required. The following shall be submitted within 1 Week of the completion of RT:**

- \_\_\_\_\_ Copies of All diagnostic imaging used to plan the target volume. This includes CT, MRI and MIBG scans PRIOR to attempted surgical resection of the primary tumor
- \_\_\_\_\_ RT-1/IMRT Dosimetry Summary Form
- \_\_\_\_\_ DRRs/ RT simulation films for each field
- \_\_\_\_\_ Orthogonal (anterior/posterior and lateral) images for isocenter localization
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.
- \_\_\_\_\_ Color composite isodose distributions
- \_\_\_\_\_ Color Room's Eye View (3D Conformal/IMRT)
- \_\_\_\_\_ Color Beam's Eye Views (3D Conformal/IMRT)
- \_\_\_\_\_ Documentation of independent check of calculated dose (IMRT)
- \_\_\_\_\_ Color Composite DVHs for all GTVs, CTVs, PTVs and critical structures (3D Conformal/IMRT)
- \_\_\_\_\_ Color Composite DVH for "unspecified tissue" (IMRT)
- \_\_\_\_\_ RT treatment plan submitted in digital format (refer to [www.QARC.org](http://www.QARC.org) under "Digital Data")
- \_\_\_\_\_ Description of the method used to account for respiratory motion should be documented
- \_\_\_\_\_ RT-2 Form
- \_\_\_\_\_ Daily RT Treatment Chart (including prescription and cumulative doses to all required areas and critical organs)
- \_\_\_\_\_ If emergency RT is administered, documentation should be provided in the form of the RT-2 Total Dose Record Form and the radiotherapy record (treatment chart).

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

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