

ANBL0621 DATA/FILMS CHECKLIST

QARC Contact: Dee Logan

Email DLogan@QARC.org

Phone (401) 753-7600

Patient Identifier: _____

Registration #: _____

ONLY DIAGNOSTIC IMAGING AND REPORTS FOR STRATUM 1 PATIENTS ARE REQUIRED TO BE SUBMITTED TO QARC. THERE IS NO RADIOTHERAPY COMPONENT TO THIS STUDY.

DIAGNOSTIC IMAGING & REPORTS:

_____ For Stratum 1, CT/MRI Scans and corresponding radiology reports at the following times:

___ Baseline

___ Cycle 2

___ Cycle 4

___ Cycle 6

___ Cycle 8

___ Cycle 10

___ Cycle 14

___ Cycles 18-52 (after every 4th cycle until progression)

___ Progression

*****Please label reports and CDs with which cycle or event they are for.**

MAIL ALL DIAGNOSTIC IMAGING TO: (If you need verification of receipt of this data, please write your name & email)

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