

ANBL0931 DATA/FILMS CHECKLIST

QARC Contact: Dee Logan

Email DLogan@QARC.org

Phone (401) 753-7600

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:

_____ Copies of the CT/MRI scans, MIBG scans, PET scans (if tumor is not MIBG avid), and Bone Scans (if PET not done) at the following times:

_____ Pre-Treatment

_____ After the End of Therapy

_____ Relapse or Progression

_____ Patients not enrolled on a therapeutic COG study prior to this study, copies of the MIBG scans at diagnosis and pre-ASCT should also be sent, if done.

_____ MIBG at Diagnosis

_____ MIBG Pre-ASCT

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