

ANHLO131 DATA CHECKLIST

QARC Contact: Katie Karolczuk

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Patient Initials: _____

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.

RADIOTHERAPY DATA:

(This is a simple (limited) review study. No on-treatment review is required. No RT film submission is required. The following shall be submitted.)

_____ RT-2 Form

_____ Daily RT treatment chart (including prescription, daily and cumulative doses)

DIAGNOSTIC IMAGING & REPORTS:

(Copies of diagnostic imaging is for central review only)

_____ Pre-Study – PET and/or Gallium, primary site and NCAP CT and/or MRI, Bone scan (for bone primary)

_____ End of Induction (week 6) – PET and/or Gallium, primary site and NCAP CT and/or MRI, Bone scan (for bone primary)

_____ Restaging (week 9, if pt is PR at wk 6) – PET and/or Gallium, primary site and NCAP CT and/or MRI, Bone scan (for bone primary)

_____ End of Therapy – PET and/or Gallium, primary site and NCAP CT and/or MRI, Bone scan (for bone primary)

_____ Relapse – PET and/or Gallium, primary site and NCAP CT and/or MRI, Bone scan (for bone primary)

_____ Positive scans during follow up

_____ Copies of all corresponding radiology reports

If any of the above data is not available, please advise.

- MAIL ALL DATA TO:
QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865

If you need verification of receipt of this data, please write your name & email address:
