

ARAR0332 DATA/FILMS CHECKLIST

QARC Contact: Karina Rossi-Toole

Email KToole@qarc.org

Patient Identifier: _____ Registration #: _____

Only diagnostic imaging and reports are required to be submitted to QARC. There is no radiotherapy component to this study. Imaging should be submitted within 30 days of completing therapy.

DIAGNOSTIC IMAGING AND REPORTS

Please submit copies of the radiology reports for each of the studies submitted

[Stratum 1 and 2 patients submit: copies of the Baseline imaging only \(unless there is progression/relapse\).](#)

Baseline

_____ MRI of the Abdomen, Chest CT and Bone Scan with reports

[Stratum 3 patients submit copies of:](#)

Baseline

_____ MRI of the Abdomen, Chest CT and Bone Scan with reports

Post Cycle 2

_____ MRI of the Abdomen and Chest CT with reports

_____ Bone Scan if positive at diagnosis with report

Post Cycle 4

_____ MRI of the Abdomen and Chest CT with reports

_____ Bone Scan if positive at diagnosis with report

Post Cycle 6

_____ MRI of the Abdomen and Chest CT with reports

_____ Bone Scan if positive at diagnosis with report

End of Therapy

_____ MRI of the Abdomen, Chest CT and Bone Scan with reports

[All patients, if progression/relapse occurs, please submit:](#)

_____ MRI of the Abdomen, Chest CT and Bone Scan with reports

- MAIL ALL REPORTS & IMAGING TO:
QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4027

If you need verification of receipt of this data, please write your name & e-mail address