

# AREN0321 DATA CHECKLIST

Version Date: 3/19/12

**QARC Contacts:**

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**COG Registration #:** \_\_\_\_\_

**Date of first RT:** \_\_\_\_\_

**Initial on-treatment data (Due within 3 days of starting RT):**

- \_\_\_\_\_ Prescription sheet for entire treatment
- \_\_\_\_\_ RT-1/IMRT Dosimetry Summary Form
- \_\_\_\_\_ Motion Management Reporting Form (if applicable)
- \_\_\_\_\_ DRRs for each field
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ Documentation of independent check of calculated dose (IMRT)
- \_\_\_\_\_ If the recommended doses to the organs at risk are exceeded, an **explanation** should be included.
- \_\_\_\_\_ Digital treatment plan
- \_\_\_\_\_ Portal verification images
- \_\_\_\_\_ All required diagnostic imaging\*\*\*\*\* (see list below)

**Final Data (Due within 1 week of completing RT):**

- \_\_\_\_\_ RT-2 Form
- \_\_\_\_\_ Daily RT Treatment Chart (including prescription and daily and cumulative doses to all required areas and organs at risk)
- \_\_\_\_\_ Data displaying changes made subsequent to submission of on-treatment data

**Diagnostic Imaging**

- \_\_\_\_\_ CT/MR of Abdomen & Pelvis
- \_\_\_\_\_ CT of Chest

**Please identify the time point(s) for the study or studies included in this film submission:**

- \_\_\_\_\_ PreStudy (\*\*\*\***Must be submitted for on-treatment review if not already submitted for AREN03B2**)
- \_\_\_\_\_ Post 1 cycle of Window therapy (if applicable)
- \_\_\_\_\_ Post 2 cycles of Window therapy (if applicable)

IF MAILING DATA, SEND TO: QARC  
640 George Washington Highway, Suite 201  
Lincoln, RI 02865

IF SENDING DATA VIA sFTP: Send a notification email to [sFTP@qarc.org](mailto:sFTP@qarc.org) with the protocol # and registration # in the subject line. Please refer to QARC website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

IF EMAILING DATA: Send to [datasubmission@qarc.org](mailto:datasubmission@qarc.org) with the protocol # and registration # in the subject line.

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

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