

Patient Initials: \_\_\_\_\_

Registration #: \_\_\_\_\_

**Central Review:** These studies are required for patients going on to therapeutic trials and requested for patients not going on to therapeutic trials.

**PreStudy Data**

\_\_\_\_\_ Copy of chest CT with report

\_\_\_\_\_ Copy of PreOp abdomen and pelvis CT and/or abdomen and pelvis MR with report(s)

- Please submit data to:  
QARC  
Attention AREN03B2  
640 George Washington Highway, Suite 201  
Lincoln, RI 02865

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

\_\_\_\_\_

Phone: (401) 753-7600

Fax: (401) 753-7601

Email: [KKarolczuk@qarc.org](mailto:KKarolczuk@qarc.org)