

ARET0231 DATA/FILMS CHECKLIST

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Patient Identifier: _____ Registration #: _____

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT Facilities (see Administrative Policy 3.9, April 2007). Contact QARC for questions or further information.

ON-TREATMENT REVIEW

No on-treatment review is required for radiotherapy data in this protocol.

FINAL DATA

Submit within one week of completion of radiotherapy:

- _____ Brachytherapy Physics Reporting Form
- _____ Digital photograph of the tumor
- _____ Dose distribution perpendicular to the plaque through the apex of the tumor (see 16.5.4)
- _____ Dose calculation printouts at prescription point and critical structures (see 16.4)
- _____ I-125 or Ru-106 planning data (see 16.5.6)

DIAGNOSTIC IMAGING & REPORTS

RetCam images and Retinal Drawings should be submitted at the following time points:

- _____ On Study EAU (RetCam Images/Retinal Drawings)
- _____ Post course 3 of CEV (RetCam Images/Retinal Drawings)
- _____ Post course 6 of CEV (RetCam Images/Retinal Drawings)
- _____ Time of failure (RetCam Images/Retinal Drawings)

Submit all data to:

Quality Assurance Review Center
Suite 201
640 George Washington Highway
Lincoln, RI 02865

(If you need verification of receipt of this data, please write your name & address)