

ARST0321 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.

Copies of scans may be batched and sent at the end of therapy.

_____ Pre-study

_____ Month 3

_____ Month 6

_____ Month 9

_____ Month 12

MAIL ALL DATA & FILMS TO: (If you need verification of receipt of this data, please write your name & address)

QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4207