

ARST0331 DATA CHECKLIST

QARC Contact: Donna Wardle

Email: DWardle@qarc.org

Phone (401) 753-7600

Registration # _____ Initials : _____ 1st RT Date: _____

INITIAL ON-TREATMENT DATA:

- _____ *Copies of all relevant Diagnostic Imaging (See list below.)
- _____ Digital treatment plan
- _____ RT Prescription for entire treatment course
- _____ RT-1/IMRT Dosimetry Summary Form or Proton Reporting Form or Brachytherapy Physics Reporting Form
- _____ Documentation of an independent check of the calculated dose (if IMRT used)
- _____ BEVs (if applicable)
- _____ Motion Management Form (if applicable; see section 18.7.6)
- _____ DVHs
- _____ Color isodose distributions
- _____ RT simulation films or DRRs
- _____ If the recommended doses to the organs at risk are exceeded, an **explanation** should be included.
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Description of the rationale for PTV margins (if Protons used)

FINAL DATA:

(If not submitted on treatment, all data/films listed in the Initial Data must be included with the Final Data)

- _____ RT-2 Form
- _____ Daily RT Treatment Chart
- _____ Documentation of any modifications made since the initial submission

***DIAGNOSTIC IMAGING:**

- _____ Pre-study/pre-op MRI/CT
- _____ Week 12 imaging
- _____ Any other relevant diagnostic images used in treatment planning

MAIL ALL DATA TO:

QARC
Attn. ARST0331
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4207

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