

ASCT0431 DATA/FILMS CHECKLIST

QARC Contact: Karina Rossi-Toole

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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 2004). 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 TBI:

_____ Copy of daily RT treatment chart including prescription, daily, and cumulative doses

_____ TBI Summary Form

Submit within one week of completion of Cranial and/or Testicular Boost:

_____ RT-2 Total Dose Record Form for each field

_____ Copy of daily RT treatment chart including prescription, daily, and cumulative doses

NO RT FILMS (SIMULATION OR VERIFICATION) ARE REQUIRED FOR THIS PROTOCOL.

DIAGNOSTIC IMAGING & REPORTS

No diagnostic imaging is required for this protocol

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

Quality Assurance Review Center
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4207