

DATA/FILMS CHECKLIST
Version Date: 07/28/2010

QARC Contacts:

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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.

* Please check protocol for pre or on-treatment review requirements.

INITIAL ON-TREATMENT DATA:

Conventional Treatment

- _____ RT-1 Form
- _____ RT simulation/ DRR films
- _____ RT verification (portal) films
- _____ Photographs of patient with treatment fields marked
- _____ Monitor Unit calculations
- _____ Gap calculations (when applicable)
- _____ Reference point dose(s) and attendant calculations (when applicable)
- _____ Color Isodose plans (when applicable)
- _____ Photos of Electron fields (when applicable)
- _____ Copy of treatment prescription for entire treatment

Conformal Treatment (3D, Proton, IMRT)

- _____ RT-1 Form or IMRT Dosimetry Summary Form (whichever is applicable)
- _____ 3D Data (color copies of DVH, BEV, REV and isodose plans, other)
- _____ RT simulation/ DRR films or images
- _____ First day portal films or hard copy of real time portal images
- _____ One set of orthogonal films (anterior/ posterior/ lateral- for each group of concurrently treated beams) used for isocenter localization
- _____ Monitor Unit calculations
- _____ Photographs of patient with treatment fields marked
- _____ Reference point dose(s) and attendant calculations (when applicable)
- _____ Documentation of an independent check of the calculated dose (if IMRT is used)
- _____ Copy of treatment prescription for entire treatment

FINAL DATA:

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

- _____ RT-1 or IMRT Dosimetry Summary Form (whichever is applicable) for boost(s) or subsequent field modifications
- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including the prescription, daily and cumulative doses to all required areas and dose specification points)
- _____ RT simulation films/ DRR films for boost(s) or subsequent field modifications
- _____ RT verification (portal) films or hard copy of real time portal images for boost(s) or subsequent field modifications
- _____ Color copies of DVH, BEV, REV, isodose plans and calculation data for boost(s) or subsequent field modifications
- _____ Copy of treatment prescription for entire treatment

DIAGNOSTIC IMAGING & REPORTS:

Please indicate the study type and date and any reports included below:

* 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