

Coop Group \_\_\_\_\_ \*Protocol # \_\_\_\_\_ \*Registration No. \_\_\_\_\_  
 PT initials \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex M \_\_\_ F \_\_\_  
 Radiotherapy Dept. \_\_\_\_\_ Radiation Oncologist \_\_\_\_\_  
 Physicist/ Dosimetrist \_\_\_\_\_ Phone: \_\_\_\_\_

**CLINICAL DATA**

Primary Site: \_\_\_\_\_ Clinical Stage: \_\_\_\_\_ TNM Stage: T \_\_\_ N \_\_\_ M \_\_\_  
 Histology: \_\_\_\_\_ Has patient had a biopsy (Y/N) \_\_\_ Date: \_\_\_\_\_  
 Has patient had a surgical excision? (Y/N) \_\_\_ Date: \_\_\_\_\_  
 \_\_\_ Complete Resection \_\_\_ Incomplete Resection \_\_\_ Microscopic Residual \_\_\_ Gross Residual \_\_\_ Inoperable  
 Describe the original tumor location and size \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF FIRST TREATMENT \_\_\_\_\_

**Treatment Technique**

Check off all that apply: \_\_\_ 3D Conformal \_\_\_ Protons \_\_\_ TomoTherapy  
 \_\_\_ IMRT (SMLC or DMLC) \_\_\_ Rotational IMRT \_\_\_ Other \_\_\_\_\_

Heterogeneity Calculations: \_\_\_ Yes \_\_\_ No Bolus Thickness if used: \_\_\_\_\_ cm  
 Treatment Planning System \_\_\_\_\_ Patient Position \_\_\_\_\_

**➤ Must Include Treatment Planning System Summary Reports (which includes monitor unit calculations, beam parameters, calculation algorithm and volume of interest dose statistics pages) with data submission.**

Protocol Treatment Site	Target Volume Name	Daily Dose (cGy)	Total Number of Fractions	Total Dose (cGy)	Prescription Isodose Surface (e.g. 95%)	Number of Beams	Beam energy (e.g. 6X, 6e)
Phase #1							
Phase #2							
Phase #3							
Phase #4							
Intended Total							

This form was completed by:

Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Please save and submit along with the digital RT plan to QARC via sFTP  
 Or  
 Please do not resubmit this form by fax or mail.**