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

Please list any External Beam Dose given to the Implant Site or Critical Tissue:

<table>
<thead>
<tr>
<th>Site</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

IS THIS INTRA-OP?  Yes  No  
IS THIS POST-OP?  Yes  No  
Date of Surgery, if yes:  

SITE:  
PROCEDURE:  
   □ intracavitary  
   □ interstitial (□ temporary, □ permanent)  
   □ plaque  
Radionuclide:  
   # sources  
Total air-kerma strength:  
cGy.cm²/h or mCi  

Type and number of applicator/source/device:  
Date, time inserted:  
removed:  
total treatment time:  
h  
TARGET VOLUME:  
   cm³, length:  
   cm, width:  
   cm, thickness:  

TREATMENT PLAN:  
Computer Planning System:  
Image (eg: CT) based:  

Dose is prescribed at:  
Prescribed dose:  
cGy, Dose rate at prescription:  
cGy/h  

SOURCE CONFIGURATION:  
Sketch below:  (Submit orthogonal films & isodose distributions in appropriate planes with target volumes and source locations indicated or CT-based isodose distributions & DVH’s as required by protocol.)  

TREATMENT EVALUATION:  
Treatment dose (TD) at prescription:  
cGy, Dose rate at prescription:  
cGy/h  
Minimum target dose:  
cGy, Treatment volume (volume receiving prescribed dose):  
cc  
Treatment volume cc / Target volume cc:  

<table>
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<tr>
<th>Special interest points</th>
<th>Dose planned, cGy</th>
<th>Dose delivered, cGy</th>
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</table>
REMOTE AFTERLOADING, SINGLE SOURCE:

SITE: ________________________________

IS THIS PROCEDURE: Intra-op (___Yes/___ No)   Post-op (___Yes/___ No)

IS THIS PROCEDURE:  
☐ Single fraction
☐ Two fractions separated by ________ hours
☐ Other ______ (# of fractions) separated by ________ hours

PROCEDURE:  
☐ intracavitary  ☐ interstitial  ☐ HDR  ☐ LDR

Type of applicator/source/device ________________________________

Radio nuclide: _______________ Air-kerma strength _______________ cGy, cm²/ h or mCi _______________

TARGET VOLUME: _______cm³, length _______ cm, width _______ cm, thickness _______ cm

TREATMENT PLAN: Treatment planning system ____________ version, image based ____________ or not ________.

Dose is prescribed at ________________ Prescribed dose ________________ cGy

SOURCE CONFIGURATION: Sketch below or submit printouts, indicating dwell-time in the various positions: (Submit isodose distributions in appropriate planes with target volumes.)

TREATMENT EVALUATION: Treatment dose (TD) at prescription _______ cGy, Dose rate at prescription _______ cGy/h,

Treatment volume _______ cm³, Minimum target dose ______ cGy, Treatment volume cc/ Target volume cc ______

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This form was completed by:

Print Name: ________________________________

Date: ________________________________

Email: ________________________________

Phone: ________________________________

This reporting form is based upon Recommendations of the American Endocurietherapy Society, published in Endocrine, Hypertherm. Oncol. Vol. 7, 1991, 1-12, where the concepts and the quantities are defined and discussed.