



## IROC Rhode Island QA Center IORT Physics Reporting Form

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

Primary Site \_\_\_\_\_ Stage \_\_\_\_\_

- Treatment machine: \_\_\_\_\_  
Electron energy (MeV): \_\_\_\_\_  
Photon energy (MV): \_\_\_\_\_  
Orthovoltage (kV): \_\_\_\_\_
- Treatment Field Size (cm x cm): \_\_\_\_\_
- Treatment Distance (cm): \_\_\_\_\_
- Dose Prescribed at \_\_\_\_\_ depth  
This is \_\_\_\_\_ D<sub>max</sub>, \_\_\_\_\_ 90%, \_\_\_\_\_ 80% or \_\_\_\_\_ other (please specify)
- Bolus  thickness (cm) \_\_\_\_\_  
No bolus

This form was completed by \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*For intra-operative brachytherapy, please complete the Brachytherapy Physics Reporting form.*

*If treating with IORT, please return this completed form and supporting documents to:*

Submit to: **IROC Rhode Island QA Center (QARC)**  
**Building B, Suite 201**  
**640 George Washington Highway**  
**Lincoln, RI 02865-4207**  
**Phone: (401) 753- 7600**  
**FAX: (401) 753- 7601**  
**Email: [DataSubmission@QARC.org](mailto:DataSubmission@QARC.org)**