

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 _____

INTENDED TOTAL EFFECTIVE DOSE (for all phases): _____

DOSE PRESCRIPTION (phase 1): Target Volume Name _____ **Date of First Treatment** _____

Prescription Effective Dose per Fraction: _____	RBE used : _____
Intended Effective Dose for Phase 1: _____	Uncertainty in depth and modulation
Intended Number of Fractions: _____	Included in prescription? ___ yes / ___ no

Treatment Fields (phase 1) Be sure to include Beam Data Printouts from the Planning System and Monitor Unit Calculations

Field Name (e.g. Ant, RL1A, 3A)						
Gantry Angle / Couch Angle	/	/	/	/	/	/
Prescribed depth / modulation	/	/	/	/	/	/
Custom range compensator?	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
Monitor Units per Fraction						

This form is 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.



Quality Assurance Review Center Proton Dosimetry Summary Form

Quality Assurance Review Center
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4207
Phone (401) 753-7600
Fax: (401) 753-7601

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DOSE PRESCRIPTION (phase 2): Target Volume Name _____ Date of First Treatment _____

Prescription Effective Dose per Fraction: _____	RBE used : _____
Intended Effective Dose for Phase 2: _____	Uncertainty in depth and modulation
Intended Number of Fractions: _____	Included in prescription? ___ yes / ___ no

Treatment Fields (phase 2) Be sure to include Beam Data Printouts from the Planning System and Monitor Unit Calculations

Field Name (e.g. Ant, RL1A, 3A)						
Gantry Angle / Couch Angle	/	/	/	/	/	/
Prescribed depth / modulation	/	/	/	/	/	/
Custom range compensator?	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
Monitor Units per Fraction						

DOSE PRESCRIPTION (phase 3): Target Volume Name _____ Date of First Treatment _____

Prescription Effective Dose per Fraction: _____	RBE used : _____
Intended Effective Dose for Phase 3: _____	Uncertainty in depth and modulation
Intended Number of Fractions: _____	Included in prescription? ___ yes / ___ no

Treatment Fields (phase 3) Be sure to include Beam Data Printouts from the Planning System and Monitor Unit Calculations

Field Name (e.g. Ant, RL1A, 3A)						
Gantry Angle / Couch Angle	/	/	/	/	/	/
Prescribed depth / modulation	/	/	/	/	/	/
Custom range compensator?	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
Monitor Units per Fraction						

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Phone: _____

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Or

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