

ALLIANCE A012301 – Imaging Substudy

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____

Email: _____

Electronic submission is preferred via TRIAD for all radiology materials. Please submit as soon as possible after each timepoint occurs. Other options include QARC sFTP or courier, as a last resort.

DIAGNOSTIC IMAGING:

DATE
SUBMITTED

_____ Baseline Mammogram (Please include screening & diagnostic images performed within 12 months of registration.)

_____ 12 Month Mammogram

_____ 24 Month Mammogram

Please contact us by email (DataSubmission@qarc.org) or phone: **(401) 753-7600** for clarification.

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