

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

All materials must be labeled with the protocol and registration #. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD or email. Emailed data should go to DataSubmission@qarc.org (not an individual's email account) with the protocol # and registration # in the subject line. Please note that secure emails will Not be opened. **Please do not submit the same items via multiple submission methods.**

The following materials must be submitted within one (1) week prior to the start of radiotherapy for interventional review:

DATE
SUBMITTED

_____	Diagnostic imaging studies with radiology reports
_____	Copy of digital RT Treatment Plan (DicomRT format)
_____	Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
_____	Prescription sheet for the entire treatment
_____	RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf
_____	Motion Management Reporting Form www.qarc.org/forms/IROC_MotionManagementForm.pdf

Final Review materials must be submitted within 21 days of the completion of radiation:

_____	Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
_____	RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
_____	Documentation listed above showing modifications from the original submission (if not previously submitted).

Please contact study manager by email (DataSubmission@qarc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.