Alliance A221702

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initi	ials: Regi	stration #:	RT St	tart Date:
Sender's N	lame:	Phone #:		
Email:				
Radiation Oncologist:		Email:		
	close a copy of this Checl th the protocol and assigi			ı submit. All materials must be
structures fil				ata must include treatment planning CT, ne digital plan submission may be
For data ser	prefers the use of <u>TRIAD</u> for it via sFTP, a notification emai b. Please refer to IROC Rhode	I should be sent to sFT	FP@qarc.org with the p	rotocol # and registration # in the
	RT data not sent via Triad or a # in the subject line.	sFTP may be sent by e	email to <u>datasubmission</u>	n@qarc.org with the protocol # and
The follow	ring materials must be sul	bmitted at the comp	pletion of radiation:	
<u>DATE</u> SUBMITTED	<u>D</u>			
	Operative & pathology reports	s for lumpectomy/mast	ectomy/SLN/ALND/re-e	excision/ARM
	Copy of digital RT Treatment	Plan (DicomRT format	t)	
	Treatment planning system s and volume of interest dose		ludes the MU calcs, bea	am parameters, calculation algorithm,
	DRRs of each 3D treatment f	field		
	Prescription sheet for the ent	ire treatment		
	orm http://www.qarc.org/forms/	/Radiotherapy/IROC_P	ProtonReportingForm.pd	
	Completed RT Daily Treatme	ent Chart, including pre	scription, daily and cum	nulative doses
	RT-2 Total Dose Record www	w.garc.org/forms/IROC	RT2RadiotherapyTota	alDoseRecord.pdf

Please contact IROC Rhode Island CRA by email (<u>DataSubmission@qarc.org</u>) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.

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