ΔΙ	1.1	ΔΝ		ΔR	Γ	1604
ΑL	டப	HΝ	\Box	AD		1004

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials:	Registration #:	RT Start Date:	
Sender's Name:		Phone #:	
Email:			
Radiation Oncologist:	E	mail:	
Please enclose a copy of the labeled with the protocol at		the RT materials you submit. All mate umber.	erials must be
	and plan and dose files. Any	RT is required . This digital data must ir items on the list below that are not part	
	ion@qarc.org with the protoc	mission. Non DICOM RT data not sent vool # and registration # in the subject line	
The following materials mu	st be submitted within 1 we	eek of the completion of radiotherapy	for review:
<u>DATE</u> <u>SUBMITTED</u>			
Copy of Baselin	e Brain MR images (within 2	1 days of starting treatment)	
Copy of digital F	RT Treatment Plan (DicomRT	format)	
	ning system summary report olume of interest dose statisti	that includes the MU calcs, beam param cs	neters, calculation
RT-1 Dosimetry	Summary Form www.qarc.o	rg/forms/IROC_RT-1DosimetrySummar	yForm.pdf
RT-2 Total Dos	e Record <u>www.qarc.org/forms</u>	s/IROC_RT2RadiotherapyTotalDoseRed	cord.pdf
Completed RT I	Daily Treatment Chart, includ	ing prescription, daily and cumulative do	oses
Please contact study CRA by necessary. Thank you for you		arc.org) or phone: (401) 753-7600 for cla	rification as

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