ALLIANCE CALGB-30610

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials:	Registration #:	RT Start Date:	
Sender's Name:		Phone #:	
Email:			
Radiation Oncologist:_		Email:	
	by of this Checklist together with ocol and assigned registration n	the RT materials you submit. All materials mu umber.	ıst be
For data sent via sFTF	P, a notification email should be ser	diagnostic imaging may be submitted via sFTP or at to sFTP@qarc.org with the protocol # and reg d website for instructions on sending digital data	
	P may be sent via email to datasuble of the courier to the courier to	mission@qarc.org with the protocol # and regist the address below.	tration #
Rapid Review materi	als must be submitted <u>within the</u>	first week of the start of radiotherapy:	
SUBMITTED			
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Final Review materials	s must be submitted <u>within 1 wee</u>	ek of the completion of radiation:	
RT-2 Tot		ding prescription, daily and cumulative doses IROC_RT2RadiotherapyTotalDoseRecord.pdf quent to initial data submission	

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

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