

Patient Identifier: \_\_\_\_\_

Case Number: \_\_\_\_\_

\* Date patient started radiotherapy: \_\_\_\_\_

**Rapid Review: To be submitted within three days of starting radiotherapy.**

**Color documentation must be submitted in color.**

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**Conventional/ Standard Planning Treatment**

- \_\_\_\_\_ Copies of the Diagnostic (pre-study) imaging (CT/ MRI) used in defining target volume
- \_\_\_\_\_ RT simulation films or DRRs (digitally reconstructed radiograph) for each field with GTV, CTV and PTV(s) displayed
- \_\_\_\_\_ RT verification (portal) films for each field
- \_\_\_\_\_ Photographs of patient in treatment position with fields marked and visible
- \_\_\_\_\_ Copies of worksheets/ printouts used for calculations of monitor settings to give the prescribed dose & doses to all normal structures
- \_\_\_\_\_ Color Isodose distributions with treatment volume, spinal cord & prescription point clearly shown
- \_\_\_\_\_ Partial daily treatment record
- \_\_\_\_\_ Copy of treatment prescription for entire treatment

**3D/IMRT Planning Treatment**

- \_\_\_\_\_ Copies of the Diagnostic (pre-study) imaging (CT/ MRI) used in defining target volume
- \_\_\_\_\_ RT simulation films or DRRs (digitally reconstructed radiograph) for each treatment portal if possible
- \_\_\_\_\_ First day portal films (or hard copy of real time portal images) if achievable
- \_\_\_\_\_ DVH (dose volume histogram) for the entire treatment course for GTV, CTV, PTV 2 & normal structures specified in section 7.5.
- \_\_\_\_\_ BEV (Beams Eye View) if 3D Conformal planning is used
- \_\_\_\_\_ REV (Rooms Eye View) if available
- \_\_\_\_\_ Color Isodose distributions with target volume clearly shown
- \_\_\_\_\_ Copies of worksheets/ printouts used for calculations of monitor units
- \_\_\_\_\_ Photographs of patient in treatment position with fields marked and visible
- \_\_\_\_\_ Copy of treatment prescription for entire treatment
- \_\_\_\_\_ Partial daily treatment record
- \_\_\_\_\_ IMRT Dosimetry Summary Form (if IMRT is used)
- \_\_\_\_\_ Documentation of an independent check of the calculated dose (if IMRT is used)
- \_\_\_\_\_ One set of orthogonal anterior/posterior and lateral films for isocenter localization for each group of concurrently treated beams. If portals being submitted contain an orthogonal set, this is sufficient.

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**Final Data: To be submitted within one month of completing radiotherapy**

- \_\_\_\_\_ RT-1 Form if changes were made subsequent to the rapid review
- \_\_\_\_\_ RT-2 Form
- \_\_\_\_\_ Copy of patient's daily radiotherapy record
- \_\_\_\_\_ Additional simulation films for any field modifications or replanning done subsequent to the rapid review
- \_\_\_\_\_ Additional verification (portal) films or hard copy of real time portal images for any field modifications or replanning done subsequent to the rapid review
- \_\_\_\_\_ Copies of calculations & isodoses performed subsequent to the rapid review

\* Person completing this form: \_\_\_\_\_

\* Email address: \_\_\_\_\_

Please submit data to:

QARC  
272 West Exchange Street, Suite 101  
Providence, RI 02903-1025 USA  
Phone: 401-454-4301 Fax: 401-454-4683  
Email: [DWardle@qarc.org](mailto:DWardle@qarc.org)