

## CALGB 10403

### An Intergroup Phase II Clinical Trial for Adolescents and Young Adults with Untreated Acute Lymphoblastic Leukemia (ALL)

#### Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient \_\_\_\_\_ Registration # \_\_\_\_\_

**Send material c/o**

**Quality Assurance Review Center  
Attention: CALGB Materials  
Building A, Suite 201  
640 George Washington Highway  
Lincoln, RI 02865-4207**

**Treating Radiation Oncologist:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone &  
Fax:** \_\_\_\_\_

Date Radiation Began: \_\_\_\_\_

**Post –Treatment Review materials must be submitted within one week of completing radiotherapy:**

DATE  
SUBMITTED

\_\_\_\_\_ Complete RT Daily Treatment Chart including prescription, daily and cumulative doses  
\_\_\_\_\_ RT-2 Total Dose Record Form

**Please *enclose a copy of this Checklist* together with the RT materials you submit. All materials must be labeled with the CALGB assigned protocol and Registration number.**

Please contact CALGB CRA by calling Tel: (401) 753-7600 or emailing [calgb@qarc.org](mailto:calgb@qarc.org) for clarification as necessary. Thank you for your ongoing co-operation.