Phase II Trial of Response-Adapted Chemotherapy Based on Positron Emission Tomography (PET) for Non-Bulky Stage I and Stage II Hodgkin Lymphoma

Version date: 03/01/2013

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient:	Protocol: C5060	4 Registration #
Send material c/o:		
Quality Assurance Review	Radiation Oncol Center Name:	ogist:
Attention: CALGB Material	s Address:	
640 Geo. Washington Hwy		
Building A, Suite 201		
Lincoln, RI 02865	Phone & FAX:	
	E-Mail:	
Date Radiation Began:		
DATE SUBMITTED Copy of Pre c Digital treatme RT-1 Dosimet Prescription s Treatment pla calculation alg Color Isodose Dose volume First day porta DRRs (digitall	chemo and Post chemo diagnostic ent plan (recommended) try Form cheet anning system summary report tha gorithm, and volume of interest do e Distributions in axial, sagittal and histograms (DVHs)	l coronal planes ne portal images) of each treatment field
	st be submitted <u>within 1 week</u> o	f the completion of radiation:
RT-2 Total Do	•	prescription, daily and cumulative doses

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 FAX: (401)753-7601 for clarification as necessary. Thank you for your ongoing co-operation.

If you need verification of our receipt of this data, please write you name and e-mail address below.