COG ARST2531
Checklist for Submission of Radiation Therapy Data

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name:_____ Phone #:_____

Email: _____

Radiation Oncologist:_____ Email:_____

Please enclose a copy of this Checklist with the materials you submit. All materials must be labeled with the protocol and registration #. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD or QARC SUBMIT. For data sent via QARC SUBMIT, a notification email should be sent to datasubmission@qarc.org *(not an individual's email account)* with the protocol # and registration # in the subject line. Please refer to IROC Rhode Island website for instructions on sending digital data (www.qarc.org). **Please do not submit the same items via multiple submission methods.**

Radiotherapy Data (submit w/in 1st 3 days of tx for primary site and at end of tx for metastatic sites)

DATE SUBMITTED

_____ Digital RT plan in DicomRT format (CT, structure, dose and plan files; Structures to include all target volumes & required Organs at Risk) Required for primary site RT, metastic site RT and brachytherapy RT.
_____ DRRs for each 3D treatment field (if applicable)
_____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
_____ Diagnostic imaging and reports (See below.)
_____ Explanation if recommended doses to organs at risk are exceeded (if applicable)
_____ Brachytherapy Physics Reporting Form or RT-1 Dosimetry Summary Form **or** Proton Reporting Form
_____ Motion Management Reporting Form (if applicable)

Data to be Submitted within 1 Week Following Completion of Radiotherapy

_____ RT-2 Form
_____ Daily radiotherapy record including the prescription, daily and cumulative doses
_____ ARST2531 Metastic Site Lesion Worksheet

Diagnostic Imaging/Reports

_____ All diagnostic imaging used to plan the target volume. This includes CT or MRI PRIOR to attempted surgical resection of the primary tumor.
_____ Radiology reports
_____ Copies of all operative, pathology and cytology reports and any other information used in defining the target volumes.

Please contact us by email (DataSubmission@qarc.org) for clarification.

Version date: 08/04/2026