

<p style="text-align: center;">COG AOST2032 <u>Checklist for Submission of Radiation Oncology Quality Assurance Materials</u></p>

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

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

All materials must be labeled with the protocol and assigned registration number. Please be aware that RT materials for patients receiving RT to the Primary site MUST be submitted within 3 days after the patient starts RT. The rest of the data is due 1 week after the patient completes treatment. Radiotherapy data (including Digital RT treatment plan) may be submitted via TRIAD or sFTP. For data sent via sFTP, a notification email should be sent to sFTP@garc.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). Emailed data should go to DataSubmission@garc.org (not an individual's email account) with the protocol # and registration # in the subject line.
Please do not submit the same items via multiple submission methods.

DATE
SUBMITTED

Primary Site Data to be Submitted within 3 Days Following the Start of Radiotherapy

_____ [RT-1 Dosimetry Summary Form](#) or [Proton Reporting form](#)

_____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics.

_____ Digital RT treatment plan (including CT, structure, dose and plan files).

_____ [Motion Management Reporting Form](#) (if applicable, see section 17.8.6 of the protocol).

_____ DVHs.

_____ DRRs (if not IMRT).

_____ Documentation of any modifications made for patients under <24 months.

_____ An explanation for any organs at risk that received a dose that exceeds the recommended doses.

_____ Documentation of any emergency RT administered prior to protocol prescribed RT. This documentation should be included in the treatment chart.

_____ Baseline: CTs and MRS with reports, PET or Bone scan with report, operative, pathology & cytology reports.

_____ Post Induction: CTs and MRs with reports, PET or Bone scan with report, operative, pathology & cytology reports.

Data to be Submitted within 1 Week Following Completion of Radiotherapy (also include all above data for metastatic sites)

_____ [RT-2 Total Dose Record](#) for primary and metastatic sites.

_____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses for primary and metastatic sites.

_____ Set up images of the first fraction taken before and after treatment (if SBRT is used).

_____ Post Consolidation 1 operative, pathology and cytology reports (if applicable).

_____ MR for SBRT (done within 4 weeks of starting RT).