

# ECOG-ACRIN EAF223

## Checklist for Submission of Radiation Therapy Quality Assurance Materials

Registration #: \_\_\_\_\_ RT Start Date (DDMMYYYY): \_\_\_\_\_  
Sender's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Radiation Oncologist: \_\_\_\_\_ Email: \_\_\_\_\_

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

This study uses TRIAD for RT data submission. sFTP and QARC SUBMIT will be accepted as alternative methods of data submission for this study.

For data sent via sFTP or QARC SUBMIT, a notification email should be sent to [sFTP@qarc.org](mailto:sFTP@qarc.org) with the **protocol #** and **registration #** in the subject line (Ex. EAF223 10001). Please refer to IROC Rhode Island website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

**The following materials must be submitted within 1 week of the completion of radiation:**

### DATE SUBMITTED

Digital RT Treatment Plan (DicomRT format) that includes the planning CT, structure file, dose file, and plan file.

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

Pre-Operative MRI (Prior to Dx surgery) and Post-Operative MRI (Within 3 wks after surgery)  
Corresponding Radiology Report(s)

RT-1 Dosimetry Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)

RT Daily Treatment Chart, including prescription, daily and cumulative doses

RT-2 Radiotherapy Total Dose Record Form  
[www.qarc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)

**Please contact study CRA by email ([Datasubmission@qarc.org](mailto:Datasubmission@qarc.org)) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.**

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