

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 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).

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-Study Diagnostic Imaging (CT and/or MRI) used to define the initial extent of disease
_____ Corresponding Radiology Report(s)
_____ RT-1 Dosimetry Form 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

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

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