IMAGING AND RADIATION ONCOLOGY CORE
Global Leaders in Clinical Trial Quality Assurance

IROC RI QA Center
RT-1 Dosimetry Summary Form
AREN1921 and AREN2231

Note: Please use Proton Reporting form for proton treatments.

*Protocol #: _____ *Registration #: _____

*Radiotherapy Dept: _____ RTF#: _____

Physicist/ Dosimetrist: _____

*Radiation Oncologist Name: _____

*Radiation Oncologist Email: _____

CLINICAL DATA

Clinical Stage: _____ TNM Stage _____T _____N _____M

Nephrectomy: _____ Upfront _____Delayed Local Relapse after Nephrectomy: _____Yes _____No

Favorable Histology: _____Yes _____No Diffuse Unresectable Peritoneal Implants: _____Yes _____No

Lung Metastases: _____Yes _____No Pulmonary Emboli: _____Yes _____No

Brain Metastases: _____Yes _____No Bone Metastases: _____Yes _____No

LN Metastases: _____Resected _____Unresected Patient Age: _____< 16 years _____> 16 years

Treatment Site: _____Flank _____WAI _____Whole Lung _____Liver _____Bone _____LN _____Soft Tissue

Extrarenal Primary: _____Local Stage III with Microscopic Disease _____Local Stage III with Gross Residual Disease

DATE OF FIRST TREATMENT _____

Treatment Technique

Check off all that apply: ____ 3D Conformal ____ TomoTherapy ____ IMRT (SMLC or DMLC)
____ Rotational IMRT ____ Motion Management ____ IGRT ____ SBRT
____ Other_____

Protocol Treatment Site	Target Volume Name	Daily Dose (cGy)	Total Number of Fractions	Total Dose (cGy)	Prescription Isodose Surface (e.g. 95%)	Number of Beams	Beam energy (e.g.6X, 6e)
Phase #1							
Phase #2							
Phase #3							
Intended Total							

This form is completed by:

*Full name:

*Email:

Date:

Please save and submit along with the digital RT plan to IROC using TRIAD or QARC Submit.

Copy this page for additional treatment phases as needed *Required 21JUL2026