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

IROC Rhode Island QA Center
Brachytherapy Physics Reporting Form

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This form is to be completed by Physicist/ Dosimetrist or Radiation Oncologist. If a Remote Afterloading Unit with a single source was used, please complete page 2.

Coop Group _____ Protocol # _____ Registration No _____

PT initials _____ Date of birth _____ Sex M ____ F ____

Radiation Oncologist _____ Physicist/Dosimetrist _____

Radiotherapy Dept _____

Please list any External Beam Dose given to the Implant Site or Critical Tissue.			
Site	Dose	Site	Dose

IS THIS INTRA-OP? **Yes** ☐ **No** ☐ **IS THIS POST-OP?** **Yes** ☐ **No** ☐

Date of Surgery, if yes _____

SITE: _____

PROCEDURE: ☐ intracavitary ☐ interstitial (☐ temporary, ☐ permanent) ☐ plaque

Radionuclide: _____ # sources _____ Total air-kerma strength _____ cGy.cm^2/h or mCi _____

Type and number of applicator/source/device _____

Date, time inserted _____ removed _____ total treatment time _____ h

TARGET VOLUME: _____ cm^3, length _____ cm, width _____ cm, thickness _____ cm

TREATMENT PLAN: Computer Planning System _____ Image (eg: CT) based _____ or ____ not

Dose is prescribed at _____ Prescribed dose _____ cGy, Dose rate at prescription _____ cGy/h

SOURCE CONFIGURATION: **S**ketch below: (Submit orthogonal films & isodose distributions in appropriate planes with **target volumes** and **source locations** indicated or CT-based isodose distributions & DVH's as required by protocol.)

TREATMENT EVALUATION: Treatment dose (TD) at prescription ___ cGy, Dose rate at prescription_____ cGy/h

Minimum target dose _____ cGy, Treatment volume (volume receiving prescribed dose) _____ cc

Treatment volume cc / Target volume cc _____

Special interest points	Dose planned, cGy	Dose delivered, cGy

REMOTE AFTERLOADING, SINGLE SOURCE:

SITE: _____

IS THIS PROCEDURE: Intra-op (___Yes/___ No) Post-op (___Yes/___ No)

IS THIS PROCEDURE: ☐ Single fraction

☐ Two fractions separated by _____ hours

☐ Other _____ (# of fractions) separated by _____ hours

PROCEDURE: ☐ intracavitary ☐ interstitial ☐ HDR ☐ LDR

Type of applicator/source/device _____

Radio nuclide: _____ Air-kerma strength _____ cGy, cm^2/ h or mCi _____

TARGET VOLUME: _____cm^3, length _____ cm, width _____ cm, thickness _____ cm

TREATMENT PLAN: Treatment planning system _____ version, image based _____ or not _____.

Dose is prescribed at _____ Prescribed dose _____ cGy

SOURCE CONFIGURATION: Sketch below or submit printouts, indicating dwell-time in the various positions: (Submit isodose distributions in appropriate planes with **target volumes.**)

TREATMENT EVALUATION: Treatment dose (TD) at prescription ___ cGy, Dose rate at prescription _____cGy/h,

Treatment volume _____ cm^3, Minimum target dose _____ cGy, Treatment volume cc/ Target volume cc _____

Special interest points	Dose planned, cGy	Dose delivered, cGy

This form was completed by:

Print Name: _____

Date: _____

Email: _____

Phone: _____

This reporting form is based upon Recommendations of the American Endocurietherapy Society, published in Endocurie. Hypertherm. Oncol. Vol. 7, 1991, 1-12, where the concepts and the quantities are defined and discussed.