

**IROC Rhode Island QA Center (QARC)
IORT Physics Reporting Form**

Coop Group _____	Protocol # _____	Registration No. _____
PT initials _____	Date of birth _____	Sex M ___ F ___
Radiotherapy Dept. _____	Radiation Oncologist _____	
Physicist/ Dosimetrist _____		

Primary Site _____ **Stage** _____

1. Treatment machine: _____
 Electron energy (MeV): _____
 Photon energy (MV): _____
 Orthovoltage (kV): _____
2. Treatment Field Size (cm x cm): _____
3. Treatment Distance (cm): _____
4. Dose Prescribed at _____ depth
 This is _____ D_{max}, _____ 90%, _____ 80% or _____ other (please specify)
5. Bolus thickness (cm) _____
 No bolus

This form was completed by _____
 Phone: _____ Fax: _____
 Email: _____

*For intra-operative brachytherapy, please complete the Brachytherapy Physics Reporting form.
 If treating with IORT, please return this completed form and supporting documents to:*

Submit to: **IROC Rhode Island QA Center (QARC)**
Building B, Suite 201
640 George Washington Highway
Lincoln, RI 02865-4207
Phone: (401) 753- 7600
FAX: (401) 753- 7601
Email: DataSubmission@QARC.org