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IROC Rhode Island QA Center (QARC)
Proton Dosimetry Summary Form

PT initials: *Protocol #: *Registration #:
Date of Birth: Sex: M ____ F ____ *Radiotherapy Dept:
Physicist/ Dosimetrist: RTF#:
Radiation Oncologist Name: Radiation Oncologist Email:

CLINICAL DATA

Primary Site: Clinical Stage: TNM Stage: T___ N___ M___

Histology: Has patient had a biopsy (Y/N) Date:

Has patient had a surgical excision? (Y/N) Date:

___Complete Resection ___ Incomplete Resection ___ Microscopic Residual ___ Gross Residual ___ Inoperable

Describe the original tumor location and size

INTENDED TOTAL EFFECTIVE DOSE (for all phases): **cGy D_{RBE}**

RBE Used:

DOSE PRESCRIPTION (phase 1): Target Volume Name(s)

Date of First Treatment

Effective Dose per Fraction:		**Effective Dose per Fraction (SIB) if used:**	
Effective Total Dose for Phase 1:		**Effective Total Dose for Phase 1 (SIB) if used:**	
Number of Fractions Phase 1:			
Type of Proton Beam:	____ Passive Scattering	____ Uniform Scanning	____ PBS
Planning Parameters:	____ [%] Range Uncertainty	____ [mm] Setup Uncertainty	
	____ [Yes/No] PTV used?	____ [mm] PTV margins if used	
	____ Uniform Dose (SFO/SFUD)	____ Modulation (MFO/IMPT/Patch/Match)	
	Passive Scattering / Uniform Scanning: ____ [mm] Smearing Radius, ____ [mm] Range Uncertainty		
Robustness Evaluation Performed: ____ Yes ____ No	____ [Yes/No] PTV used?		
	____ [Yes/No] Error Based Evaluation?	____ If so, # of scenarios used?	
If Yes, please complete:	Evaluation Based on:	____ Worst Case ____ PTV	____ Other
	PTV or CTV Under Worst Case (enter protocol criteria):	D____ ____ (e.g. D95%)	V____ ____ (e.g. V100%)
Dose Calculation:	____ Monte Carlo	____ Other	

*Required

***Vertebral Body Sparing Technique:**	Yes	No

***Please answer for studies utilizing vertebral body sparing techniques.**

Treatment Fields (phase 1) Include Beam Data Printouts from the Planning System and Monitor Unit Calculations

Repeat for multi-phase treatments.

DOSE PRESCRIPTION (phase 2): Target Volume Name(s)

Date of First Treatment

Effective Dose per Fraction:		**Effective Dose per Fraction (SIB) if used:**	
Effective Total Dose for Phase 2:		**Effective Total Dose for Phase 2 (SIB) if used:**	
Number of Fractions Phase 2:			
Type of Proton Beam:	Passive Scattering	Uniform Scanning	PBS
Planning Parameters:	[%] Range Uncertainty	[mm] Setup Uncertainty	
	[Yes/No] PTV used?	[mm] PTV margins if used	
	Uniform Dose (SFO/SFUD)	Modulation (MFO/IMPT/Patch/Match)	
	Passive Scattering / Uniform Scanning: [mm] Smearing Radius, [mm] Range Uncertainty		
Robustness Evaluation Performed: Yes No	[Yes/No] PTV used?		
	[Yes/No] Error Based Evaluation?	If so, # of scenarios used?	
	Evaluation Based on: Worst Case	PTV	Other
If Yes, please complete:	PTV or CTV Under Worst Case (enter protocol criteria):	D____ ____ (e.g. D95%)	V____ ____ (e.g. V100%)
Dose Calculation:	Monte Carlo	Other	
***Vertebral Body Sparing Technique:**	Yes	No	

***Please answer for studies utilizing vertebral body sparing techniques.**

Treatment Fields (phase 2) Include Beam Data Printouts from the Planning System and Monitor Unit Calculations

This form is completed by:

*Print Name:

*Date:

*Email:

Please review the protocol for submission requirements.