

IROC Rhode Island QA Center Radiosurgery RS-1 Dosimetry Summary Form Use a <u>separate</u> RS-1 form for each target volume

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Global Leaders in Clinical Trial Quality Assurance				www.irocri.qarc.or
PT initials:*Pi	rotocol #:	*Registratio	on #:	
Date of Birth:	Sex: M F*Radiothe	erapy Dept:		
Physicist/ Dosimetrist:		RTF#:		
Radiation Oncologist Name:		Radiation Oncologist Email:		
RESECTED or	UNRESECTED			
TREATMENT UNIT				
Linear Accelerator _	Gamma Knife			
TECHNIQUE				
Number of isocenters or beam-center positions		Number of stationar	y beams	_ arcs
If applicable, sum of degrees per arc for all arcs		Collimator diameter(s): isocenter #1 mm		mm
			#2	mm
TARGET VOLUME NAME				
TARGET VOLUME LOCATION	ON			
Largest measure in any direction	mm	Anterior-posterior m	or-posterior measure mm	
Left-right measure	mm	Cephalad-caudad me	lad-caudad measure mm	
Target volume	cm ³	Determined from	Serial CT	
			MRI	
			Other	
PRESCRIPTION DOSE				
	se contour Maximum with	hin target volume	_ Gy # of Fractions	
Minimum within target volume _	Gy Vo	lume inside prescription i	sodose surface	cm ³
Ratio of Prescription Isodose Volu	ume/ Target Volume			
This form was completed by:				
*Print Name:		Please sav	e and submit along with the	
*Date:		pia pia	n to IROC QA Center via sF	TΡ
*Fmail·			Or	

Copy this page for additional target volumes as needed *Required

*Phone: _

Attach to Email to Datasubmission@garc.org

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