

Patient Initials: _____

Registration #: _____

Central Review: *Reviews are done retrospectively unless a real-time review is requested by the institution. If real-time review is needed, please send questions in writing with review materials.*

Radiology Materials:

- _____ PreStudy imaging with reports
- _____ P 2 cycles imaging with reports
- _____ P 4 cycles imaging with reports
- _____ P 6 cycles imaging with reports
- _____ P 8 cycles imaging with reports
- _____ P 10 cycles imaging with reports
- _____ P 12 cycles imaging with reports
- _____ P 14 cycles imaging with reports
- _____ P 16 cycles imaging with reports
- _____ EOT imaging with reports

Send data via courier to:

**Quality Assurance Review Center
AHOD1221 Study
640 George Washington Highway
Building A, Suite 201
Lincoln, RI 02865
Phone: (401) 753-7608 Fax: (401) 753-7601
Email: KKarolczuk@qarc.org**

IF SENDING DATA VIA sFTP: Send a notification email to sFTP@qarc.org with the protocol # and registration # in the subject line. Please refer to QARC website for instructions on sending digital data (www.QARC.org).

IF EMAILING DATA: Send to datasubmission@qarc.org with the protocol # and registration # in the subject line.

If you need verification of receipt of data, please write your name and email address below:
