## Radiation Oncology Radiation Therapy Quality Assurance Subject Enrollment Notification Form

Please fill out completely, review the radiation section of the protocol as necessary to answer the questions.

;	Subject to be treated at: (check one)						
;	SMH	Highland	Parkridge	Sands	Pluta		
;	Subject Last Name:			Subject First Name			
;	Subject DOB:			Subject MRN:			
;	Study Sponsor:			Study #:			
;	Subject #:			Stratification Arm:			
ļ	Date of Registration:						
	Approximate RT start date, as required by protocol: (Note: even a rough idea will help us to plan, e.g., end of May)						
!	Is rapid review by required <u>prior</u> to the subject starting their RT? Yes No						
-	Time Frame of First data submission(e.g.,3 days after RT start):						
	Time Frame of additional Data submission						
,	Where is data QARC	to be submitte TRIAL		linator	Other:		
List of Data required to be submitted by the Dosimetrist. Please attach required forms with the subject and clinical data section completed.							
Additional Information:							
1. (	Coordinator Na	ame:			Phone # and Email		

Email the following to the Radiation Oncology Treatment Team when subject is registered.

- Subject Enrollment Notification Form, Current IRB approved protocol, Other required forms
- Email subject line should indicate: New Subject Enrollment Information for "Study #"

If the RT is not required at onset of protocol treatment, please <u>send an email reminder</u> to the treatment team. This reminder should be approximately 3 weeks in advance of the required start date to ensure the subject starts their RT on time.

Version 03/16/2018 Thank You!