

Form IT

Case #: _____

Institution #: _____

Instructions: Image data are to be submitted to QRRO – American College of Radiology (ACR) for the post implant LDR brachytherapy CT scan. This Image Transmittal Form **MUST** be completed and faxed or e-mailed for all eligible prostate cases in the sample. The attached packet of information includes the instructions for de-identifying and submitting the image data directly to Image Guided Therapy QA Center (ITC).

Please complete and submit this form even when Computed Tomography (CT) image data are not available

Image Data Demographics

1. Low Dose Rate (LDR) brachytherapy of the prostate:
 No
 Yes
2. Post implant LDR brachytherapy Computed Tomography (CT) scan image taken:
 No
 Yes

Image Submission

3. Post implant LDR brachytherapy CT scan image submitted:
 No
 Yes
4. Format of CT image data submitted (web upload to ITC vs. CD to QRRO):
 Web upload to ITC
 CD to QRRO

Contact Information

Contact information for person submitting the CT image data and/or form:

5. Name of person: _____
6. Phone number: _____
7. E-mail: _____
8. Date CT image data and/or form submitted to QRRO (mm/dd/yyyy): ____/____/____

Comments:

Note: **DO NOT** include any Personal Health Information (PHI) in these comments.

9. _____

10. _____

Email form to QRRO@acr.org