

IRMA PROTOCOL PARTICIPATION FORM

INSTITUTION :

A.S.L. A.O. University Other (specify):.....

Address :

Phone Nr. : Fax : e-mail :

GENERAL INFORMATION ABOUT CENTER

Mean number of treated patients /day

Nr. of working day /week:

Nr. of Accelerators : **Available photon energy :**

Existence of a backup accelerator ? : YES NO

Planning with: conventional SIM dedicated CT C T-SIM

TPS : Nr of TPS Commercial name:

Data transfert : Network CD DVD

Import DICOMRT: YES NO **Export DICOMRT:** YES NO

Simulation: Conventional SIM Virtual simulation

TPS used for the protocol (commercial name):.....

THERAPY UNIT

Therapy unit used for this protocol :.....

Photon Energy : **Electron Energy :**

MLC asymmetric coll. Dynamic filters Other:.....

PF EPID

Calibration Protocol :.....

SAD cm

PARTICIPATION AND PATIENTS INCLUSION CRITERIA

Number of accruable patients /year:

- **Patients inclusion :** Only N0 patients N0 and N1 patients

- **conventional RTT:** Without Boost With Boost (10-16Gy)

INVESTIGATOR :

PRINCIPAL INVESTIGATOR:.....

DATE:/...../.....

Send this form by FAX at: +39-059-4223235 (at the attention of Dr. D'Amico)

For any question please call: +39-059-4223865