**ATC**

Advanced Technology Consortium

Digital Data Submission

Information (DDSI) Form

**Submission Type** (check one)

- Initial
- Final
- Correction

**Institution**

**Patient’s Initials**

**INSTRUCTIONS:** Send this form with the required documentation (films, isodoses, etc.) to the Image-guided Therapy QA Center (ITC, 4511 Forest Park Ave., Suite 200, St. Louis, MO 63108) for each digital patient data submission.

**Personnel Responsible for this Patient Case**

<table>
<thead>
<tr>
<th>Physician</th>
<th>Physicist</th>
<th>Dosimetrist</th>
<th>Research Assoc.</th>
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**Note:** Incomplete forms will not be accepted, except in the case of Dry Runs

**Submission Method**

- FTP
- Media

**Dose Delivered Via**

- 3D Conformal RT
- IMRT
- SBRT
- TIPPB
- Multi-Catheter Brachytherapy
- Mammosite ®

**Rx Images Submitted As**

- Film or Paper
- Digital Images

**Tx Images Submitted As**

- Film
- Digital Images

**Dose Calculation Protocol**

- Tissue Heterogeneity Corrected
- Tissue Heterogeneity Uncorrected
- Both Corrected and Uncorrected

**Brachytherapy only:**

Prescription dose for this patient: ________ Gy in _________ fractions. If more than one fraction, time between fractions: ________

Number of catheters: ________. Source Strength: ________

**Isotope Used:** ____________________ Manufacturer: ____________________ Model: ____________________

Comments: ______________________________________________________________________________________

**Radiation Treatment Planning System:**

Manufacturer: ____________________

TPS: ____________________

Software Version: ____________________

**Dose Prescription** (Protocol Specific)

**Data Directory Name** (for FTP)

**First Treatment Date** (Date of Implant) (MM/DD/YYYY)

**ITC Digital Data Submission Date** (MM/DD/YYYY)

**Last Treatment Date** (Date of CT Series) (MM/DD/YYYY)

**Form completed by:** ____________________ Date: ________ / ________ / ________

Please print name MM/ DD/ YYYY