

Facility Questionnaire (Demographics and Technical Survey) (Read-Only Mode)

All textboxes are editable. Please review the data below verifying its correctness. If data is missing or changes are required, please make the modifications or additions. Use the appropriate to periodically register your changes.

Please make sure to click the **Submit the Facility Questionnaire** button at the end of the form to verify that the information is correct to the best of your knowledge. **Note: Please fill in as much as you can and submit. You can always fill out the rest or make changes at a later time.*

General Institution Information

Institution Name:

RTF#:

CTEP/NCI Id#:

Last updated date:

Today's Date:

Institution Address

Department Name:

Street:

Suite/P.O.Box:

City: State:

Zipcode: Country:

Telephone: Extension: Fax:

Person submitting this form: Degree:

Email: Phone:

If you are participating in the IROC Houston QA program, please confirm the TLD/OSLD shipping and billing address

TLD/OSLD Shipping Address

OSLD Physicist:

Department:

Street:

City: State:

Country: Zipcode:

Phone: Extension:

Fax: Email:

Billing Address

Billing Contact:

Email:

Second Billing Contact:

Second billing contact Email:

Address to send billing:

Address (cont.) Zipcode:

City: State: Country:

Phone: Extension: Fax:

List the **primary** individuals responsible for general question regarding clinical trials and dosimetry compliance (OSLD/TLD monitoring) for NCI sponsored clinical t

Physicist:	<input type="text" value="Mr."/> <input type="text" value="Steve"/> <input type="text" value="Kirsner"/>	Degree:	<input type="text" value="M.S."/>
E-mail:	<input type="text" value="skirsner@mdanderson.org"/>	Phone:	<input type="text" value="7135632656"/>
Research Associate:	<input type="text" value="-"/>	Degree:	<input type="text"/>
E-mail:	<input type="text"/>	Phone:	<input type="text"/>
Dosimetrist:	<input type="text" value="-"/>	Degree:	<input type="text"/>
E-mail:	<input type="text"/>	Phone:	<input type="text"/>
Radiation Oncologist:	<input type="text" value="Dr."/> <input type="text" value="Isadora"/> <input type="text" value="Arzu"/>	Degree:	<input type="text" value="M.D."/>
E-mail:	<input type="text"/>	Phone:	<input type="text"/>
Provide satellite RTF numbers:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Total Physicist FTEs:	<input type="text"/>
Parent RTF number:	<input type="text"/>	Total Research Associate FTEs:	<input type="text"/>
		Total Dosimetrist FTEs:	<input type="text"/>
		Total Radiation Oncologist FTEs:	<input type="text"/>

Other Personnel - List everybody who will be involved with clinical trial

Salutation	First Name	Last Name	Occupation	Email	Phone		
Dr.	Isidora	Arzu	Chief Oncologist	iarzu@mdanderson.org	281-566-1814	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
-	Gary	Fisher	Physicist	gdfisher@mdanderson.org	281-725-8078	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
-	Steve	Kirsner	Physicist			<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
-	Steve	Kirsner	Chief Physicist	skirsner@mdanderson.org	7135632656	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Dr.	Shalin	Shah	Radiation Oncologist	sjshah@mdanderson.org	281-566-1813	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Please enter any extra personnel on the next line then hit Insert

Group membership

Study Group	Study Group Number		
Alliance		<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
NRG		<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
RTOG Foundation		<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
SWOG		<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Please enter extra study group on the next line then hit Insert

Delivery Resources

Make-Model	Serial No	In-house Designation	Photon Energies	Electron/Proton Energies	Last TLD Report	Click Edit to view more...
Varian Clinac IX	4486	Sec IX	6, 18	6, 9, 12, 16, 20	2/11/2011	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

External Beam Planning Resources

Vendor-Model	Version	Calculation Algorithm	Heterogeneity correction used?	Beam To Phantom	Computer Used for	Installed Date?	Click Edit to view more...
PHILLIPS - PINNACLE	9.10	-Pinnacle collapsed cone or adaptive convolution superposition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Both Monte Carlo and isodose	12/01/15	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Brachytherapy Planning Resources

Vendor - Model	Version	Computer Used for	Installed Date (mm/dd/yy)
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Please enter any extra Brachytherapy Planning Resources on the next line then hit Insert

