|  |  |
| --- | --- |
| Patient Name | <Full Name> |
| Patient ID1 (CR Number) | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

**Imaging, Contouring, Catheter Reconstruction: Physicist, Dosimetrist**

**D P**

Course type, Plan ID, Reference Point Labels: CORRECT

Template,Photographs and other Markup at the time of imaging AVAILABLE

Surface Mould/ Mask (Snug to the skin, Bolus thickness OK, Catheters not kinked etc.)

CT Image Reconstruction Correct (e.g. CT slice separation, patient orientation etc)

C-Arm Image Reconstruction Correct (e.g. Image orientation, magnification, correspondence lines etc)

Contouring APPROPRIATE for the plan

Catheter Reconstruction Correct (smoothness, direction, numbering, first dwell position location etc)

**Plan Calculations / Evaluation : Physicist, Dosimetrist**

**D P**

CORRECT Applicator type SELECTED for the treatment plan

Correct Source, Air Kerma Strength (40700 U = 10 Curies), and TG43 data USED

Dose Prescription and Fractionation are CORRECT

Calculation volume encompasses all structures needed for DVH’s.

First Dwell position distance is CORRECT

Dwell step size Appropriate for the plan (3mm OK for small volumes; 5mm for others)

Activated Dwell Positions Appropriate (in the vicinity of the treatment/target volume; no distant dwell positions)

Inverse Planning Parameters APPROPRIATE (when used)

Dose Optimization Points/ Prescription Points / Reference Points (for second check) etc APPROPRIATE

Dose to the target volume and Critical structures ACCEPTABLE

Isodose lines in display are appropriate in Axial, Sagittal and Coronal views for the Tx Record

Appropriate DVH and Dose statistics obtained for the Txt Record

Independent calc check of dose at the Reference Points for the planned dwell times ACCEPTABLE

Appropriate 3D print view with CLEARLY identifiable catheter numbering generated.

Plan APPROVAL by a Radiation Oncologist done.

**Documentation: Physicist, Dosimetrist, RT**

**D P RT**

Setup notes APPROPRIATE

Dynamic Documents: CREATED and APPROVED

All signatures present / Treatment Prescription Complete

**FINAL CHECKS: Physicist, Dosimetrist, RT**

**D P RT**

CORRECT treatment plan EXPORTED to the correct FLEXITRON Unit

Catheters Correctly Numbered on the Surface Mould / Implant

All signatures present / Treatment Prescription Complete.

Task Pad adjusted.

Care path verified and appropriate workload codes assigned.

|  |  |  |
| --- | --- | --- |
| Date: |  | (DD/MMM/YYYY) |

**Physics check by**: .

**Comments:**