### EYE Plaque Credentialing Procedures

### Facility Questionnaire

1. **Radiation Oncology Facility:**

RTF #:

Facility Name:

Address:

Is this Facility also known by other name(s)? If so, please provide:

## PERSONNEL CONTACT INFORMATION

1. Radiation Oncologist Responsible for Implant Patients

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | E-mail: |  |
|  |  |  |  |

1. Physicist Responsible for Implant Patients

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | Fax: |  |
|  |  | E-mail: |  |

1. Dosimetrist Responsible for Implant Patients

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | Fax: |  |
|  |  | E-mail: |  |

1. Data Manager Responsible for Implant Patients

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | Fax: |  |
|  |  | E-mail: |  |

1. **Equipment:**
2. Will you be using 1D or 3D planning methods?:
3. If using 1D planning should AAPM TG43U be followed?:
4. If using 3D planning should TG186 formalisms be followed and reported in parallel with AAPM

TG43U be followed calculations?:

1. Treatment planning system (vendor and model):

5. Software version:

6. Will it correct for decay during the implant?:

7. If not, how will you correct for decay?:

8. Which eye plaque will be used (circle)? Eye Physics Plaques  or COMS plaques

9. Dose volume histograms calculated by computer? Yes  No

10. Dose volume histograms available as graphs? Yes  No

11. Dose volume histograms available as tables? Yes  No

12. Radiation Sources:

125I: Vendor/Model: Typical source strength/seed:

Vendor/Model: Typical source strength/seed:

103Pd: Vendor/Model: Typical source strength/seed:

Vendor/Model: Typical source strength/seed:

13. The thickness of the tumor is defined as:

14. What is the maximum tumor thickness for 125I: **III.** **QualityAssurance Procedures: (attach additional sheets if necessary)**

A. Source strength verification:

1. Dosimetry system used for in-house verification of seed activity:

Vendor: Model:

1. How is the calibration of this system directly traceable to NIST? (Attach copies of ADCL certificates)
2. What are the QA procedures to verify that the calibration of this system has not changed?
3. For each seed model, what is the NIST calibration date to which your chamber calibration is traceable?
4. How frequently are these QA procedures performed?
5. Describe your measurement technique for verifying seed strengths of individual patients.
6. Number of seeds assayed per patient: % or seeds
7. What is your criterion for agreement with the vendor? +/-5% , +/-7% , +/-10% ,

Other (explain)

1. What seed strength is used for treatment planning? your own measurements  vendor

Other (explain)

**III.**

**III. QualityAssurance Procedures: (attach additional sheets if necessary) cont’d.**

B. Other dosimetry and QA procedures:

Describe any calculations done at the time of commissioning to verify the accuracy of the computer generated treatment plan:

* + - 1. Describe your method for ensuring that the dosimetric parameters you use are consistent with the NIST calibration of the source and your calculation method (point source approximation vs. line source):
      2. Describe any other procedures followed to assure that the dose calculations are in accordance with the requirements of the protocol:

3. Describe any other quality assurance procedures pertinent to these brachytherapy procedures: