



Authorisation Number	Institute of Radiotherapy:	-	.
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Date of Clinical Audit:

Auditors:

Radiation Oncologist SRO:

Medical Physicist SGSMP:

Radiotherapist SVMTRA:

In addition:

Who is leading the audit?

Participants of the audited institution:

Radiation Oncologist/s:

Medical Physicist/s:

Radiotherapist/s:

In addition:

Abbreviations/Explanations:

Y: Yes

N: No

N/A: not applicable

IMPORTANT: If items are not evaluated, please state this clearly under 'Comments'

PLEASE NOTE, THAT ANSWERS/FINDINGS ARE CONFIDENTIAL!

Number and date:

1. Patient identification:

		Y N NA	Comments
1.	The patient identification process is clear and documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.1.	How is a patient identified at RT start and on a daily basis? (multiple answers possible)		
1.1.1	Gender?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.1.2	Date of birth?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.1.3	Patient identification number?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.1.4	Photograph ID (face)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.1.5	Photograph of treatment fields/patient positioning?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.1.6	Others (please specify under 'Comments')		

2. Tumor diagnosis and staging:

		Y N NA	Comments
2.	Tumor diagnosis and staging is complete for treatment decision.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.1.	Clinical history is documented in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.2.	Physical examination (eg. tumor region) is documented in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.3.	Pathology reports are in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.4.	Relevant radiological reports are in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.5.	Relevant laboratory reports are in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.6.	Reports of relevant endoscopic procedures are in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.7.	Tumor stage (eg. TNM, FIGO..) is documented in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.8.	Performance status (eg. WHO, Karnofsky, ECOG) is documented in the patient chart.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

3. RT indication and treatment decision:

		Y N NA	Comments
3.	RT indication and treatment decision are reasonable and justified.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.1.	Curative treatment decision is based upon interdisciplinary tumor boards.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.2.	Palliative treatment decision is based upon interdisciplinary tumor boards.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.3.	Are written treatment protocols available for most common clinical situations (CS)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.3.1	If yes, please specify CS (or tumor entities) under 'Comments'		
3.4.	Are national/international guidelines in use?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.4.1	If yes, please specify under 'Comments'		
3.5.	Are treatment protocols regularly reviewed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.5.1	If yes, please specify the frequency of review under 'Comments'		
3.6.	Are benefits and risks explained to the patient?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.6.1	If yes, please specify 'How?' under 'Comments'		
3.7.	Does a formal consent and agreement form exist in the patient chart?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.7.1	Does the patient receive a copy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

4. Organisation:

		Y N NA	Comments
4.1.	A quality management (QM) documentation is available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.1.1	The QM documentation is adapted at least once a year.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.1.2	If yes, please specify the time intervall under 'Comments'		
4.2.	The responsibilities of each co-worker are clear and documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.3.	The coverage for absences of radiation oncologist/medical physicist/RTT is secured.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.4.	There is a 24 hour service available in case of emergencies (written 'Dienstplan'/duty roster for MD available).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.5.	Is there a possibility for the patient to have an appointment with a nurse?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Number and date:

4.6.	Is there a possibility for the patient to have an appointment with a medical physicist?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.7.	Is there a possibility for the patient to have an appointment with a psychooncologist?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.8.	Continuous education of co-workers is guaranteed.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.8.1	If yes, please specify under comments		

5. Dose prescription:

Prescription		Y N NA	Comments
5.1.	The process of ,dose prescription' is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.2.	The process of ,dose prescription' is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.3.	All necessary RT dose informations (eg. single dose, total dose, fractionation scheme, beam modality/energy, bolus etc.) are documented.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.3.1	Please describe under ,Comments', how this is done.		
5.4.	The prescription is signed by the radiation oncologist.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.4.1	The prescription is double-checked (4-eyes-principle).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.5.	The process of 'treatment alterations' is clearly defined.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.6.	Please describe under 'Comments', how treatment alterations will be handled.		

6. Patient positioning/immobilization; data acquisition

		Y N NA	Comments
6.1.	The process of ,patient positioning/immobilization' is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.2.	The process of ,patient positioning/immobilization' is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.3.	In patients with planning CT the scan area is defined by the responsible radiation oncologist.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.4.	Appropriate immobilization devices are available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.4.1	If yes, please specify under 'Comments'		
6.5.	Standard operating procedures (SOPs) for patient positioning/immobilization for most common clinical situations are available and in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.5.1	If yes, please specify under 'Comments'		
6.6.	Patients for stereotactic radiotherapy/radiosurgery have a separate SOP for positioning/immobilization	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.6.1	If yes, please specify differences under 'Comments'		
6.7.	The field(skin) marking procedure/process is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.7.1	How are fields marked? Please specify under ,Comments'		
6.7.2	How are marks maintained during treatment? Please specify under ,Comments'		
6.7.3	How are marks documented for RTTs? Please specify under ,Comments'		
6.8.	The field(skin) marking procedure/process is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.9.	The simulation is done by <input type="checkbox"/> fluoroscopic simulator <input type="checkbox"/> CT simulator <input type="checkbox"/> virtual sim		
6.9.1	What has been done to optimize patient dose? Please specify under 'Comments'		
6.9.2	Are dose optimisation protocols available?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.9.3	An exposure chart (kV and mAs) is available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.10.	The simulation process is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.11.	The simulation process is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.12.	The data transfer from imaging to planning is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.12.1	The data transfer is <input type="checkbox"/> manual <input type="checkbox"/> automatic		
6.13.	The institute has a CT dedicated for planning.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.14.	There is a possibility for 4D CT scans.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.14.1	If yes, please specify under 'Comments' for which clinical situations 4D CT scans are used.		

7. Treatment planning:

Treatment planning		Y N NA	Comments
7.1.	The process of ,treatment planning‘ is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.2.	The process of ,treatment planning‘ is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.3.	Treatment planning guidelines/protocols for the most common clinical situations (CS) are available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.3.1	If yes, please specify under ‘Comments‘ for which CS		
7.4.	According to treatment planning, are national/international guidelines in use?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.4.1	If yes, please specify under ‘Comments‘		
7.5.	Tumor volume delineation will be done by the radiation oncologist.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.5.1	Are tumor volumes delineated for curative (local radical) RT?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.5.2	Are tumor volumes delineated for palliative RT?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.5.3	Following target volumes (ICRU50&62) are delineated: PTV only (please specify under ‘Comments‘ situations where no PTV is delineated) GTV/CTV in appropriate situations (please specify under ‘Comments‘)	PTV only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GTV/CTV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.6.	OAR are done or checked by the radiation oncologist.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.7.	Additional images (MRI, PET-CT...) are fusioned for target definition.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.7.1	If yes, please specify clinical situations under ‘Comments‘		
7.8.	The process of ‘image fusion‘ is clear and in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.9.	Dose constraints for organs-at-risk are used for planning/plan comparison. Please specify under ‘Comments‘ for the most common clinical situations or give reference of source data.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.10.	Please specify for which clinical situations a 2D/2D+ or manual dose calculation will be used		
7.11.	The treatment plan is checked. Please specify under ‘Comments‘ ‘by whom‘ and ‘how‘	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.12.	Is there a planning review meeting?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.13.	If yes, please specify under ‘Comments‘.		
7.14.	The process of data transfer from planning to delivery is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.15.	The process of data transfer from planning to delivery is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

8. Mould room and beam modification devices:

		Y N NA	Comments
8.1.	Are standard blocks in use?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8.2.	The process of 'block production' is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8.3.	The process of 'block production' is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8.4.	Please specify under 'Comments' for which clinical situations blocks are used.		
8.5.	How are blocks designed? Please specify under 'Comments'.		
8.6.	How are blocks verified? Please specify under 'Comments'.		
8.7.	Are 'beam modifiers' other than blocks or MLC used? If yes, please specify under 'Comments'.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

9. Treatment delivery:

Teletherapy		Y N NA	Comments
9.1.	The process of 'treatment delivery' is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.1.1	Who is present during the first RT? Please specify		
9.2.	The process of 'treatment delivery' is documented in the QM manual.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.3.	How will it be secured that positioning for treatment is identical with planning? Please specify		
9.4.	The process of patient positioning at the treatment machine is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.5.	The process of respiratory-gated treatments is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.6.	How will the data transfer from planning to the treatment machine be secured? Please specify		
9.7.	The process of in-vivo-dosimetry is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.7.1	If done, in-vivo-dosimetry is checked by a medical physicist.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.7.2	In-vivo-dosimetry is performed. If yes, please specify under 'Comments' for which CS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.8.	Is IGRT used?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.8.1	Cone-beam CTs are performed. If yes, please specify under 'Comments' for which CS		
9.9.	How many RTTs are working on a linear accelerator?	Number:	

Number and date:

9.10.	Verification images are checked by a radiation oncologist.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.10.1	Is there a protocol for IGRT practice/use?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.11.	There are clinical controls by a radiation oncologist during the treatment phase.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.11.1	If yes, please specify frequency and circumstances of controls under 'Comments'		
9.12.	Documentation of side effects is standardized.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.12.1	If yes, please specify scoring system under 'Comments'		
9.13.	Is there a review of the applied dose during and at the end of the radiotherapy? If yes, how will this be done? Please specify under 'Comments'	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.14.	The documentation of the RT will be stored for 20 years.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.15.	Regular follow-up checks will be done in patients with a curative intent.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.15.1	If yes, please specify under 'Comments'		
9.16.	The process of an emergency irradiation is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

10. Institutional and device-specific QA:

		Y	N	NA	Comments
10.1.	Responsibilities for QA are clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.2.	The QA of the linac is according SGSMP recommendation nr. 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.3.	The process of QA of diagnostic modalities (eg. CT) is clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.4.	Are doses of diagnostic procedures documented and integrated into the prescribed RT dose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.5.	Is there additional QA for special RT techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.5.1	If yes, please specify under 'Comments'				
10.6.	In case of special RT techniques is there a patient-specific QA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.6.1	If yes, please specify under 'Comments'				
10.7.	The process is clearly defined, if QA measurements are out of tolerance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.8.	How is QA itself controlled? Please specify under 'Comments'				
10.9.	Is there a QA of the RT planning system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.10.	The institution takes part in the yearly comparative measurements of SGSMP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.11.	QA procedures are documented in the QA manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Number and date:

11. Critical incidents:

		Y N NA	Comments
11.1.	There is a critical incident reporting system (CIRS) in place.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11.1.1	If yes, please specify under 'Comments' which system will be used		
11.2.	How many incidents have been reported last year?	Number:	
11.3.	The responsibilities in reporting critical incidents are clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11.4.	An institutional review process of critical incidents is in place.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11.4.1	If yes, please specify the process under 'Comments'.		
11.5.	How will critical incidents be handled within the institution? Please specify under 'Comments'		
11.6.	Have all institutional co-workers access to the CIRS?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11.7.	Will registrable incidents be reported to the BAG? (Does the institution know, which incidents are registrable?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11.8.	Which devices for radiation protection are in use?		
11.9.	The process of a medical emergency is clear.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Number and date:

12. Brachytherapy: (not applicable)

HDR Brachytherapy (<input type="checkbox"/> not applicable)		Y N NA	Comments
	Please specify under comments for what organ site(s) HDR BT is used (eg. GYN, H&N, GI, Prostate, Breast, Lung, Skin, Soft tissue...)		
12.1	The process in case of emergency inside the HDR suite/op theatre (radioactive source handling and patient) is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.2	The process in case of emergency inside the HDR suite/op theatre (radioactive source handling and patient) is documented in the QM manual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.3	The process in case of emergency outside an the HDR suite/op theatre (personnel) is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.4	The process in case of emergency outside the HDR suite/op theatre (personnel) is documented in the QM manual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.5	The process for repeated safety drills for HDR are clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.6	Repeated safety drills include practical exercises.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.7	The process of 'treatment delivery' for interstitial HDR brachytherapy is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.8	The process of 'treatment delivery' for interstitial HDR brachytherapy is documented in the QM manual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.9	The process of 'treatment delivery' for intracavitary HDR brachytherapy is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.10	The process of 'treatment delivery' for intra-cavitary HDR brachytherapy is documented in the QM manual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.11	Please specify positioning control in different BT applications under comments		
12.12	The process for anesthesia/analgesia is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.12.1	Please specify under comments for what organ site(s) anesthesia/analgesia is used (eg. GYN, H&N, GI, Prostate, Breast, Lung, Skin, Soft tissue...)		
12.13	The process for dose prescription/calculation is clear and documented in the QM manual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.13.1	What prescription guidelines are used (ICRU etc), please specify under comments		
12.13.2	Does the responsible physician see and sign the dose calculation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.13.3	Does the responsible physicist see and sign the dose calculation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.13.4	Is there cross checking of the dose calculation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.14	The process for in-vivo dosimetry is clear, if used	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.14.1	If done, in-vivo-dosimetry is checked by a medical physicist	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Number and date:

12.14.2	If in-vivo-dosimetry is done, please specify for what organ site(s) under comments		
12.15	The process for reporting and recording the HDR brachytherapy treatment is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.16	The process for aseptic conditions for the insertion of needles, applicators/cylinders in HDR brachytherapy is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

LDR Brachytherapy (<input type="checkbox"/> not applicable)		Y	N	NA	Comments
	Please specify under comments for what organ site(s) LDR BT is used				
12.17	The process in case of emergency inside the LDR suite/op theatre (radioactive source handling, personnel and patient) is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.18	The process in case of emergency inside the LDR suite/op theatre (radioactive source handling, personnel and patient) is documented in the QM manual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.19	The process of 'treatment delivery' for interstitial LDR brachytherapy is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.20	The process of 'treatment delivery' for interstitial LDR brachytherapy is documented in the QM manual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.21	How is positioning control done? Please specify under comments				
12.22	The process for dose prescription/calculation is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.22.1	Does the responsible physician see and sign the dose calculation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.22.2	Does the responsible physicist see and sign the dose calculation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.22.3	Is there cross checking of the dose calculation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.23	What prescription guidelines are used (ICRU etc), please specify under comments				
12.24	The process for in-vivo dosimetry is clear, if used	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.24.1	If done, in-vivo-dosimetry is checked by a medical physicist	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.24.2	If in-vivo-dosimetry is done, please specify for what organ site(s) under comments				
12.25	The procedure for ensuring there is no source loss during treatment is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.26	The process for ensuring there is coordination in scheduling treatment between LDR brachytherapy and teletherapy units is clear, if used	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.27	The process for reporting and recording the LDR brachytherapy treatment is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12.28	The process for aseptic conditions for the insertion of needles, applicators/cylinders in LDR brachytherapy is clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			