

Package 1

INFRASTRUCTURE QUESTIONNAIRE

[DAN LETTERHEAD]

GENERAL INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please enter data **separately** for each therapy unit or type of brachytherapy source in pages 2 and 3.

Photocopies should be used for additional units.

Please fill in the questionnaire using capital letters or by typing. All questions should be answered. Where answers are not known or questions are not relevant to a particular machine, please indicate by writing N/A on the form.

INSTITUTION's DETAILS

Institution

Department

Address

Postal/Zip Code

City

State

Country

Web page

Phone 1

Phone 2

Fax

E-mail

Status

Open Year

Close Year

RESPONDENT's PROFILE

Name

Position

Department

E-mail

Telephones

.....

This form is to be returned by email as soon as possible to the following address:

[DAN ADDRESS]

For contact or questions

Phone: [DAN phone]

Email: [DAN email]

EQUIPMENT FOR EXTERNAL BEAM RADIOTHERAPY*			
Unit type	<input type="checkbox"/> Co-60 (Radionuclide Teletherapy) <input type="checkbox"/> Co-60 (Stereotactic Teletherapy) <input type="checkbox"/> Cs-137 (Radionuclide Teletherapy) <input type="checkbox"/> Other (Radionuclide Teletherapy) <input type="checkbox"/> Linac (Clinical Accelerator) <input type="checkbox"/> Tomotherapy (Linear Accelerator) <input type="checkbox"/> Robotic arm (Linear Accelerator) <input type="checkbox"/> IORT (Linear Accelerator) <input type="checkbox"/> Other (Linear Accelerator) <input type="checkbox"/> Betatron <input type="checkbox"/> Microtron <input type="checkbox"/> Other (Circular Accelerator) <input type="checkbox"/> X ray Generator <input type="checkbox"/> Electronic Brachytherapy <input type="checkbox"/> Other (X ray Generator) <input type="checkbox"/> Synchrotron <input type="checkbox"/> Cyclotron <input type="checkbox"/> Synchrocyclotron <input type="checkbox"/> Neutron generator <input type="checkbox"/> Other (Particle Accelerator)		
Model	Manufacturer		
Production year (yyyy/mm/dd)	Installation year (yyyy/mm/dd)	Serial number.....	
Source Type	<input type="checkbox"/> γ rays <input type="checkbox"/> X rays <input type="checkbox"/> Electrons <input type="checkbox"/> X rays and electrons <input type="checkbox"/> Neutrons <input type="checkbox"/> Ions <input type="checkbox"/> Other		
Unit use	<input type="checkbox"/> Patient treatment <input type="checkbox"/> Research <input type="checkbox"/> Other		
Operational Status	<input type="checkbox"/> Operational <input type="checkbox"/> Non-operational <input type="checkbox"/> Closed (source not removed) <input type="checkbox"/> Operational standby (not being used) <input type="checkbox"/> Decommissioned <input type="checkbox"/> Under construction <input type="checkbox"/> Awaiting repairs <input type="checkbox"/> Unknown		
For accelerators only			
Beams	Photons	<input type="checkbox"/> 4 MV <input type="checkbox"/> 5 MV <input type="checkbox"/> 6 MV <input type="checkbox"/> 7 MV <input type="checkbox"/> 8 MV <input type="checkbox"/> 9 MV <input type="checkbox"/> 10 MV <input type="checkbox"/> 12 MV <input type="checkbox"/> 15 MV <input type="checkbox"/> 16 MV <input type="checkbox"/> 18 MV <input type="checkbox"/> 20 MV <input type="checkbox"/> 22 MV <input type="checkbox"/> 23 MV <input type="checkbox"/> 25 MV	
	Electrons	<input type="checkbox"/> 4 MeV <input type="checkbox"/> 5 MeV <input type="checkbox"/> 6 MeV <input type="checkbox"/> 7 MeV <input type="checkbox"/> 8 MeV <input type="checkbox"/> 9 MeV <input type="checkbox"/> 10 MeV <input type="checkbox"/> 12 MeV <input type="checkbox"/> 15 MeV <input type="checkbox"/> 16 MeV <input type="checkbox"/> 18 MeV <input type="checkbox"/> 20 MeV <input type="checkbox"/> 22 MeV <input type="checkbox"/> 23 MeV <input type="checkbox"/> 25 MeV	
For radionuclide units only			
Maximum loading capacity of the unit <input type="checkbox"/> TBq <input type="checkbox"/> Ci <input type="checkbox"/> mCi		
Source strength <input type="checkbox"/> TBq <input type="checkbox"/> Ci <input type="checkbox"/> mCi	Date (yyyy/mm/dd)	
Dose rate output <input type="checkbox"/> Gy/min <input type="checkbox"/> R/min	Date (yyyy/mm/dd)	
Dose rate distancecm	Dose rate field size cm × cm	
Remarks or comments			

* Please enter data **separately** for each teletherapy unit. **Photocopies should be used for additional units**

EQUIPMENT FOR BRACHYTHERAPY*					
Unit Specification					
Unit type	<input type="checkbox"/> Brachytherapy manual	<input type="checkbox"/> Brachytherapy afterloading		<input type="checkbox"/> Other	
	<input type="checkbox"/> Brachytherapy remote afterloading				
Model	Manufacturer				
Production year (yyyy/mm/dd)	Installation year (yyyy/mm/dd)		Serial number		
Unit use	<input type="checkbox"/> Patient treatment	<input type="checkbox"/> Research	<input type="checkbox"/> Other		
Operational Status	<input type="checkbox"/> Operational	<input type="checkbox"/> Non-operational	<input type="checkbox"/> Closed (source not removed)	<input type="checkbox"/> Operational standby (not being used)	
	<input type="checkbox"/> Decommissioned	<input type="checkbox"/> Under construction	<input type="checkbox"/> Awaiting repairs	<input type="checkbox"/> Unknown	
Isotope	<input type="checkbox"/> Co-60	<input type="checkbox"/> Cs-137	<input type="checkbox"/> Ir-192	<input type="checkbox"/> I-125	
	<input type="checkbox"/> Au-198	<input type="checkbox"/> Ra-226	<input type="checkbox"/> Sr-90	<input type="checkbox"/> Other	
Stored activity or source strength	<input type="checkbox"/> MBq <input type="checkbox"/> GBq <input type="checkbox"/> TBq <input type="checkbox"/> mCi <input type="checkbox"/> Ci <input type="checkbox"/> Other				
	Date (yyyy/mm/dd)				
Source use	<input type="checkbox"/> Patient treatment		<input type="checkbox"/> Research		
Type of sources	<input type="checkbox"/> Tube	<input type="checkbox"/> Minicylinder	<input type="checkbox"/> Train of sources	<input type="checkbox"/> Needle	<input type="checkbox"/> Pellet
	<input type="checkbox"/> Wire	<input type="checkbox"/> Seed	<input type="checkbox"/> Eye applicator	<input type="checkbox"/> Intracavitary	<input type="checkbox"/> Intracavitary
	<input type="checkbox"/> Other				
Operation mode	<input type="checkbox"/> HDR <input type="checkbox"/> LDR <input type="checkbox"/> MDR <input type="checkbox"/> HDR/PDR <input type="checkbox"/> LDR/MDR <input type="checkbox"/> PDR				

* Please enter data **separately** for each teletherapy unit. **Photocopies should be used for additional units**

OTHER RADIOTHERAPY EQUIPMENT AND STAFF STRENGTH			
Equipment	Make and model (remarks if any)		Date of last calibration or installation (yyyy/mm/dd)
Dosimetry <input type="checkbox"/> Reference thimble ionization chamber(s) <input type="checkbox"/> Parallel plane ionization chamber(s) <input type="checkbox"/> Well-type ionization chamber(s) <input type="checkbox"/> Electrometer(s) <input type="checkbox"/> Other
Monitoring Instruments <input type="checkbox"/> Survey Meter <input type="checkbox"/> Pocket Dosimeter <input type="checkbox"/> Other
Beam Analyzer System <input type="checkbox"/> Manual <input type="checkbox"/> Computer Assisted
Treatment Planning System <input type="checkbox"/> Manual <input type="checkbox"/> Computer Assisted
Imaging Facility <input type="checkbox"/> Simulator <input type="checkbox"/> CT <input type="checkbox"/> Other
Staff strength No. of Radiation Oncologists: No. of Medical Physicists: No. of RTTs (radiographers, technologists, dosimetrists, etc):			
Approximate no. of patients treated per year with	Teletherapy and Brachytherapy	Teletherapy only	Brachytherapy only

Please use **photocopies if necessary**