

FOR ALL  
DISEASES

# TOTAL BODY IRRADIATION

## To be completed by the haematology unit

EBMT Centre Identification Code (CIC) of haematology unit : .....  
Hospital ..... Unit .....  
Hospital Patient Number ..... UIC (if known) .....  
Initials ..... Date of birth .....  
Date of transplant ..... - ..... - ..... Date conditioning chemo started: ..... - ..... - .....  
yyyy mm dd yyyy mm dd

## To be completed by the radiophysicist group

EBMT Centre Identification Code (CIC) of radiophysicist unit (if CIC exists) : .....  
Hospital ..... Unit .....  
Telephone ..... Fax .....

## I TARGET VOLUME defined as WHOLE BODY (including the skin)

**T.B.I. DOSE** ..... Gy (total dose at specification point : at mid abdomen at the height of the umbilicus)

**HOMOGENEITY** (dose variation, including skin dose),  
**TRANSVERSE** (across transverse plane through specification point) : + ..... % - ..... %  
**LONGITUDINAL** (along body mid-line) : + ..... % - ..... %

IF VARYING FROM T.B.I. DOSE BY 10% OR MORE:

ORGAN	DOSES (with respect to 100%)
1. SPLEEN	..... %
2. RIB CAGE	..... %
3. ....	..... %

## II NORMAL TISSUE LUNG, ORGAN MOST AT RISK

**LUNG DOSE** (mean of total at reference points of both lungs) : ..... Gy

**SHIELDED PHYSICAL VOLUME IRRADIATED** (estimated) : ..... %

**FRACTIONS** (no) : in : ..... days (number of days, including the first day)

**STARTING DATE** : ..... - ..... - .....  
yyyy mm dd

**MIN.TIME GAP** : ..... hours

**DOSE-RATE** (lung dose per fraction over irradiation time) : ..... Gy/min

**MAXIMUM DOSE RATE** (instantaneous lung dose rate): ..... Gy/min

## III NORMAL TISSUE OTHER ORGANS AT RISK

ORGAN	DOSES (with respect to 100%, if varying from T.B.I. by 10% or more)
1. EYES LENSE	..... %
2. KIDNEYS	..... %
3. CNS	..... %
4. ....	..... %

## IV COMMENTS (e.g. irregular parameters, if parameters vary or not constant)

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