

**New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
PO Box 358
Trenton, NJ 08625-0358**

Reporting Year

ANNUAL REPORT OF MEGAVOLTAGE RADIATION UNIT

INSTRUCTIONS:

Please complete all questions and submit to above address by March 31.

FOR STATE USE ONLY

ID Number																			
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I. IDENTIFICATION

Name of Facility Submitting Report						Facility ID Number					
Street Address						Location of Megavoltage Unit (if different from Submitting Address)					
City		State		Zip Code		City		State		Zip Code	

II. TYPE OF MEGAVOLTAGE

Photon			Electron		
Energy					
_____			_____		
_____			_____		
_____			_____		
_____			_____		

III. PERSONNEL OPERATIONS DATA

Operator Occupation (Do NOT Provide Names)	Personnel FTE¹
a. Radiation Oncologist ²	
b. Radiological Physicist ²	
c. Radiation Therapist ²	
d. Registered Professional Nurse ²	
e. Other (specify):	

IV. UTILIZATION

Category	Linear #1	Linear #2	Linear #3
1. Types of patients treated ²			
a. New Patients ³			
b. Retreated Patients			
TOTAL PATIENTS			
2. Number of patient visits ⁴			
a. New Patients			
b. Retreated Patients			
TOTAL VISITS			

**ANNUAL REPORT OF MEGAVOLTAGE RADIATION UNIT
(Continued)**

Name of Facility Submitting Report	Facility ID Number
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IV. UTILIZATION, Continued

Category	Linear #1	Linear #2	Linear #3
3. Number of Treatments (ports) ⁵			
a. New Patient Treatments (ports)			
b. Retreated Patient Treatments (ports)			
TOTAL TREATMENTS			
4. Number of patients treated by electron beam			
a. New Patients ³			
b. Retreated Patients			
c. TOTAL			

5. Number of brachytherapy patients: _____

V. TREATMENT PLANNING ²

1. Does your facility have a simulator? Yes No
2. If "No," what other means of treatment planning is used?

3. Is your megavoltage unit used for simulation purposes? Yes No
4. If "Yes," how many hours was it used during the year? _____
5. Number of patients simulated at your facility:
 - a. Simulator: _____
 - b. Other: _____

Name	Title
Department	Telephone Number
Signature	Date

Footnotes:

- ¹ One full-time equivalent (FTE) is to be considered equal to a 5-day, 40-hour week or 2080 hours per year. For fractional Equivalents, use 2080 as a base.
- ² Required by N.J.A.C. 8:43A-30 and N.J.A.C. 8:43G.
- ³ A patient who has never before received radiation therapy or a returning patient with a second primary cancer (at a different site) which has not been previously treated.
- ⁴ Number of times a patient reports to the facility for treatment.
- ⁵ Application of radiation on one cancer site with one type of radiation modality.