

## Documented Institutional Ethics Requirements Scarborough Health Network

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### Mission and Values

To partner with our diverse communities to generate and apply new knowledge and innovative solutions that make healthcare more equitable, accessible and relevant. To better health through research that matters to the Scarborough community.

### Privacy Considerations

Please note shared electronic health systems such as Connecting Ontario and eHealth do not permit access for research purposes.

### Informed Consent Form Requirements

All informed consent forms must be in laymen's terms or at a level acceptable to the patient population to ensure language comprehension.

## SRERS Administration Scarborough Health Network

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### **Reminder: Institutional Research Administration Requirements**

The CTO Streamlined System provides a streamlined approach to research ethics review only. Institutional approval is required for all studies conducted at Scarborough Health Network which includes a feasibility assessment by the research office.

### **SHNRI Feasibility Assessment**

**Before submitting an application through the CTO Stream**, SHN researcher or delegate must contact the Research office to complete the feasibility assessment process. To schedule the assessment meeting, please email the SHN research institute at [research.institute@shn.ca](mailto:research.institute@shn.ca)

### **Contracts/Agreements**

Institutional approval of any study is conditional upon a fully executed study contract agreement with Scarborough Health Network, Principal investigator, and the study sponsor. All research staff must enter a research confidentiality agreement and document all conflicts of interest. No study can begin in any capacity until all study agreements have been fully executed.

**Please see the Documented Institutional Ethics Requirements form (DIER) for Scarborough Health Network's specific requirements that must be incorporated into your Centre Initial Application.**

### **CTO Stream**

#### **Collaborators:**

The following collaborators must be given a role on all Provincial Initial Application (PIA) forms and Centre Initial Application (CIA) forms.

Email: [sgrover@shn.ca](mailto:sgrover@shn.ca)

Role: Institutional Representative

Email: [aqamar1@shn.ca](mailto:aqamar1@shn.ca)

Role: Institutional Representative

Email: [cmorris@shn.ca](mailto:cmorris@shn.ca)

Role: Institutional Admin

This access is automatically granted when the Centre Initial Application is created. **When Scarborough Health Network is the Provincial Applicant site the research team should immediately create the CIA for Scarborough Health Network (right after creating the PIA).** This will ensure that access is automatically granted as required above, otherwise the research team will need to manually add these roles to the PIA prior to submission.

### **Institution Representative in application forms**

The Primary Institution Representative must be indicated as follows in the applications within CTO Stream:

Title: Dr.  
First Name: Samir  
Surname: Grover  
Organization: Scarborough Health Network  
Address: 2867 Ellesmere Rd, Scarborough Rm 4314



661 University Avenue, Suite 460  
MaRS Centre, West Tower  
Toronto, Ontario  
M5G 1M1 Canada  
[www.ctontario.ca](http://www.ctontario.ca)

City: Scarborough  
Province/State: ON  
Postcode/Zip: M1P 2V5  
Telephone: 437-217-1282  
Fax: N/A  
Email: [sgrover@shn.ca](mailto:sgrover@shn.ca)

The Secondary Institution Representative should be indicated as follows:

Title: Ms.  
First Name: Attia  
Surname: Qamar  
Organization: Scarborough Health Network  
Address: 3050 Lawrence Ave East  
Rm 1.245  
City: Scarborough  
Province/State: ON  
Postcode/Zip: M1P 2V5  
Telephone: 416-438-2911 ext. 6007  
Fax: n/a  
Email: [aqamar1@shn.ca](mailto:aqamar1@shn.ca)