

Documented Institutional Ethics Requirements St. Mary's General Hospital

Informed Consent Form Requirements

In the section on participant rights or whom to contact for questions, include the following statement:

“For questions or concerns related to patient experience, please contact a Patient Experience Coordinator via email at patientrelations@smgh.ca or call at 519-749-6875 x6867.”

SRERS Administration St. Mary's General Hospital

Reminder: Institutional Research Administration Requirements

Researchers seeking REB approval through CTO must receive administrative approval to conduct the research at St. Mary's General Hospital. The following requirements must be met for research activities can begin:

1. Obtain administrative approval from the St. Mary's Research Committee,
2. Be qualified to conduct research, including having completed required research training,
3. Have a fully executed research contract or agreement in place with the hospital (if applicable).

Contact research@smgh.ca for assistance.

The CTO Streamlined System provides a streamlined approach to research ethics review. Each participating site must ensure that all necessary institutional authorizations and contracts/agreements are in place prior to beginning the research.

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: bspadafo@smgh.ca

Role: Institutional Representative

Email: carla.girolametto@grhosp.on.ca

Role: Institutional Representative

This access is automatically granted when the Centre Initial Application is created. **When St. Mary's General Hospital is the Provincial Applicant site the research team should immediately create the CIA for St. Mary's General Hospital (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.

Department Approver in application forms

The Department Approver on the CIAs for St. Mary' General Hospital must be indicated as follows within CTO Stream:

Title: Ms.
First Name: Carla
Surname: Girolametto
Organization: Grand River Hospital
Address: 835 King St. W.
City: Kitchener
Province/State: Ontario
Postcode/Zip: N2G 1G3
Telephone: 519-749-4300 ext. 2307
Fax: 519-749-4432
Email: carla.girolametto@grhosp.on.ca

Institution Representative in application forms

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

Title: Ms.
First Name: Brittany
Surname: Spadafore



661 University Avenue, Suite 460
MaRS Centre, West Tower
Toronto, Ontario
M5G 1M1 Canada
www.ctontario.ca

Organization: St. Mary's General Hospital
Address: 911 Queen's Blvd.
City: Kitchener
Province/State: ON
Postcode/Zip: N2M 1B2
Telephone: 519-580-9186
Fax: N/A
Email: bspadafo@smgh.ca

Absence Coverage – Institutional Representative Signature

Should Ms. Brittany Spadafore be away from the office, the Institutional Representative signature request can be sent to Ms. Carla Girolametto (carla.girolametto@grhosp.on.ca).

The Secondary Institution Representative field should be left blank.