

## SRERS Administration Centre for Addiction and Mental Health

---

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

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. [Please note that all research conducted at CAMH must have had a completed and signed Research Assurances and Approval Form \(RAAF\) submitted to the Research Services office prior to REB review.](#)

Research teams must comply with CAMH research SOPs, policies and standards.

Disclosure of PHI outside of CAMH is only permitted if the research participant has consented to the disclosure and/or the disclosure has been approved by the research ethics board(s) as required under section 44 of the Personal Health Information Act (Ontario) ("PHIPA").

Where possible, research data leaving CAMH must be de-identified including any research data sent to industry sponsors.

### **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: noam.ami@camh.ca  
Role: Institutional Representative

Email: lina.chiuccariello@camh.ca  
Role: Institutional Representative

This access is automatically granted when the Centre Initial Application is created. **When CAMH is the Provincial Applicant site the research team should immediately create the CIA for CAMH (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: Mr.  
First Name: Noam  
Surname: Ami  
Organization: Centre for Addiction and Mental Health  
Address: 33 Ursula Franklin St.  
City: Toronto  
Province/State: Ontario  
Postcode/Zip: M5S 2S1  
Telephone: 416-535-8501 Ext. 36798  
Fax:  
Email: noam.ami@camh.ca



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

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

Title: Dr.  
First Name: Lina  
Surname: Chiuccariello  
Organization: CAMH  
Address: 1000 Queen Street West  
City: Toronto  
Province/State: Ontario  
Postcode/Zip: M6J 1H4  
Telephone: 416-574-2390  
Fax: N/A  
Email: [lina.chiuccariello@camh.ca](mailto:lina.chiuccariello@camh.ca)

**NOTE:** For applications where signatures were requested prior to April 9, 2021, Ms. Erin Bell may be identified as the institution representative within the application form. For applications prior to July 30, 2021, Leanne Bekeris may be listed as institution representative.