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

SRERS Administration
Cambridge Memorial Hospital

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.

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: kleslie@cmh.org
Role: Institutional Representative

Email: wmuhammad@cmh.org
Role: Institutional Representative

This access is automatically granted when the Centre Initial Application is created. **When Cambridge Memorial Hospital is the Provincial Applicant site the research team should immediately create the CIA for Cambridge Memorial 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 Head must be indicated as follows in the applications within CTO Stream:

Title: Ms.
First Name: Sandra
Surname: Bakewell
Organization: Cambridge Memorial Hospital
Address: 700 Coronation Blvd.
City: Cambridge
Province/State: Ontario
Postcode/Zip: N1R 3G2
Telephone: 519-621-2333 x 3064
Fax: 519-740-7722
Email: sbakewell@cmh.org

Institution Representative in application forms

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

Title: Mr.
First Name: Waqas
Surname: Muhammad
Organization: Cambridge Memorial Hospital
Address: 700 Coronation Blvd.

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

City: Cambridge
Province/State: Ontario
Postcode/Zip: N1R 3G2
Telephone: 519-621-2333 x 3125
Fax: 519-740-4920
Email: wmuhammad@cmh.org

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

Title: Mr.
First Name: Kyle
Surname: Leslie
Organization: Cambridge Memorial Hospital
Address: 700 Coronation Blvd.
City: Cambridge
Province/State: ON
Postcode/Zip: N1R 3G2
Telephone: 519-621-2333 x 1104
Fax: 519-740-4920
Email: kleslie@cmh.org