

SRERS Administration Grand River 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.

Research Sites Under Grand River Hospital's Auspices:

- Grand River Regional Cancer Centre
- Kitchener-Waterloo Campus
- Freeport Campus
- Hazelglenn Outreach Mental Health Services
- Grand River Adult Withdrawal Management Centre
- GRH 850 King Street
- Guelph Satellite: Renal Dialysis
- Palmerston Site: Renal Dialysis

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: carla.girolametto@grhosp.on.ca

Role: Institutional Representative

This access is automatically granted when the Centre Initial Application is created. **When Grand River Hospital is the Provincial Applicant site the research team should immediately create the CIA for Grand River 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 Head in application forms (for OCREB Studies)

The Department Head must be indicated as follows in the applications within CTO Stream:

Title: Ms.
First Name: Donna
Surname: Van Allen
Organization: Grand River Regional Cancer Centre at Grand River Hospital
Address: 835 King St. W
City: Kitchener
Province/State: ON
Postcode/Zip: N2G 1G3
Telephone: 519-749-4300 ext. 5737
Fax: 519-749-4378
Email: donna.vanallen@grhosp.on.ca

Department Head in application forms (for Non-OCREB Studies)

The Department Head must be indicated as follows in the applications 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 x2307
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: 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

The Secondary Institution Representative field should be left blank.