

## SRERS Administration Headwaters Health Care Centre

**IMPORTANT:** Projects that are solely to establish the creation of a database/biobank/registry must not be submitted through CTO Stream.

### **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: [ajackman@headwatershealth.ca](mailto:ajackman@headwatershealth.ca)  
Role: Institutional Representative

This access is automatically granted when the Centre Initial Application is created. **When Headwaters Health Care Centre is the Provincial Applicant site the research team should immediately create the CIA for Headwaters Health Care Centre (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: Ms.  
First Name: Alean  
Surname: Jackman  
Organization: Headwaters Health Care Centre  
Address: 100 Rolling Hills Drive  
City: Orangeville  
Province/State: ON  
Postcode/Zip: L9W 4X9  
Telephone: 519-941-2410 Ext. 2812  
Fax: 519-942-0483  
Email: [ajackman@headwatershealth.ca](mailto:ajackman@headwatershealth.ca)

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

Title: Mr.  
First Name: Kyle  
Surname: Shermet  
Organization: Headwaters Health Care Centre  
Address: 100 Rolling Hills Drive  
City: Orangeville  
Province/State: ON  
Postcode/Zip: L9W 4X9  
Telephone: 519-941-2410 Ext. 2812  
Fax: 519-942-0483  
Email: [kshermet@headwatershealth.ca](mailto:kshermet@headwatershealth.ca)