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

SRERS Administration
Sinai Health System

Scope

Sinai Health System includes Mount Sinai Hospital, Hennick Bridgepoint Hospital and the Lunenfeld-Tanenbaum Research Institute.

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.

For Sinai Health System, online requests for contracts/agreements can be made through the Agreement Request Portal (ARP) at: https://research.lunenfeld.ca/techTransfer/?page=agreement-portal.

Stream

Collaborators:

The following collaborators must be given a role on the Clinical Trial Initial Application (CTIA) or Observational Study Initial Application (OSIA) and Participating Site Initial Application (PSIA) forms.

Email: Qamar.Attia@sinaihealth.ca
Role: Participating Site Institution Representative

Email: Research.Hub@SinaiHealth.ca
Role: Institution Admin

Email: Kathleen.Austin@sinaihealth.ca
Role: Participating Institutional Representative

This access is automatically granted when the PSIA is created. **When Sinai Health System is the Lead Applicant site the research team should immediately create the PSIA for Sinai Health System (right after creating the CTIA/OSIA).** This will ensure that access is automatically granted as required above, otherwise the research team will need to manually add these roles to the CTIA/OSIA prior to submission.

Institution Representative in application forms

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

Title:	Ms.
First Name:	Attia
Surname:	Qamar
Organization:	Sinai Health
Address:	600 University Avenue
City:	Toronto
Province/State:	ON
Postcode/Zip:	M5G 1X5
Telephone:	416-586-4800 x 174191
Fax:	N/A
Email:	Qamar.Attia@sinaihealth.ca

The Secondary Institution Representative should be indicated as follows:

Title:	Ms.

First Name: Kathleen
Surname: Austin
Organization: Sinai Health
Address: 700 University Avenue
City: Toronto
Province/State: ON
Postcode/Zip: M5G1Z5
Telephone: 416-586-4800 ext. 4726
Fax: N/A
Email: Kathleen.Austin@sinaihealth.ca

Absence Coverage – Institutional Representative Signature

Should Ms. Qamar be away from the office, the Institutional Representative signature request can be sent to Ms. Austin Kathleen.Austin@sinaihealth.ca.