

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

# SRERS Administration Women's College 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: Katherine.schwartz@wchospital.ca Email: Daniel.Jin@wchospital.ca Role: Institutional Representative Role: Institutional Representative

Email: Marie.Steele@wchospital.ca Email: Sarker.Faisal@wchospital.ca

Role: Institution Admin Role: Institution Admin

This access is automatically granted when the Centre Initial Application is created. When Women's College Hospital is the Provincial Applicant site the research team should immediately create the CIA for Women's College 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.

### **Institution Representative in application forms**

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

Title: Ms.

First Name: Katharine Surname: Schwartz

Organization: Women's College Hospital

Address: 76 Grenville Street, 6<sup>th</sup> Floor, Room 6322

City: Toronto
Province/State: Ontario
Postcode/Zip: M5S 1B2
Telephone: 416-351-3780

Fax: N/A

Email: Katharine.Swchartz@wchospital.ca

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

Title: Mr.
First Name: Daniel
Surname: Jin

Organization: Women's College Hospital

Address: 76 Grenville Street, 6<sup>th</sup> Floor, Room 6338

City: Toronto
Province/State: Ontario
Postcode/Zip: M5S 1B2
Telephone: 647-272-8756

Fax: N/A

Email: Daniel.Jin@wchospital.ca

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# Absence Coverage - Institutional Representative Signature

Should the Primary Institutional Representative be away, the Institutional Representative signature request may be sent to Mr. Daniel Jin (<a href="mailto:Daniel.Jin@wchospital.ca">Daniel.Jin@wchospital.ca</a>) instead.