

## 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.

### **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](mailto: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](mailto: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 ext. 2307

Fax: 519-749-4432  
Email: [carla.girolametto@grhosp.on.ca](mailto: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](mailto:carla.girolametto@grhosp.on.ca)

The Secondary Institution Representative field should be left blank.

**REB of Record Study Agreement (OCREB)**

The study team will complete the PDF fillable Agreement template (provided by CTO) with the information from CTO Stream and send the Agreement to the PI for signature. The study team will send a scanned copy of the Agreement (signed by the PI/witness) to Carlo Girolametto ([carla.girolametto@grhosp.on.ca](mailto:carla.girolametto@grhosp.on.ca)) with a cc to Carol Ballantyne ([Carol.Ballantyne@grhosp.on.ca](mailto:Carol.Ballantyne@grhosp.on.ca)), who will obtain signature from the institutional signing authority and send a scanned copy to CTO. CTO will then obtain the necessary signature from the REB Host Institution. Fully executed Agreements will be circulated via the correspondence feature in CTO Stream and by email.

**REB of Record Study Agreement (all other studies)**

CTO will send the REB of Record Study Agreement to Carla Girolametto with a cc to Sarah Laferriere, who will obtain the PI/witness and institutional signing authority signatures and send a scanned copy to CTO. CTO will then obtain the necessary signature from the REB Host Institution. Fully executed Agreements will be circulated via the correspondence feature in CTO Stream and by email.