

## 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

**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.