

SRERS Administration Southlake Regional Health Centre

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: svillani@southlakeregional.org

Role: Institutional Representative

This access is automatically granted when the Centre Initial Application is created. **When Southlake is the Provincial Applicant site the research team should immediately create the CIA for Southlake (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 (ONCOLOGY studies only)

The Department Head must be indicated as follows in the applications within CTO Stream:

Title: Ms.
First Name: Lorrie
Surname: Reynolds
Organization: Southlake Regional Health Centre
Address: 596 Davis Drive
City: Newmarket
Province/State: ON
Postcode/Zip: L3Y 2P9
Telephone: 905-895-4521 Ext. 2850
Fax: (blank)
Email: lreynolds@southlakeregional.org

Department Head in application forms (CARDIOLOGY studies only)

The Department Head must be indicated as follows in the applications within CTO Stream:

Title: Ms.
First Name: Kaylyn
Surname: Ward
Organization: Southlake Regional Health Centre
Address: 596 Davis Drive
City: Newmarket
Province/State: ON
Postcode/Zip: L3Y 2P9

Telephone: 905-895-4521 Ext. 2710
Fax: (blank)
Email: kward@southlakeregional.org

Institution Representative in application forms

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

Title: Ms.
First Name: Sharon
Surname: Villani
Organization: Southlake Regional Health Centre
Address: 596 Davis Drive
City: Newmarket
Province/State: ON
Postcode/Zip: L3Y 2P9
Telephone: (905) 895-4521, ext. 6638
Fax: (blank)
Email: SVillani@southlakeregional.org

The Secondary Institution Representative field should be left blank.