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. **All new research projects at Windsor Regional Hospital must be submitted to the Office of Research for Intake Review prior to submission to any Research Ethics Board.**

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: mark.fathers@wrh.on.ca
Role: Institutional Representative

Email: research.office@wrh.on.ca
Role: Department Approver/Department Head

This access is automatically granted when the Centre Initial Application is created. **Windsor Regional Hospital should be the centre when creating a CIA for all studies other than adult oncology studies.** For adult oncology studies, research teams must select Windsor Regional Hospital Cancer Program as the centre when creating a new CIA. When Windsor Regional Hospital is the Provincial Applicant site the research team should immediately create the CIA for Windsor Regional Hospital or Windsor Regional Hospital Cancer Program (for adult oncology studies) 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 Approver/Department Head in application forms
The Department Approver/Department Head must be indicated as follows in the applications within CTO Stream:

Title: Ms.
First Name: Grace
Surname: Park
Organization: Windsor Regional Hospital
Address: 1995 Lens Avenue
City: Windsor
Province/State: Ontario
Postcode/Zip: N8W 1L9
Telephone: 519-254-5577
Fax: 519-253-8102
Email: research.office@wrh.on.ca

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

Title: Mr.
First Name: Mark
Surname: Fathers
Organization: Windsor Regional Hospital
Address: 1995 Lens Avenue
City: Windsor
Province/State: Ontario
Postcode/Zip: N8W 1L9
Telephone: 519-254-5577
Fax: 519-254-3150
Email: mark.fathers@wrh.on.ca