

## SRERS Administration Windsor Regional Hospital

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### **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](mailto:mark.fathers@wrh.on.ca)  
Role: Institutional Representative

Email: [research.office@wrh.on.ca](mailto: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](mailto: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](mailto:mark.fathers@wrh.on.ca)