**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.

**Institutional Impact Assessment:**
Prior to Institutional Representative sign-off on any CIA for William Osler Health System, it is the local Principal Investigator’s responsibility to ensure all impact assessments are approved. Contact Research@williamoslerhs.ca to determine if an impact assessment is required for your study.

**CTO Stream Collaborators:**
The following collaborators must be given a role on all Provincial Initial Application (PIA) forms and Centre Initial Application (CIA) forms.

<table>
<thead>
<tr>
<th>Email</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Patti.Rempel@williamoslerhs.ca">Patti.Rempel@williamoslerhs.ca</a></td>
<td>Institutional Representative</td>
</tr>
<tr>
<td><a href="mailto:Andrea.Enriquez-Henriquez@williamoslerhs.ca">Andrea.Enriquez-Henriquez@williamoslerhs.ca</a></td>
<td>Institutional Admin</td>
</tr>
</tbody>
</table>

This access is automatically granted when the Centre Initial Application is created. *When William Osler Health System is the Provincial Applicant site the research team should immediately create the CIA for William Osler Health System (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.

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

- **Title:** Ms.
- **First Name:** Patti
- **Surname:** Rempel
- **Organization:** William Osler Health System
- **Address:** 2100 Bovaird Drive East
- **City:** Brampton
- **Province/State:** ON
- **Postcode/Zip:** L6R 3J7
- **Telephone:** (905) 494-2120 x50448
- **Fax:** (blank)
- **Email:** Patti.Rempel@williamoslerhs.ca

The Secondary Institution Representative field should be left blank.