

## SRERS Administration William Osler Health System

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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.

### **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](mailto: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.

Email: [Patti.Rempel@williamoslerhs.ca](mailto:Patti.Rempel@williamoslerhs.ca)

Role: Institutional Representative

Email: [Augustina.Ampofo@williamoslerhs.ca](mailto:Augustina.Ampofo@williamoslerhs.ca)

Role: Institutional Representative

Email: [Andrea.Enriquez-Henriquez@williamoslerhs.ca](mailto:Andrea.Enriquez-Henriquez@williamoslerhs.ca)

Role: Institutional Admin

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: Augustina  
Surname: Ampofo  
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: Augustina.Ampofo@williamoslerhs.ca

The Secondary Institution Representative field should be left blank.