

SRERS Administration Women's College Hospital

IMPORTANT: Projects that are solely to establish the creation of a database/biobank/registry must not be submitted through CTO Stream.

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: Katherine.schwartz@wchospital.ca
Role: Institutional Representative

Email: Daniel.Jin@wchospital.ca
Role: Institutional Representative

Email: Marie.Steele@wchospital.ca
Role: Institution Admin

Email: Sarker.Faisal@wchospital.ca
Role: Institution Admin

This access is automatically granted when the Centre Initial Application is created. **When Women's College Hospital is the Provincial Applicant site the research team should immediately create the CIA for Women's College Hospital (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: Katharine
Surname: Schwartz
Organization: Women's College Hospital
Address: 76 Grenville Street, 6th Floor, Room 6322
City: Toronto
Province/State: Ontario
Postcode/Zip: M5S 1B2
Telephone: 416-351-3780
Fax: N/A
Email: katharine.schwartz@wchospital.ca

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

Title: Mr.
First Name: Daniel
Surname: Jin
Organization: Women's College Hospital
Address: 76 Grenville Street, 6th Floor, Room 6338
City: Toronto
Province/State: Ontario



Postcode/Zip: M5S 1B2
Telephone: 647-272-8756
Fax: N/A
Email: Daniel.Jin@wchospital.ca

661 University Avenue, Suite 460
MaRS Centre, West Tower
Toronto, Ontario
M5G 1M1 Canada
www.ctontario.ca

Absence Coverage – Institutional Representative Signature

Should the Primary Institutional Representative be away, the Institutional Representative signature request may be sent to Mr. Daniel Jin (Daniel.Jin@wchospital.ca) instead.