

## SRERS Administration Unity Health Toronto

Providence Healthcare, St. Joseph's Health Centre and St. Michael's 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.

### **Unity Health Toronto Institutional Approval Form**

Please note that the institutional signature will not be requested until the Institutional Approval form is completed.

- For research conducted at all sites, this form can be obtained by emailing Ms. Elizabeth Huggins at [Elizabeth.Huggins@unityhealth.to](mailto:Elizabeth.Huggins@unityhealth.to)

### **Privacy Policy**

Unity Health Toronto does not permit the release of full date of birth (i.e. dd-mmm-yyyy) or personal health information (PHI) for research purposes without justification. See DIER form for more Privacy guidelines.

### CTO Stream

#### **Collaborators:**

The following collaborators must be given a role on all Clinical/Observational Trial Initial Application forms and Participating Site Initial Application forms.

Email: Ori.Rotstein@unityhealth.to  
Role: Institutional Representative

Email: Elizabeth.Huggins@unityhealth.to  
Role: Institutional Admin

This access is automatically granted when the Participating Site Initial Application is created. **When a Unity Health Toronto site is the Provincial Applicant site, the research team should immediately create the Participating Site Initial application for the participating Unity Health Toronto site(s) (right after creating the Clinical/Observational Initial application).** This will ensure that access is automatically granted as required above, otherwise the research team will need to manually add these roles to the Clinical/Observational Trial Initial Application prior to submission.

### **Institutional Representatives in application forms**

The Primary Institutional Representative for Unity Health Toronto must be indicated as follows in the applications within CTO Stream:

Title: Dr.  
First Name: Ori  
Surname: Rotstein  
Organization: Unity Health Toronto  
Address: 30 Bond Street  
City: Toronto  
Province/State: ON

Postcode/Zip: M5B 1W8  
Telephone: (416) 864-5637  
Fax: N/A  
Email: [Ori.Rotstein@unityhealth.to](mailto:Ori.Rotstein@unityhealth.to)

The Secondary Institution Representative field should be left blank.

### **Institutional Representative Signature on the Participating Site Initial Application**

Prior to requesting the Institutional Representative signature on the Participating Site Initial Application, please contact the individual below outside of CTO Stream (e.g., via regular email) to submit the Institutional Approval Form to confirm that the application is acceptable and may proceed with signature requests:

- Ms. Elizabeth Huggins ( [Elizabeth.Huggins@unityhealth.to](mailto:Elizabeth.Huggins@unityhealth.to) )

### **To Submit a Research Contract**

Please complete a Contract Document Tracking Form and follow the instructions found on the Unity Health Toronto intranet

<https://unitynet.unity.local/departments-programs-services/research/research-contracts/>