

Summer 2007

People don't notice whether it's winter or summer when they're happy.

- Anton Chekhov



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A Living Legacy of Diabetes Research

Sir Frederick Banting would have had a difficult time imagining life in 2007, but the ground-breaking work of the Nobel-prize winning scientist continues to flourish more than 85 years after the discovery of insulin as skilled researchers use their knowledge and expertise to enhance the quality of life for patients living with diabetes. And in late June, a special luncheon reception was held at St. Joseph's Hospital to celebrate the work of John Dupre, Tom McDonald, and Wilson Rodger.

Lawson Scientific Director, David Hill, presented each of the three doctors with an award recognizing their outstanding contributions to the field of diabetes research. "Through the efforts of these three Lawson scientists, patients in London have been able to access the latest drugs and devices to improve diabetes control through clinical studies long before they became the standard of care in Canada," Hill said. "Their collective discoveries helped pave the way to successful human islet transplantation, reduced life-threatening complications of diabetes, and less intrusive ways of controlling diabetes on a daily basis. This is simply an incredible achievement."

The careers of all three doctors represent a combined total of more than 100 years of dedication to researching diabetes. Their collective legacy is characterized by numerous years of hard work, scientific discovery, and a commitment to improving the quality of life for thousands of people. And after more than three decades of individual contribution, there are a number of significant milestones to look back upon.

John Dupre came to London in 1976 and began his study of diabetes through a development program at Western. He recruited Tom McDonald in 1979 as a research scientist, and soon after worked on development projects with Wilson Rodger, a scientist who had been working in London since 1967. "We had no plans to develop improvements in the treatment of diabetes, but it naturally evolved out of our research," Dupre said. "Our successes are all collaborative and these have proven to be quite important." Dupre noted that two major studies—the *Diabetes Control and Complications Trial* (DCCT) and its evolution into the *Epidemiology of Diabetes Interventions and Complications* (EDIC)—redefined how doctors use insulin to treat the disease. "It's clear that the work of DCCT/EDIC has not only changed the standard treatment of insulin-dependent diabetes, it has also led to a great reduction in the complications

of diabetes so people are experiencing less adverse effects and living longer," he said. "I really had no expectation of the satisfaction of working in large, collaborative groups; this is a fascinating business."

Like Dupre, Tom McDonald also acknowledges the great strides that have been made in the field over the last 30 years. "The bench-based research and publications are what I will most remember," McDonald said. "New knowledge is important, and some of the work from my laboratory is now finding its way into diagnostic tools in the areas of imaging."

Wilson Rodger echoes the humble pride of both Dupre and McDonald. "I have treated thousands of patients with diabetes and that is a source of general satisfaction on my part," Rodger said. "It's difficult to conduct research and practice medicine at the same time, so the idea that clinicians can participate productively in the advancement of knowledge is quite a privilege." *Continued on page 2...*



Lawson scientists Wilson Rodger (left), John Dupre, and Tom McDonald were each recognized for their outstanding contributions to diabetes research.

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“Inspired researchers can make a difference in the lives of individuals living with chronic disease”

In terms of clinical trials, Rodger worked closely with Dupre on the use of small devices such as the insulin pump that allows patients to independently monitor and control their condition at any time of the day or night. “We developed this technique to some extent in London and were able to apply it to a number of patients,” he said. “One or two have worn pumps longer than anybody elsewhere in the world.”

Although McDonald and Rodger will be moving on to pursue other endeavours, all three men will continue to add their knowledge and expertise to the ever-evolving field of diabetes research. Wilson Rodger will be transitioning into private practice while continuing to focus on helping patients with diabetes; Tom McDonald will continue working in the department of medicine before moving back to his home province of British Columbia; and John Dupre will be moving forward with his work on the DCCT/EDIC project as the study progresses through 2016.

“Their continuing work offers the promise of the regeneration of insulin-producing cells to reverse diabetes,” said Hill. “If ever we needed a reminder of how inspired researchers can make a difference in the lives of individuals living with chronic disease throughout the world, then we need look no further than John Dupre, Tom McDonald, and Wilson Rodger.”



David Hill

A message from the Scientific Director

I hope you are taking some time to decompress over the summer months in preparation for the busier fall. During this time, I continue to work diligently on the reorganization of the Institute.

The Research Executive of Lawson has now been populated with a mix of clinical, basic and health outcomes researchers from locations across the city, all recruited for their individual expertise. The **Assistant Directors** are Bill Avison, Cheryl Forchuk, Richard Kim, Graham King, Jim Koropatnick, Rob Petrella, Frank Prato and Gregor Reid. Assistant Directors will be lead advocates for Lawson and its researchers, and will be the points of contact – along with myself – for all investigators and staff who need assistance or advice. The Research Executive will represent the

natural groups, centers and institutes within Lawson, and will be responsible for making decisions regarding strategic direction, scientific development, policymaking and budget expenditures. Gregor Reid will lead the portfolio of International Development. The Research Executive held its first meeting mid-June and continues to meet biweekly. The most immediate items being discussed include Lawson’s branding project and strategic plan, scientific classification and metrics.

Lawson’s branding project continues to move forward with a draft branding strategy being presented and reviewed by Lawson, LHSC and SJHC along with the Executive Committee. It is anticipated that logo design and other materials will follow in the fall.

Lawson, along with its partners London Health Sciences Centre, St. Joseph’s Health Care London, The University of Western Ontario, Robarts Research Institute, University of Windsor, Windsor Regional Cancer Centre, University of Waterloo and University of Guelph, continues to work on the Hospital Research Fund application to be submitted to Canada Foundation for Innovation in September.

I will be away for the last two weeks of July; however, there are always others on the Administrative team who are happy to provide assistance to you.



The research institute of London Health Sciences Centre
and St. Joseph's Health Care London

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RMHC Research Day Attracts Prominent British Scientist

Leading scientists in the area of mental health from across the London region gathered at Regional Mental Health Care (RMHC)-St. Thomas on Friday, June 15, and spent the afternoon sharing their latest research projects with their peers as part of the **8th Annual Research Half-Day**.

Over 100 people from Lawson Health Research Institute, Regional Mental Health Care, The University of Western Ontario, and other community partners had the opportunity to hear presentations and view posters from scientists in a variety of mental health areas. The main goal of the annual event is to encourage the growth of research in the area of mental health.

“Our annual research half-day is the perfect forum for new researchers to present their work while underlining our commitment to nourish skilled scientists in every area of mental health,” says Richard O’Reilly, Lawson Health Research Institute scientist. “Our research committee is dedicated to the concept of research stimulating our clinical staff to maintain an academic interest in their field, and builds on our on-going goal of lifelong learning.”

Cheryl Forchuk received the award for Best Oral Presentation for her lecture *Preventing homelessness among mental health patients discharged from psychiatric wards to “no fixed address”*.

And Jennifer Speziale received the award for Best Poster for her work entitled *A needs assessment: Identifying the barriers to admission and supports in long-term care facilities for the mentally ill elderly in the region of London-Middlesex, Ontario*.

Speziale’s work served as part of her Masters degree requirements in the area of public health. “It was a very positive experience for me,” Speziale said. “I was able to do some valuable networking that has inspired me to continue with research and academic opportunities.”

Highlighting the afternoon’s agenda was the 3rd Annual Tony Cerenzia Research Lecture that featured a one-hour keynote presentation by Dr. David Healy, Director, North Wales Department of Psychological Medicine, Cardiff University, College of Medicine, Wales. Dr. Healy’s lecture, entitled *Brand New Psychiatry*, looked at commercial interests in developing new treatments for psychiatric illness.

This year’s attendees included researchers, clinicians, administrators, and students from the areas of psychiatry (medicine), nursing, psychology, occupational therapy, social work, spiritual care, and ethics.



Dr. David Healy speaks at RMHC-St. Thomas.

Lawson Financial Systems Review

Lawson’s finance department is looking for feedback into the financial systems currently in use at the Institute. Comments back from everyone are welcome – researchers and staff alike since it is understood that often times lab personnel and assistants are more familiar with the financial reports.

It would be appreciated if you could take a few minutes to answer the questionnaire and return it to: Don Atkinson (don.atkinson@lhsc.on.ca)

The questionnaire is at:

<http://www.lhrionhealth.ca/documents/word/Lhrifincialsystemquestionnaire.doc>



Standard Operating Procedures (SOPs) are Now In Effect

Lawson Standard Operating Procedures (SOPs) became effective at all Lawson sites as of **July 1, 2007**. It is the responsibility of the principal investigators to ensure that their clinical research staff is knowledgeable in and compliant with the Lawson SOPs.

Standard Operating Procedures describe the processes that must be followed when conducting clinical research in human participants. The purpose of having documented standard operating procedures is to:

- provide written guidelines for the performance of all aspects of clinical trials
- promote quality and consistency in clinical trials processes
- ensure compliance with applicable regulations and guidelines
- facilitate training of new personnel

The SOPs are available on the website http://www.lhrionhealth.ca/clinical_trials/index.html.

There are also SOP binders and CDs available for sign out at the following locations:

- UH - C3-103 Lawson Administration office - Sharon MacDonald
- VH - VRL - A1-191 Lawson Administration office - Dean Worsfold
- SSH - NR - C210 Lawson Administration office - Samia Hatoum
- SJHC - F4-108 - Lawson Administration office - Nicole Thomas/Sheila Fleming
- Parkwood - B3002 - Bonita Stevenson
- RMHC London - B136B - Sandra Dunbar

If you require additional information, would like training or have questions, contact Ruth Bullas ext. 76093 or e-mail ruth.bullas@lhsc.on.ca



Non-Resident Withholding Tax

Often non-residents come to Lawson and receive payment for services, such as to give seminars to impart scientific wisdom. There has been a requirement by CCRA to withhold a 15 per cent non-resident withholding tax related to any payments to non-residents (individuals or corporations) for work or professional services performed in Canada.

Options

1) An exemption for the withholding tax can be applied for. If it is known some time in advance (a couple of months) that a non-resident will be performing work (yes giving a seminar is considered work) in Canada for which there will be compensation, then the exemption can usually be in place in order to pay the individual at the time of the seminar. The exemption can be applied for after the person has given the seminar, however this will delay the payment until the exemption is received. The application for exemption can be obtained by contacting Deanne Graham or Don Atkinson, and a form that be completed by the non-resident, signed and returned to Lawson. This form is then submitted to CCRA and the exemption will usually be forthcoming, at which time the full payment can be made.

2) If an exemption is not requested, payment can be made to the non-resident, less the 15 per cent withholding tax. At this point the non-resident has three options:

- a) do nothing and suffer the loss of the tax
- b) file a non-resident tax return in Canada to claim back the tax
- c) report the income and the tax paid to Canada on their home country tax return and claim a foreign tax credit (that may or may not be approved in their home country).

While Lawson understands that this bureaucratic complication may deter some non-resident visitors, unfortunately there is nothing that can be done about this. Lawson will do everything possible to simplify and assist with the process for the non-resident.



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THE Lawson News

Summer Feature

Ruth Strapp

Manager, Lawson Clinical Research Services

Clinical trials are a vital function of the research activity at Lawson. The institute has at its disposal a core clinical research facility and dedicated team capable of serving any researcher's clinical trial administration and facilitation needs. Ruth Strapp leads these facilities and team members.

How did you arrive at your current position?

I was born at St. Joe's and grew up on a farm in Denfield, where I still live. I began my career back at South Street as a pathology technician, but then I had a few career twists along the way from there. I spent many years in banking including work in auditing and stats, and then I used my gift for drapery design to launch my own custom draping business. The banking and entrepreneurial skills certainly help me today at Lawson because it gives me a business perspective into a hospital setting. An injury forced me to stop actively doing my custom design work (though I still love designing), so I found myself back in the hospital world doing retrospective chart analysis for several months, which provided a foot in the door to the Multi-Organ Transplants research area in liver transplant and ICU studies. Seeing the help given to critically ill patients gave me a strong belief in the potential of trials to advance new treatments. When LHSC started up a joint venture clinical research facility with MDS Inc. in 1998, I became involved as a study coordinator. In 2001, the clinical research services became a part of Lawson and in 2004 I assumed the position of the facility manager.



Ruth Strapp at the Lawson Clinical Research Services facility.

Describe what Lawson Clinical Research Services offers to clinicians and researchers.

Our team and facility operate as an independent part of the hospital providing service to anyone that could benefit from clinical trial services. What we offer is customized and directed according to each investigator's needs – that could be offering one piece of expertise to a trial (such as an ethics submission preparation), or it could be fully coordinating all aspects of the project at the clinical trial site. Our research facility at South Street is designed for both outpatient and confined stays (including a 12-bed unit), and we have done phase one to phase four trials at this location. As well, our team members can work not only in our South Street facility, but also anywhere that a researcher is based – ultimately providing service to any type of patient trial. I should also point out that we offer our services to industry-sponsored trials, as well as assisting researchers in their academic pursuits of patient-based evidence. It's really rewarding to contribute to the investigational search for better ways to treat patients – and that is what everyone on our team believes; we enjoy contributing to the success of research and its potential.

What are your goals?

In addition to managing our current facilities, I want to continue promoting the network of resources citywide that could be of service to Lawson's researchers. I want to show researchers that we can put things in place so that they don't have to turn away the scale or scope of their work due to lack of clinical research resources. We continue to bring together the full administrative, technical and resource-based expertise within Lawson so that solutions can be brought to London's clinical trial needs. That's the strength of being integrated into the Lawson family – the collaboration of skills and resources.

In terms of growth, in the future Lawson will be developing more core clinical research facilities throughout the city, including: the London Clinical Investigation Unit under Dr. Richard Kim at University Hospital and the Translational Cancer Research Unit under Dr. Eric Winquist at LRCP. I also truly strive to have external clients (be they industry or research collaborators) realize the strengths of our London research community. This will bring more expertise to London, and greater collaboration activity.

What does being a part of Lawson mean to you?

Lawson is all about the support team, of everyone working together to make research happen. The admin team is terrific and the services are integrated hospital-wide. It's a great model of pooling resources together.

What is your single greatest accomplishment?

I'm very proud of my two children and of the people they have become as adults. I'm also pursuing a Western Health Science degree part-time. It's a challenge, but it's a rewarding personal goal.



The research institute of London Health Sciences Centre
and St. Joseph's Health Care London

THE Lawson News

GRANTS

- The results of the **March 2007 Competition of the Canadian Institutes of Health Research (CIHR)** have been announced with a 25 per cent National success rate. London received 16 operating grants with five coming to Lawson scientists. Congratulations to:
 - **David O’Gorman** awarded \$105,369 for three years to study “Molecular Mechanisms of Dupuytren’s Contracture.”
 - **John Lewis** awarded \$119,593 for three years to study “Non-invasive Imaging of Pathological Neoangiogenesis Using Targeted Multivalent Nanoparticles.”
 - **Joseph Torchia** awarded \$124,719 for five years to study “The Role of the ZNF217 Oncoprotein in Gene Regulation and Cancer.”
 - **Andrew Watson** awarded \$138,918 for five years to study “Trophectoderm Development and the Blastocyst.”
 - **Peter Williamson** awarded \$113,815 for five years to study Candidate Neuronal Circuits in Schizophrenia.”

- **Alex Thomas** received a **CIHR Collaborative Research Program – Research Chair in Bioelectromagnetics: Examining the Biological, Behavioural, Diagnostic, and Therapeutic Effects of Exposure to Low Frequency Electromagnetic Fields**. \$420,000 funding for this five year CIHR Industry- Partnered Chair comes from CIHR, Hydro – Quebec and Electricite de France (Paris).

- **The Kidney Foundation of Canada** has approved a Biomedical Research Grant for **Amit Garg’s** project “The Science of Handling Renal Practise Evidence: Optimizing the Retrieval of Information from EMBASE and the Internet.” He will receive \$50,000 for two years.

- **Allison Allan** received a **Canada Foundation for Innovation Leaders Opportunity Fund**, which is an ongoing program designed to assist Canadian universities in attracting and retaining outstanding faculty members and researchers. Her project entitled “ A Laboratory for the Investigation of Cellular and Molecular Mechanisms of Breast Cancer Metastasis” will receive \$159,823.

- London cancer researchers were recently awarded new funding through the Cancer Imaging Network of Ontario funded by **Cancer Care Ontario**. The awardees are:
 - **Terry Peters** awarded \$108,436 over two years to study “New Integrated Imaging Approaches for Use in the Surgical Treatment of Cancer.”
 - **Len Luyt and Eva Turley** awarded \$139,600 over two years to generate “Radiolabelled Peptide Mimics of Hyaluronan as Molecular Imaging Probes Targeting Highly Tumorigenic Cancer Cells.”
 - **Frank Prato, Savita Dhanvantari, Rob Stodilka, Donna Goldhawk, and James Koropatnick**, awarded \$139,766 over two years to study “Non-invasive Molecular Imaging of Cancer Growth and Metastasis.”

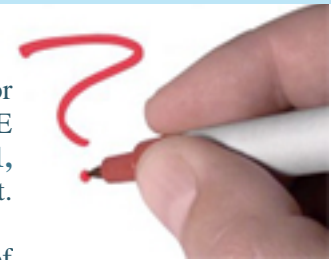
- **Richard Crilly and Maggie Gibson** are co-investigators on a grant led by the GTA Rehab Network that was funded by the **2007 Canadian Nursing Foundation competition**. The study will explore the applicability of the Registered Nurses’ Association of Ontario guidelines for pain assessment and management as they pertain to the care of elderly hip fracture patients as they transition from acute care to inpatient rehabilitation.

AWARDS

- **Jeff Jutai** received a **Distinguished Service Award from the Rehabilitation Engineering & Assistive Technology Society of North America**, for exemplary leadership.
- **Keith Hayes** received an **Award of Excellence from Rick Hansen** for his contribution to the establishment of a National Spinal Cord Injury Alliance. The award presentation was made as part of the 20th Anniversary Celebrations of Rick's Man in Motion World Tour in Vancouver in May 2007.
- Lawson trainees from the Imaging group won four awards at the **Bioelectromagnetics Conference** in Japan. In total 12 papers were presented by scientists and trainees with awards going to **Alexandre Legros**, first prize for his presentation, **David McNamee**, C Andrew L Bassett Memorial Award for his poster, **Genevieve Albert**, Curtis Carl Johnson Award for best poster and **John Robertson**, third prize for his poster.

Clinical Trials Registration – Why Register?

The International Committee of Medical Journal Editors (ICMJE) announced that for clinical trial results to be considered for publication in journals that adhere to ICMJE standards, all clinical trials that start recruiting patients or volunteers on or after **July 1, 2005** must be registered with a public registry before the enrollment of the first patient. Details of this requirement are described at the ICMJE website (<http://www.icmje.org>). The ICMJE includes the following journals: CMAJ, JAMA, New England Journal of Medicine, The Lancet, Annals of Internal Medicine.



What is the purpose of this requirement? “To promote the public good by ensuring that everyone can find key information about every clinical trial whose principal aim is to shape medical decision-making,” and to foster conditions in which decisions about care “rest on all of the evidence, not just the trials that authors decided to report and that journal editors decided to publish.”

Who is responsible for ensuring that a trial is registered? In general:

- Industry-sponsored trials should be registered by the sponsor. These are trials in which there is a contract between the industry sponsor, the host institution, and the PI.
- Investigator-initiated trials (for which industry has supplied drug or grant funds) should be registered by the lead PI, through the sponsoring organization.
- Investigator-initiated trials funded through grants from CIHR, non-profit sources, or internal sources, or unfunded trials should be registered by the lead PI.
- NIH-sponsored trials are registered by the Institute that is funding the research.

Which organization do I register through?

- If your trial involves patients at LHSC or SJHC, register through Lawson.
- If your trial does not involve hospital patients, you should probably register through Western.

How do I register a trial? If you determine that you need to register your clinical trial at ClinicalTrials.gov or if you have additional questions, send an email message including your name, telephone number, and email address:

- Lawson: Ruth Bullas, x76093 (ruth.bullas@lhsc.on.ca)
- UWO: Mady Hymowitz, x86252 (research@schulich.uwo.ca)

Additional information regarding registering a clinical trial:
http://www.lhrionhealth.ca/clinical_trials/CT_answers.htm



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Change in Process for Ethics Review Fee Invoicing

Currently for industry sponsored clinical trials, Western's Office of Research Ethics (ORE) invoices the sponsor directly for the ethics submission fee.

The ORE has been having increasing difficulty over the past couple of years administering this fee. The problem stems from a number of causes, including the fact that the ORE is not a party to the contract with the sponsor.

At the request of the ORE, and in order to avoid another increase in the ethics submission fees, Lawson will be implementing a new process being phased in as of *September 1, 2007*. The ethics review fee will now become payable to Lawson care of the investigator, and will be included in the start-up costs of the trial. The ethics review fee is not subject to overhead.

If you have any questions or concerns, please contact Ruth Bullas, Lawson Clinical Research Administration, ext. 76093.



Wheels In Motion Raises \$2 million

The 5th annual **Rick Hansen Wheels In Motion** on June 10th, presented by Scotiabank, raised over \$2 million across Canada, and Londoners generously contributed \$30,000. Since its inception, \$7.6 million has been contributed to this annual fundraiser.

Rick Hansen himself thanks everyone who helped celebrate the 20th anniversary of his legendary Man In Motion World Tour. "Twenty years ago, my dream was to make communities more accessible and inclusive," he said. "By raising awareness of the need to make our communities more

welcoming, accepting and supportive of people with spinal cord injury, we are making a real difference in the quality of life for thousands of Canadians."

The funds raised support Quality of Life projects and research to help discover better treatments and interventions from the point of injury onward, leading to a cure. Lawson Health Research Institute's Aging, Rehabilitation and Geriatric Care Research Centre at Parkwood Hospital is a world leader in spinal cord research – research that will continue thanks to the continued support of Londoners.

Pfizer's Investigator Training Program

Once again, Pfizer is presenting the **Investigator Training Program (iTP)**, a structured workshop program that takes participants through all stages of conducting a clinical trial, from planning through to close-out activities. It is based on the principles of the Internal Conference on Harmonisation Guideline for Good Clinical Practice, with reference to local regulations where appropriate. Please note that this program is not connected to a specific clinical trial. iTP training is meant to have stand-alone educational value that should help investigators and their team become even more effective implementers of clinical trials. This program is specifically designed for investigators; however, it would be appropriate for other team members to attend at the same time – these may include: residents, study coordinators, research pharmacists, other support staff.

The workshop will be held on Friday, September 21, 2007

More information regarding this program including registration forms will be available shortly.



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Encryption – Protecting Patient Information

With electronic information so easily transportable on devices such as laptops, flash drives and USB keys, it is more important than ever to protect the security of this data—especially when it contains sensitive health information.

The *Personal Health Information Protection Act, 2004 (PHIPA)* requires that health information custodians, such as St. Joseph's and LHSC, ensure that identifiable personal health information (PHI) is protected against theft, loss and unauthorized use or disclosure and that records containing PHI are protected against unauthorized copying, modification or disposal. To comply, PHI on portable devices **must** either be de-identified or encrypted – password protection does not provide adequate security.



The Office of the Information and Privacy Commissioner (IPC) states that if identifiable patient information stored in electronic format is lost or stolen, it is not regarded as a privacy breach **if** sufficient safeguards (encryption or de-identification) are in place to ensure PHI was not disclosed. De-identifying or properly encrypting data saves time and money because IM can easily validate that the data on the lost or stolen device is safe. Most importantly, it protects our patients and families from the undue stress of knowing their PHI has been lost or stolen.

While PHI stored on the hospitals' network servers is secure, sometimes it's necessary to use PHI outside the hospital. This is when the security of the information becomes vulnerable. For example, staff members who visit patients in their homes must take PHI to the place where the care is being delivered. For those who need to remove confidential information, including identifiable PHI from the hospital, information management (IM) now has encryption software available to ensure the information cannot be read by anyone else if the device is lost or stolen.

Encryption turns ordinary text or data into a stream of random symbols that need a secret key or password to decrypt the data. For example, encryption might change the phrase "plain text" to "~Sš£WÖN3@f". It is essential for staff and affiliates who store PHI on a laptop to either de-identify the PHI or install encryption software because these portable devices are at a high risk for loss or theft. For information about de-identifying information, contact the Privacy Office at 32996 or clinical research administration, Lawson Health Research Institute, at 76093.

Phase 1 – encrypting laptops and hard drives

IM has chosen software which encrypts the entire hard drive. "This encryption technology is at a higher level than online banking," says support analyst Gavin Taylor.

Phase 2 - encrypting other portable devices

IM has not yet identified an encryption solution for portable devices such as memory sticks or PDAs. Until this solution is available, do not store PHI on these devices.

Who should use encryption software?

Anyone who has confidential information, including identifiable PHI on a portable device **must** use encryption software. If you use your computer's hard disk to store your patient information (instead of on the network server) this too must be encrypted. To request encryption software, or if you're in doubt about whether you need the software, contact the helpdesk at 44357.

More questions?

For more information on encryption software please refer to the privacy department on the intranet:

<http://intra.sjhc.london.on.ca/refer/privacy/infosec.htm>