

Name: Marshall Farm Group, LTD. [A225]

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Recd
Code A225

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
LABORATORY ANIMAL WELFARE PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Name: Marshall Farm Group, LTD.	
Address 1: 5800 Lake Bluff Road	
Address 2:	
City, State, Zipcode: North Rose, NY 14516	
County: Wayne	
Telephone Number: 315-587-2295	
Fax Number: 315-587-2109	
E-mail Address: asmith@marshallbio.com	

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SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☒ Corporation ☐ Government ☐ Individual ☐ Not For Profit ☐ Partnership
☐ Other: _____

Facility Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> 2 Year College | <input type="checkbox"/> 4 Year College | <input type="checkbox"/> Clinical or Environmental Lab |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Medical School | <input type="checkbox"/> Product Testing Lab |
| <input type="checkbox"/> Public Health Lab | <input checked="" type="checkbox"/> Research & Development Lab | <input type="checkbox"/> Veterinary School |
| <input type="checkbox"/> Other: _____ | | |

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input checked="" type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits | <input checked="" type="checkbox"/> Dogs | <input checked="" type="checkbox"/> Swine |
| <input type="checkbox"/> Rats (wild or other) | <input type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input checked="" type="checkbox"/> Other: <u>FERRETS</u> | | | |

Are you currently housing live animals at your institution? ☐ Yes ☒ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?* ☒ Yes ☐ No

*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☐ Yes ☒ No
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

Living animals are used for (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Diagnostic Procedures | <input type="checkbox"/> Education/Teaching Demonstrations |
| <input checked="" type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input type="checkbox"/> Public Display | <input type="checkbox"/> Public Health/Disease Surveillance |
| <input type="checkbox"/> Other: _____ | |

Are animals used in studies with human infectious agents? ☐ Yes ☒ No
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

Registration/Accreditation Type:

- | | | |
|---|---|-------------------------------|
| <input checked="" type="checkbox"/> AAALAC Accredited | <input checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Other: <u>ISO 9001:2015</u> | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE	
Laboratory/Institution Person In Charge (Name): Smith, Andrew					
Title: Executive VP/COO					
Telephone Number: 315-587-2295					
Work Hours:				Work Hours:	
MON:	8:00 am	to	5:00 pm	Mon:	to
TUE:	8:00 am	to	5:00 pm	Tue:	to
WED:	8:00 am	to	5:00 pm	Wed:	to
THU:	8:00 am	to	5:00 pm	Thu:	to
FRI:	8:00 am	to	5:00 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

CURRENT DATA				INDICATE CHANGES HERE	
Veterinarian in Charge (Name):					
Jasmin, Bambi					
Title:					
Director of Vet Care & Att'ng Vet					
Telephone Number:					
315-587-2295					
Work Name/Address (if different from laboratory/institution):					
Work Hours:				Work Hours:	
MON:	8:00 am	to	5:00 pm	Mon:	to
TUE:	8:00 am	to	5:00 pm	Tue:	to
WED:	8:00 am	to	5:00 pm	Wed:	to
THU:	8:00 am	to	5:00 pm	Thu:	to
FRI:	8:00 am	to	5:00 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

CURRENT DATA				INDICATE CHANGES HERE			
Contact Person (Name): Smith, Andrew							
Title: Executive VP/COO							
Telephone Number: 315-587-2295							
Work Hours:				Work Hours:			
MON:	8:00 am	to	5:00 pm	Mon:		to	
TUE:	8:00 am	to	5:00 pm	Tue:		to	
WED:	8:00 am	to	5:00 pm	Wed:		to	
THU:	8:00 am	to	5:00 pm	Thu:		to	
FRI:	8:00 am	to	5:00 pm	Fri:		to	
		to		Sat:		to	
		to		Sun:		to	

- ## SECTION IV - ATTESTATION

I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.

Signature, Laboratory/Institutional Officer EXECUTIVE VP+COO. Title 23 AUG 18 Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [004] Name: Marshall Farms-Galen Rd.	
Address 1: 4148 Galen Rd.	
Address 2:	
City, State, Zipcode: Clyde, NY 14433	
Site Telephone Number: 315-587-2295	
Site Fax Number: 315-587-2109	
Site E-mail Address:	
Contact Person (Name): Smith, Andrew	

CURRENT DATA	INDICATE CHANGES HERE
Site [005] Name: Marshall Farms-Butler Farms	
Address 1: 11821 Meehan Rd.	
Address 2:	
City, State, Zipcode: Clyde , NY 14433	
Site Telephone Number: 315-587-2295	
Site Fax Number: 315-587-2109	
Site E-mail Address:	
Contact Person (Name): Smith, Andrew	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [006] Name: Marshall Farms	
Address 1: 5800 Lake Bluff Rd	
Address 2:	
City, State, Zipcode: North Rose, NY 14516	
Site Telephone Number: 513-587-2295	
Site Fax Number: 315-587-2109	
Site E-mail Address:	
Contact Person (Name): Smith, Andrew	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

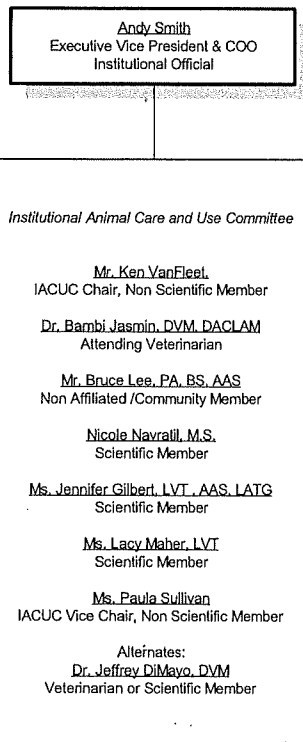
FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

Institutional Animal Care and Use Committee Organizational Chart



Revision Date 16-Mar-2018

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IACUC Roster			
Name of Member/ Code	Degree/ Credentials	Position Title	PHS Policy Membership Requirements
IACUC Members:			
Ken VanFleet		Director of Compliance & Support Services, Corporate Security	IACUC Chair, Nonscientist
Bambi Jasmin	DVM, DACLAM	Director of Veterinary Care; Attending Veterinarian	Veterinarian
Jennifer Gilbert	LVT, AAS, LATG	Veterinary Technician	Scientist
Bruce Lee	PA, BS, AAS	Retired Physician's Assistant	Nonaffiliated
Nicole Navratil	MS	Director of Scientific Communications and Support	Scientist
Paula Sullivan		Quality Manager	IACUC Vice Chair, Nonscientist
Lacy Maher	LVT	Associate Animal Production Manager	Scientist
Alternate:			
Jeff DiMayo	DVM	Clinical Veterinarian	Alternate Veterinarian Or Alternate Scientist

Section III – Personnel Information

Animal Care Staff

Name	Full/Part Time	Title	Education Level (Highest)
Bambi Jasmin	Full-time	Director of Animal Care And Attending Veterinarian	DVM, DACLAM
Jeffrey DiMayo	Full-time	Clinical Veterinarian	DVM
David Porter	Full-time	Veterinary Technician Coordinator	LVT, AAS
Jennifer Gilbert	Full-time	Veterinary Technician	LVT, LATG
Karla VanFleet	Part-time	Laboratory Technician	CLT, MT-ASCP, BS
Anita Dowling	Full-time	Veterinary Technician	LVT
Lacy Maher	Full-time	Associate Production Manager	LVT
Michelle Salerno	Full-time	Support Services and Customer Training Manager	High School w/ College Courses completed
Ben Grambo	Full-time	Coordinator	High School
Courtney Sheldon	Full-time	Husbandry Technician	AAS
Greg Reynolds	Full-time	Husbandry Technician	High School
Pat Ryan	Full-time	Coordinator	High School
Richard Hamm	Full-time	Husbandry Technician	High School
Josh Reynolds	Full-time	Husbandry Technician	AAB



BIORESOURCES

NYS Department of Health
Wadsworth Center
Denise Marriner-Cortese, E335
Laboratory Animal Welfare Program
Empire State Plaza, P-1 South Dock, J3
Albany, NY 12237

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2024-06-08