

Name: MBR Waverly, LLC [A260]

FOR OFFICE USE ONLY

Recd _____
Code A260 _____

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: MBR Waverly, LLC	
Address 1: P.O. Box 106	
Address 2: 170 SR 17C	
City, State, Zipcode: Waverly, NY 14892	
County: Tioga	
Telephone Number: (607) 565-8131	
Fax Number: (607) 565-7420	
E-mail Address: tykirby@libertyresearch.biz	tykirby@marshallbio.com

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FILES MANAGEMENT

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 type="checkbox"/> Research & Development Lab | <input type="checkbox"/> Veterinary School |
| <input checked="" type="checkbox"/> Other: non-clinical laboratory | | |

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 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 type="checkbox"/> Other: _____ | | | |

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) *See attached*

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 checked="" type="checkbox"/> Other: <i>Breeding colony to sell dogs + cats for research</i> | |

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 |
| Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Waring, William	Smith, Andy
Title: Director	Executive VP & COO
Telephone Number: (607) 565-8131	(607) 565-8131
Work Hours: MON: 9:00 am to 5:00 pm TUE: 9:00 am to 5:00 pm WED: 9:00 am to 5:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm	Work Hours: Mon: 8:00 a.m. to 5:00 p.m. Tue: 8:00 a.m. to 5:00 p.m. Wed: 8:00 a.m. to 5:00 p.m. Thu: 8:00 a.m. to 5:00 p.m. Fri: 8:00 a.m. to 5:00 p.m. Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian In Charge (Name): Porterfield, Douglas	Sherman, Laura
Title: Attending Veterinarian	Attending Veterinarian
Telephone Number: (607) 565-8131	(607) 565-8131
Work Name/Address (If different from laboratory/institution):	
Work Hours: MON: 9:30 am to 5:30 pm TUE: 9:30 am to 5:30 pm THU: 9:30 am to 5:30 pm FRI: 9:30 am to 5:30 pm	Work Hours: Mon: 7:00 am to 4:00 pm Tue: 7:00 am to 4:00 pm Wed: 7:00 am to 4:00 pm Thu: 7:00 am to 4:00 pm Fri: 7:00 am to 4:00 pm Sat: on call to Sun: on call to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Waring, William	<i>Faulk, Ashley</i>
Title: Director	<i>Director of Operations & Animal Welfare Compliance</i>
Telephone Number: (607) 565-8131	
Work Hours:	Work Hours:
MON: 9:00 am to 5:00 pm	Mon: 8:00 am to 5:00 pm
TUE: 9:00 am to 5:00 pm	Tue: 8:00 am to 5:00 pm
WED: 9:00 am to 5:00 pm	Wed: 8:00 am to 5:00 pm
THU: 9:00 am to 5:00 pm	Thu: 8:00 am to 5:00 pm
FRI: 9:00 am to 5:00 pm	Fri: 8:00 am to 5:00 pm
	Sat: to
	Sun: to

☒ Attach a list of all full-time and part-time animal care staff which includes the following information: Name, Full-Time or Part-Time, Title and Education Level (Highest).

☐ No additional staff.

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.

Andy Sath
Signature, Laboratory/Institutional Officer

Executive VP & COO
Title

05 Nov 2018
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [001] Name: MBR Waverly, LLC	
Address 1: Talmadge Hill	
Address 2: 1479 Talmadge Hill Rd. Soth	1479 Talmadge Hill Rd, South
City, State, Zipcode: Waverly, NY 14892	
Site Telephone Number: (607) 565-3175 X	(607) 565-3175 x 338
Site Fax Number: (607) 565-3408	
Site E-mail Address: tshaffer@libertyresearch.biz	tshaffer@marshallbio.com
Contact Person (Name): Tayna Shaffer	



BIO RESOURCES

IACUC Members

The following is a list of IACUC members effective **21 Aug 2018**:

IACUC Member	IACUC Alternate Member
Ashley Faulk, LVT, LAT – Director of Operations (Main Site) and Animal Welfare Compliance, IACUC Chairperson	George Rucci, MS – Study Coordinator, Alternate Chairperson
Laura B. Sherman, DVM – Attending Veterinarian	Karen Howland-Smythe, DVM – Staff Veterinarian
Tayna Shaffer, AAS, RN, LAT – Director of Operations (Talmadge Hill Site); Study Coordinator	Elizabeth Reagan, AAS, LATG - Study Coordinator
Brandee Carnrike, AAS, ALAT – Assistant Study Coordinator	Judy Ammerman, BS, LAT – Non-Barrier Supervisor, Colony
Pat Ross - Nonaffiliated IACUC Member	

Maranda Lawton - IACUC Coordinator

21 AUG 18

Andy Smith
IACUC Institutional Official
Executive VP & COO

2018 List of Animal Handling Employees
MARSHALL BIORESOURCES - WAVERLY, NY

NAME	STATUS	JOB TITLE	EDUCATION
MANAGEMENT			
Carnrike, Brandee	FT	Assistant Study Coordinator	AA
Faulk, Ashley	FT	Director of Operations & Animal Welfare Compliance - Colony	HS/LVT/LAT
Grazette, Alyssa	FT	Study Coordinator	BS
Lewis, Julia	FT	Assistant Study Coordinator	BS/LAT
Reagan, Elizabeth	PT	Study Coordinator	AAS/LAT/G
Rucci, George	PT	Study Coordinator	MS
Shaffer, Tayna	FT	Director of Operations - Talmadge Hill & Study Coordinator	AAS/LAT
VETERINARY SERVICES			
Frisbie, Liza	FT	Research LVT	HS/LVT/LAT
Howland-Smyth, Karen	FT	Staff Veterinarian	DVM
Kerrick, Krysten	FT	Veterinary Assistant	HS
Sherman-Hodge, Laura	FT	Senior Staff Veterinarian	DVM
ANIMAL CARE STAFF			
Ammerman, Jessie	FT	Tech II	HS/ALAT
Ammerman, Judy	FT	Tech III	BS/LAT
Baker, Jennifer	FT	Tech I	HS
Beidleman, Brent Jr.	FT	Tech I	HS
Brotzman, Aaron	FT	Tech I	BS
Cahill, Joseph	FT	Tech I	HS
Cole, Beau	FT	Tech II	HS
Coxhead, Fred	FT	Tech III	HS/ALAT
Cron, Tanya L	FT	Tech I	HS
Hadamik, Barbara	FT	Tech II	HS/ALAT
Irons, William	FT	Tech I	HS
Isham, Michelle	FT	Tech II	HS/ALAT
Marbaker, Carol	FT	Tech II	HS/LAT
Marbaker, Kristin	FT	Tech I	HS
Norton, Patricia	FT	Tech III	11TH/ALAT
Norton, Wayne	FT	Tech III	HS/ALAT
Plouse, Michelle	FT	Tech II	HS/ALAT
Ridgway, Janet L.	FT	Tech I	HS+
Sandroni, Brittany	FT	Tech II	HS
Scouten, Ryan F	FT	Tech I	HS
Shaffer, Leslee	PT	Tech I	HS
Shaver, Caleb	FT	Tech I	HS
Sherwood, Joan	FT	Tech II	HS
Stage, Rex	FT	Tech II	HS/ALAT
Teeter, Sue	FT	Tech III	HS/ALAT
Thompson, David	FT	Tech I	HS
Witman, Gary	FT	Tech I	HS
Wright, Jennifer Lynn	FT	Tech I	HS