

Name: Binghamton University LAR [A008]

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Recd
Code A008

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: Binghamton University LAR	
Address 1: PO Box 6000	
Address 2:	
City, State, Zipcode: Binghamton, NY 13902-6000	
County: Broome	
Telephone Number: 607-777-4905	
Fax Number: 607-777-5454	
E-mail Address: rsnyder@binghamton.edu	

RECEIVED

OCT 11 2018

FACILITIES MANAGEMENT

RECEIVED

OCT 03 2018

FACILITIES MANAGEMENT

AW-APP01(10/2007)

Obtained by Rise for Animals.
Uploaded to Animal Research Laboratory Overview (ARLO) on 06/28/2021

15316-9-18

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

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

Facility Type:

- ☐ 2 Year College ☐ 4 Year College ☐ Clinical or Environmental Lab
☐ Hospital ☐ Medical School ☐ Product Testing Lab
☐ Public Health Lab ☐ Research & Development Lab ☐ Veterinary School
☒ Other: University

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|--|--|---|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input checked="" type="checkbox"/> Hamsters | <input type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input checked="" type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input checked="" type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits | <input 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 checked="" type="checkbox"/> Other: <u>Amphibians</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 checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input checked="" type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input type="checkbox"/> Public Display | <input checked="" 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>PHS Assurance</u> | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE			
Laboratory/Institution Person In Charge (Name): Lewis, Nancy							
Title: Assistant VP for Research Compliance							
Telephone Number: 607-777-3532							
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 pm to to				Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to			

CURRENT DATA				INDICATE CHANGES HERE			
Veterinarian in Charge (Name): Kal-Downs, Kimberly							
Title: Attending Vet, Director of Lab Animal Resources							
Telephone Number: 607-777-4170							
Work Name/Address (if different from laboratory/institution): ,							
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 pm to to				Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to			

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Snyder, Robert	
Title: Animal Facility Manager	
Telephone Number: 607-777-4905	
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 pm to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to 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).

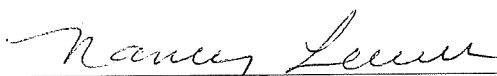
☐ No additional staff.

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.


Signature, Laboratory/Institutional Officer

RESEARCH COMPLIANCE
ASSISTANT VICE PRESIDENT
Title

9/24/18
Date

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):	

**NEW YORK STATE DEPARTMENT OF HEALTH
2019 Renewal Application for Approval for Use of Living Animals**

Section II – Program Information

**Binghamton University
Institutional Animal Care and Use Committee (IACUC) Membership**

Chris Bishop (Chair)
Ph.D., Professor
Psychology Department

Tracy Brooks
Ph.D., Assistant Professor
School of Pharmacy and Pharmaceutical Sciences

Lynette Coleman
B.S., Non-affiliated Member

J. Kelly Donovan
B.S., Safety Manager and Assistant Director
Environmental Health and Safety

Kimberly Kal-Downs
D.V.M., Attending Veterinarian and Director
Laboratory Animal Resources

Gretchen Mahler
Ph.D., Associate Professor
Biomedical Engineering

Bridget McCane-Saunders *
M.S., Occupational Health and Safety Specialist
Environmental Health and Safety

Susan Sullivan
B.A., Non-affiliated Member

Dave Werner
Ph.D., Associate Professor
Psychology Department

* IACUC member effective 10/1/18

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Section III – Personnel Information

**Binghamton University
Laboratory Animal Resources**

Name	Status	Title	Education Level
Kimberly Kal-Downs	Full-time	Attending Veterinarian, Director of Laboratory Animal Resources	DVM
Cyrena Ault	Full-time	Senior Animal Care Technician	HS Diploma
Michelle Deemie	Full-time	Senior Animal Care Technician	HS Diploma
Penny Evans	Full-time	Project Staff Asst., LAR/IACUC Admin.	BS
Deanna Hyde	Full-time	Senior Animal Care Technician	AAS
David Goff	Full-time	Senior Animal Care Technician	BS
Theresa Kolb	Full-time	Veterinary Technician	AAS
Jaclyn Miller	Full-time	Senior Animal Care Technician	HS Diploma
Marsha Owens	Full-time	Senior Animal Care Technician	HS Diploma
Lauren Smith	Full-time	Animal Care Technician	HS Diploma
Robert Snyder	Full-time	Facility Manager	BS
Cathy Wilding	Full-time	Principal Animal Care Technician	HS Diploma