

Name: Brookhaven National Laboratory [A102]

FOR OFFICE USE ONLY

Recd

Code

A102

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: Brookhaven National Laboratory	
Address 1: 30 Bell Ave., Bldg. 490	
Address 2:	
City, State, Zipcode: Upton, NY 11973-5000	
County: Suffolk	RECEIVED
Telephone Number: 631-344-3620	OCT 03 2018
Fax Number: 631-344-2193	FACILITIES MANAGEMENT
E-mail Address: Petry@bnl.gov	

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: _____

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input checked="" type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input 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 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)

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)?
(If Yes, please explain)

☒ Yes ☐ No
see attached

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

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Tribble, Robert	
Title: Deputy Director for Science & Technology	
Telephone Number: 631-344-3177	
Brook Haven National Laboratory Bldg 460 PO Box 5000 Upton, NY 11973-5000	
Work Hours: MON: 8:30 am to 5:00 pm TUE: 8:30 am to 5:00 pm WED: 8:30 am to 5:00 pm THU: 8:30 am to 5:00 pm FRI: 8:30 am to 5:00 pm	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): Zimmerman, Thomas	
Title: Attending Veterinarian	
Telephone Number: 631-444-6978	
Work Name/Address (if different from laboratory/institution): ,	
Work Hours: THU: 8:30 am to 12:30 pm	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):					
Petry, Maryann					
Title:					
Facility Manager					
Telephone Number:					
631-344-3620					
Work Hours:				Work Hours:	
MON:	8:30 am	to	5:00 pm	Mon:	to
TUE:	8:30 am	to	5:00 pm	Tue:	to
WED:	8:30 am	to	5:00 pm	Wed:	to
THU:	8:30 am	to	5:00 pm	Thu:	to
FRI:	8:30 am	to	5:00 pm	Fri:	to
		to		Sat:	to
		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.

Robert E. Zupfle
Signature, Laboratory/Institutional Officer

Deputy Director for Science &
Title -

Technology

9/21/8
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):	

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE Date: August 2018

NAME OF INSTITUTION: Brookhaven Science Assoc., LLC/Brookhaven Nat. Laboratory ASSURANCE NUMBER: A 3106-01

Chairperson Name, Title, and Degree/Credentials		Business Address, Phone, Fax and E-Mail of Chairperson	
Name: Timothy Green		Address: Brookhaven National Laboratory, Building 860	
Title: Scientist		PO Box 5000 Upton, NY 11973-5000	
Degree/Credentials: PhD		Phone: (631) 344-3091 Fax: (631) 344-7334 E-Mail: tgreen@bnl.gov	
Name of Member	Degree/Credentials	Position Title	PHS Policy Membership Requirements**
DB	AS, RRPT	Radiation Control Technician	Non-Scientist
RF	MA	Retired Teacher	Non-Scientist, Non-affiliated
PF	PhD	Scientist	Scientist
JK	AS	Sr. Public Affairs Asst.	Non-Scientist
DP	MS, CPG	ES&H Engineer	Non-Scientist
AS	MS	Retired Teacher	Non-Scientist, Non-affiliated
SS	MS	Project Coordinator	Non-Scientist
TZ	DVM, MPVM, DACLAM	Attending Veterinarian	Veterinarian**
PG	PhD	NASA Liaison	Ex-officio, non-voting
DM	BA	IACUC Administrator	Ex-officio, non-voting
MP	BS, RLATG, CMAR, CPIA	Manager, Animal Facility	Ex-officio, non-voting
CB	BA	Laboratory Specialist	Ex-officio, non-voting

* non voting members must be so identified.

** *Veterinarian*: a veterinarian with direct or delegated program responsibility

Scientist: a practicing scientist experienced in research involving animals

Nonscientist: a member whose primary concerns are in a non-scientific area (e.g., ethicist, lawyer, member of the clergy)

Non-affiliated member: a member who is not affiliated with the institution in any way other than as a member of the IACUC, and who is not a member of the immediate family of a person who is affiliated. This member is expected to represent general community interests in the proper care and use of animals and should not be a laboratory animal user.

A consulting attending veterinarian may not be considered non-affiliated.

BROOKHAVEN NATIONAL LABORATORY ANIMAL CARE STAFF

<u>NAME</u>	<u>TITLE</u>	<u>EDUCATION</u>	<u>JOB HOURS</u>	<u>SHIFT</u>	<u>FULL/PART TIME</u>
MaryAnn Petry	Manager	BS, RLATG, CMAR, CPIA	8:30am-5:00 pm	Monday-Friday	Full time
Kerry Bonti	Laboratory Associate	RLATG	8:30am-5:00 pm	Monday-Friday	Full time
Deborah Snyder	Sr. Veterinary Assistant	High school	8:30am-5:00 pm	Monday-Friday	Full time
Corinne Baran	Sr. Veterinary Assistant	BS	8:30am-12:30 pm	Monday-Friday	Part time
Jodi Hamilton	Sr. Veterinary Assistant	High school	8:30 am-12:30 pm	Monday-Friday	Part time
Linda Morrell	Sr. Veterinary Assistant	RALAT	8:30 am-5:00 pm	Monday-Friday	Full time

The animal health monitoring methods used are known as “sentinel-free” that screens for potential infectious diseases through Exhaust Air Dust (EAD) PCR testing on rack filter and plenum swab samples. Simply, cage dust agitated by animal movement collects in the vertical exhaust plenums of the rodent cage racks. Samples are sent to Charles River Laboratory for analysis of bacterial, viral and parasitic organisms.