

Name: Canisius College [A025]

FOR OFFICE USE ONLY

Recd
Code A025

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: Canisius College	
Address 1: 2001 Main Street	
Address 2:	
City, State, Zipcode: Buffalo, NY 14208	
County: Erie	
Telephone Number: 716-888-2534	
Fax Number: 716-888-3157	
E-mail Address: obrien46@canisius.edu	

RECEIVED

NOV 30 2018

FACILITIES MANAGEMENT

AW-APP01(10/2007)

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

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Hurley, John	
Title: President	
Telephone Number: 716-888-2100	
Work Hours:	Work Hours:
to	Mon: to
to	Tue: to
to	Wed: to
to	Thu: to
to	Fri: to
to	Sat: to
to	Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian In Charge (Name): Dralle-Rickwald, Stacy	
Title: Consulting Veterinarian	
Telephone Number: 716-662-6660	
Work Name/Address (if different from laboratory/institution): Orchard Park Vet Clinic 3930 North Buffalo Rd. Orchard Park, NY 14127	
Work Hours:	Work Hours:
to	Mon: to
to	Tue: to
to	Wed: to
to	Thu: to
to	Fri: to
to	Sat: to
to	Sun: to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Tassini, Larry	
Title: Laboratory Manager	
Telephone Number: 716-888-2560	
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 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.

John A. Thulley
Signature, Laboratory/Institutional Officer

PRESIDENT
Title

11/28/18
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):	

**Appendix to NYS Dept of Health
2019 Renewal Application for use of Laboratory Animals**

Canisius College (A025)

Animal Care Staff

<u>Name</u>	<u>Full/Part Time</u>	<u>Title</u>	<u>Educational Level</u>
Jonathan O'Brien	Full	IACUC Chair & Animal Care Supervisor	PhD
Larry Tassini	Full	Laboratory Manager	MS
Sophia Miracle	Part	Animal Care Technician	college senior
Harley Branning	Part	Animal Care Technician	college freshman

Membership of the Institutional Animal Care and Use Committee

Chairperson: Jonathan O'Brien, PhD
Assistant Professor of Biology
Canisius College
2001 Main Street
Buffalo, New York 14208

Phone: 716-888-2534
FAX: 716-888-3157
Email: obrien46@canisius.edu

<u>Name of Member</u>	<u>Degree</u>	<u>Position</u>	<u>Status</u>
Mary Brummer	DVM	Veterinarian	Community Rep
Stacy Dralle-Rickwald	DVM	Consulting Veterinarian	Veterinarian
Christy Hoffman	PhD	Prof Animal Behavior	Scientist
Elizabeth Hogan	PhD	Prof Biology	Scientist
Kacey Page		Museum Curator	Community Rep
Erin Robinson	PhD	Prof, Sociology	Nonscientist
Larry Tassini	BS	Bio Dept Lab Manager	Nonscientist