

Name: Cardiovascular Research Foundation [A237]

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Recd
Code A237

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: Cardiovascular Research Foundation	
Address 1: 8 Corporate Drive	
Address 2:	
City, State, Zipcode: Orangeburg, NY 10962	
County: Rockland	
Telephone Number: 845-580-3100	
Fax Number: 845-359-5084	
E-mail Address: gkaluza@crf.org ✓ VERIFIED	

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 type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input type="checkbox"/> Fish | <input checked="" type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Cats | <input checked="" type="checkbox"/> Cattle |
| <input type="checkbox"/> Rats (genus rattus) | <input checked="" 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 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)? ☐ 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 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): Kaluza, Greg							
Title: Director of Research							
Telephone Number: 845-580-3082							
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): Meyers, Adrienne D.				Pomusks, Suci			
Title: Attending Veterinarian				Attending Veterinarian			
Telephone Number: 845-580-3119				914-803-2537			
Work Name/Address (if different from laboratory/institution):							
Work Hours:				Work Hours:			
MON:	9:00 am	to	5:00 pm	Mon:		to	
TUE:	9:00 am	to	5:00 pm	Tue:		to	
WED:	9:00 am	to	5:00 pm	Wed:		to	
THU:	9:00 am	to	5:00 pm	Thu:		to	
FRI:	9:00 am	to	5:00 pm	Fri:		to	
		to		Sat:		to	
		to		Sun:		to	

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Meyers, Adrienne Dardenne	Ordanes, Diane
Title: Attending Veterinarian	Veterinarian
Telephone Number: 845-580-3119	845-580-3119
Work Hours: MON: 8:00 am to 5:00 pm TUE: 8:00 am to 5:00 pm WED: 8:00 am to 5:00 pm THU: 8:00 am to 5:00 pm FRI: 8:00 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.


SR. DIRECTOR OF OPERATION
19 NOV 2018
 Signature, Laboratory/Institutional Officer Title Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [017] Name: New York Medical College	
Address 1: 10 Dana Rd	
Address 2:	
City, State, Zipcode: Valhalla, NY 10595	
Site Telephone Number: 914-803-2537	
Site Fax Number:	
Site E-mail Address: Sulli_Popilskis@nymc.edu	
Contact Person (Name): Popilskis, Sulli	

CURRENT DATA	INDICATE CHANGES HERE
Site [019] Name: Skirball Center for Innovation	
Address 1: 8 Corporate Drive	
Address 2:	
City, State, Zipcode: Orangeburg, NY 10962	
Site Telephone Number: 845-580-3100	
Site Fax Number: 845-359-5084	
Site E-mail Address:	
Contact Person (Name): Meyers, Adrienne D.	<i>ORDANES, BLAKE</i>

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):	



**2019 Renewal Application for Approval for Use of Living Animals
Cardiovascular Research Foundation [A237]**

Section II – Program Information: Institutional Animal Care and Use Committee

Greg L. Kaluza, MD, PhD	Chairperson
Sulli Popilskis, DVM, DACLAM	Attending Veterinarian
Genghua Yi, MD	Scientist
Jenn McGregor, BS, LAT	Scientist
Tiffany McCrum, BS	Scientist
Athanasios Peppas, MS	Non-scientist
Alan Rosenblatt, Esq.	Non-affiliated Member Non-scientist

Section III – Personnel Information: Animal Care Staff

Sulli J. Popilskis, DVM, DACLAM	Attending Veterinarian	Part Time
Diane Ordanes, DVM	Veterinarian	Full Time
Patricia Mount, BS, LATG	Manager of Animal Care	Full Time
Amanda Corn, BS, LAT	Veterinary Technician	Full Time
Domenico De Palma, BS	Veterinary Technician	Full Time
Ronald Mertz, LATG	Veterinary Technician	Full Time
Jade Guterl, BS, LVT	Veterinary Technician	Full Time
Timothy Fitzgerald, BS	Veterinary Technician	Full Time
Megan Burke, BS	Veterinary Technician	Full Time
Arika Zook	Animal Care Technician	Full Time
Diana Yu, BS	Animal Care Technician	Full Time