

Name: Cold Spring Harbor Lab - Laboratory Animal Resource [A054]

FOR OFFICE USE ONLY

Recd
Code A054

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: Cold Spring Harbor Lab - Laboratory Animal	
Address 1: 1 Bungtown Rd., P.O. Box 100	
Address 2:	
City, State, Zipcode: Cold Spring Harbor, NY 11724	
County: Nassau	
Telephone Number: 518-422-4064	
Fax Number: 516-422-4080	
E-mail Address: bianco@cshl.edu	

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: Private Research

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|--|--------------------------------------|---|--------------------------------------|
| <input checked="" 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 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>Frogs, Voles</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 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):					
Bianco, Lisa					
Title:					
Director of Husbandry & Operations					
Telephone Number:					
516-422-4064					
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

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Strittmater, Rachel	Rachel Rubino
Title: Attending Veterinarian, Director	
Telephone Number: 516-422-4144	
Work Name/Address (if different from laboratory/institution): Cold Spring Harbor Laboratory 1 Bungtown Road Cold Spring Harbor, NY 11724	
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

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE			
Contact Person (Name): Bianco, Lisa							
Title: Director							
Telephone Number: 516-422-4064							
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	

- ☒ 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

Director, Husbandry & Operations
Title

11/5/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [002] Name: Harris Facility	
Address 1: 1 Bungtown Rd.	
Address 2:	
City, State, Zipcode: Cold Spring Harbor, NY 11724	
Site Telephone Number: 516-422-4064	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Lisa Bianco	

CURRENT DATA	INDICATE CHANGES HERE
Site [004] Name: Marks Facility	
Address 1: 1 Bungtown Rd.	
Address 2:	
City, State, Zipcode: Cold Spring Harbor, NY 11724	
Site Telephone Number: 516-422-4064	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Lisa Bianco	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [006] Name: Genome Center Animal Facility	
Address 1: 500 Sunnyside Blvd.	
Address 2:	
City, State, Zipcode: Woodbury, NY 11797	
Site Telephone Number: 516-422-4064	
Site Fax Number: 516-422-4080	
Site E-mail Address: bianco@cschl.edu	
Contact Person (Name): Lisa Bianco	

CURRENT DATA	INDICATE CHANGES HERE
Site [008] Name: Hillside Campus	
Address 1: 1 Bungtown Road	
Address 2:	
City, State, Zipcode: Cold Spring Harbor, NY 11724	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address: bianco@cschl.edu	
Contact Person (Name): Bianco, Lisa	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [009] Name: Beckman	
Address 1: 1 Bungtown Road	
Address 2:	
City, State, Zipcode: Cold Spring Harbor, NY 11724	
Site Telephone Number: 516-422-4064	
Site Fax Number:	
Site E-mail Address: bianco@csih.edu	
Contact Person (Name): Bianco, Lisa	

CURRENT DATA	INDICATE CHANGES HERE
Site [010] Name: Hillside Annex	
Address 1: 3rd Floor	
Address 2: 1 Bungtown Road	
City, State, Zipcode: Cold Spring Harbor, NY 11724	
Site Telephone Number: 516-422-4064	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Bianco, Lisa	

**Cold Spring Harbor Laboratory
Institutional Animal Care and Use Committee
IACUC Membership List 2018
11/1/18**

Name of Member	Education	Title	Position on IACUC
Arthur F. Brings	BA, CSP	VP, Chief Facilities Officer	Non-voting member
Lisa Bianco	BS, MS, LATG, CMAR	Director of Husbandry and Operations	
Anne Churchland	Ph.D	Associate Professor	Scientist
Jodi Coblentz	BS, MA	Manager, LAR	
Fr. Stephen Donnelly	MA, Divinity	Associate Pastor	Nonaffiliated member, Nonscientist
Diane Esposito	Ph.D.	Director of Research Compliance/Research Investigator	Scientist
Sydney Gary	Ph.D.	Director of Research Operations	Scientist
Elisabeth Gibson	B.S	Research Technician II	
Chris Hubert	BS, CSP	Director of EH&S	
Scott Lyons	Ph.D.	Research Assistant Professor	Scientist
Alea Mills	Ph.D.	Professor	Scientist-voting member
Rachel Rubino	DVM	Attending Veterinarian, Director	Attending Veterinarian
Raffaella Sordella	Ph.D	Associate Professor	Chairperson, Scientist
Thomas Zimmerman	DVM	Consulting Veterinarian	Veterinarian

Section III – PERSONNEL INFORMATION
Cold Spring Harbor Laboratory
Animal Care Staff 2018
11/1/18

First	Last	Education Level	Status Full/Part time	Title
Alex	Aguilera	Some High School	full time	LAT II
Damir	Begonja	BA Psychology	full time	LAT III
Lisa	Bianco	BS, MS	full time	Director of Husbandry and Operations
Oral	Bryan	some High School	full time	LAT II
Amy	Burrows	AAS Vet Sci	full time	LAT II
Manuel	Canas	some High School	full time	Cage Washer
Jodi	Coblentz	BS, MA Immunology	full time	Manager
Steve	Collins	High School	full time	Cage Washer
Kristin	Cox	BS Biology	full time	LAT II
Maria	Demott	High School	full time	LAT II
Charlene	dePoto	AAS Vet Sci	full time	LAT II
Jared	Downing	Some College	full time	Assistant Supervisor
Eileen	Earl	some college	full time	Supervisor
Wilson	Garciaguirre	some college	full time	Cage Washer
Jill	Habel	AAS Liberal Art, Vet Sci	full time	Veterinary Technician
Thomas	Hicks	AS Biology	full time	Cage Washer
Tristen	Jarrett	High School	full time	Cage Washer
Andrew	Labriola	Some College	full time	Cage Washer
Alyssa	Molloy	BS Anthropology & Psychology	full time	LAT I
Maria	Mosquera	High School	full time	LAT I
Gustavo	Munoz	AAS Vet Sci	full time	Supervisor
Jason	Pellegrini	AAS, BA English	full time	LAT I
Ann	Smith	BA Comm Design	full time	Admin Assistant
Laura	Stonebridger	some college	full time	Cage Washer
Rachel	Rubino	DVM	full time	Attending Veterinarian, Director
Walter	Vigil	high school	full time	Cage Washer
Peter	Wimett	High school and Boces	full time	Cage Washer