

Name: CUNY Advanced Science Research Center (ASRC) [A253]

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Recd
Code A253

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: CUNY Advanced Science Research Center (ASRC)	
Address 1: 85 St. Nicholas Terrace	
Address 2:	
City, State, Zipcode: New York, NY 10031	
County: Undefined	
Telephone Number: 212-413-3320	
Fax Number:	
E-mail Address: moshe.shalev@asrc.cuny.edu	Isela.Lopez@asrc.cuny.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: _____

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 checked="" 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)? ☐ 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 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 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): Shipp, Eric L	Brumberg, Joshua C.
Title: Deputy Executive Director	Dean of the Sciences The Graduate Center, CUNY
Telephone Number: 212-413-3302	212-817-7215
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

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Shalev, Moshe	Popilskis, Sulli
Title: Veterinarian	Attending Veterinarian
Telephone Number: 212-413-3320	
Work Name/Address (if different from laboratory/institution):	
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): Lopez, Isela					
Title: Operations Manager					
Telephone Number: 212-413-3321					
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

Deen for the Sciences
Title

8/21/18
Date

CUNY Advanced Science Research Center

Animal Facility Staff

Sulli Popilskis, D.V.M.
Attending Veterinarian, Director
Part-time
Doctorate of Veterinary Medicine

Isela Lopez
Operations Manager
Full-time
Masters of Jurisprudence

Lesley Piccoli
Compliance Specialist
Full-time
Masters of Business Administration

Rayale Faison
Animal Care Technician
Full-time
Bachelors of Science

Chriselle Rivas
Senior Veterinary Technician
Full-time
High School Diploma

Maurico Aguilera
Animal Care Technician
Full-time
High School Diploma

Jason Brown
Animal Care Technician
Full-time
High School Diploma

CUNY Advanced Science Research Center

IACUC Committee Members

Steven Nicoll, PhD – ASRC IACUC Chair
Sulli Popilskis, DVM- Attending Veterinarian
Jia Liu, PhD
John Martin, PhD
Aldo Orlando
Andrew Walker, Ed.D <i>* non-affiliated member</i>
Stanley Sagner <i>* non-affiliated member</i>