

Name: The City College of CUNY [A185]

FOR OFFICE USE ONLY

Recd
Code A185

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: The City College of CUNY	
Address 1: Convent Avenue @ 138th Street	
Address 2: Marshak Annex	
City, State, Zipcode: New York, NY 10031	
County: New York	
Telephone Number: 212-650-8515	
Fax Number: 212-650-7545	
E-mail Address: hacosta007@ccny.cuny.edu	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☐ Government ☐ Individual ☐ Not For Profit ☐ Partnership
☒ Other: university - Public

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 checked="" 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 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): Ashiwei, Undieh	Dr. Tony Liss
Title: Institutional Officer	Institutional officer
Telephone Number: 212-650-8234	212-650-8261
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	Work Hours: Mon: 9:00 am to 5 pm Tue: 9:00 am to 5 pm Wed: 9:00 am to 5 pm Thu: 9:00 am to 5 pm Fri: 9:00 am to 5 pm Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Popilskis, Sulli	
Title: Consulting Veterinarian	
Telephone Number: 917-502-0824	
Work Name/Address (if different from laboratory/institution):	
Work Hours: to to to to to 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):							
Acosta, Harry							
Title:							
Manager, Animal Care Facility							
Telephone Number:							
212-650-8515							
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

Provost

Title

9/7/18
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):	

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

NAME OF INSTITUTION: The City College of The City University of New York

Chairperson Name, Title, and Degree/Credentials		Business Address, Phone, Fax, and Email of Chairperson		
Name: Dr. Steve B. Nicoll		Address: Department of Biomedical Engineering The City College of CUNY Convent avenue and 160 th street New York, New York, 10031		
Title: Professor				
Degree/credentials: Ph.D		Phone: 212-650-6237	Fax: : 212-650-7583	Email: snicoll@ccny.cuny.edu

Name of Member/Code*	Degree/Credentials	Position Title	PHS Policy Membership Requirements**
Dr. Steve Nicoll	Ph.D.	Chairperson	Scientist
Dr. Kaliris Salas-Ramirez	Ph.D.	Member	Scientist
Mrs. Gloria Callender	R.N.	Community Member	Non-affiliated Member
Dr. Mark Pezzano	Ph.D.	Member	Scientist
Dr. Sulli Popilskis	D.V.M., Dip.ACLAM	Veterinarian	Veterinarian
Mr. Harry Acosta	AAS., LVT. LATG, ILAM	member	Scientist
Mrs. Tricia Mayhew-Noel	MS, CIP	Member	Non-Scientist
Dr. Andreas Kottmann	Ph.D	Member	Scientist
Mr. Richard Belgrave	MS	Non-Voting Member	EHS

THE ANIMAL CARE FACILITY

SECTION III - Personnel Information

1. Mr. Harry Acosta
Director
Full Time
AAS, LVT, LATg, ILAM
2. Mr. Alfredo Diaz
Caretaker
Full Time
High School Graduate
ALAT
3. Miss Iris Falquez
Caretaker
Full Time
High School Graduate
4. Mr. Anthony Pacheco
Caretaker
Full Time
High School Graduate
ALAT

Harry Acosta, LVT, LTA, ILAM

Director of the Animal Care Facility
Marshak Vivarium
The City College of New York, City University of New York
138 street and Convent Avenue, New York, NY 10031

THE ANIMAL CARE FACILITY

October 24, 2018

New York State Department of Health
Wadsworth Center
Laboratory Animal Welfare Program
Empire State Plaza, P.O. Box 509
Albany, New York 12201-0509

RE: Renewal Application for approval for the Use of Living Animals
Code A185

Dear Dr. Sir or Madam

Please find our 2019 renewal application. We trust it is satisfactory.

Please note that we have had a change in our Institutional official. Our new IO is

*Tony M. Liss, PhD
Provost and Senior Vice President for Academic Affairs
The City College of New York
160 Convent Avenue, A305
New York, NY 10031
212-650-8261*

Please feel free to contact us if you require further information

Thank You


Dr. Steve Nicoll

IACUC Chairperson

Cc: Dr. Tony Liss Phd, IO