

Name: Queens College of CUNY - Div. Animal Facilities [A165]

FOR OFFICE USE ONLY

Recd _____
Code A165

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: Queens College of CUNY - Div. Animal Facilities	
Address 1: 65-30 Kissena Blvd. - Razran Hall	
Address 2:	
City, State, Zipcode: Flushing, NY 11367-1575	
County: Queens	
Telephone Number: 718-997-3548	
Fax Number: 718-997-3549	
E-mail Address: philip.vollono@qc.cuny.edu	

RECEIVED

SEP 24 2018

FACILITIES MANAGEMENT

AW-APP01(10/2007)

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SEP 17 2018
FACILITIES MANAGEMENT
BDB

Obtained by Rise for Animals.
Uploaded to Animal Research Laboratory Overview (ARLO) on 09/29/2021
95 9-21-18

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 checked="" 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 checked="" type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input checked="" type="checkbox"/> Poultry |
| <input checked="" type="checkbox"/> Other: <u>Frogs</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 type="checkbox"/> AAALAC Accredited | <input type="checkbox"/> USDA Registered | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE			
Laboratory/Institution Person In Charge (Name): Vollono, Phillip J.							
Title: Mgr of Div Lab Animal Facilities (HEO)							
Telephone Number: 718-997-3548							
Work Hours:				Work Hours:			
MON:	8:00 am	to	4:00 pm	Mon:		to	
TUE:	8:00 am	to	4:00 pm	Tue:		to	
WED:	8:00 am	to	4:00 pm	Wed:		to	
THU:	8:00 am	to	4:00 pm	Thu:		to	
FRI:	8:00 am	to	4:00 pm	Fri:		to	
		to		Sat:		to	
		to		Sun:		to	

CURRENT DATA		INDICATE CHANGES HERE	
Veterinarian in Charge (Name): Herbst, Lawrence			
Title: Clinical Veterinarian			
Telephone Number: 718-430-8553			
Work Name/Address (if different from laboratory/institution): Albert Einstein College of Medicine 1300 Morris Park Avenue Bronx, NY 10461			
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): Vollono, Philip J.	
Title: Facility Manager	
Telephone Number: 718-997-3548	
Work Hours: MON: 8:00 am to 4:00 pm TUE: 8:00 am to 4:00 pm WED: 8:00 am to 4:00 pm THU: 8:00 am to 4:00 pm FRI: 8:00 am to 4:00 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.


Signature, Laboratory/Institutional Officer


Facility Director
Title


Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [001] Name: Division Lab Animal Facilities	
Address 1: 65-30 Kissena Blvd. (NSB), Rm. E-339	
Address 2:	
City, State, Zipcode: Flushing, NY 11367-1575	
Site Telephone Number: 718-997-3261	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Vollono, Philip J (M.A.)	

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):	



Office of Regulatory Compliance
IACUC (Animal Use), IBC (Biohazards/Recombinant DNA)

CURRENT ROSTER – as of 9.6.18

Robert Ranaldi, PhD Chairperson, Psychology Razran 200 Tel: (718) 997-3553 Tel: (914) 621-7095 Robert.Ranaldi@qc.cuny.edu Code: Chairperson/Sci	David Lahti, PhD Scientific Member, Biology Sci Bldg. E124 Tel: (718) 997-4552, 4258 David.Lahti@qc.cuny.edu Code: Sci A
Larissa Swedell, PhD Scientific Member, Anthropology Powdermaker Hall 315E Tel: (718) 997-2897 Larissa.Swedell@qc.cuny.edu Code Sci B	Jeff Beeler, PhD Scientific Member, Psychology Razran 364 Tel: (718) 570-0517 Tel: (773) 793-2588 jbeeler@qc.cuny.edu Code: Sci C
Antonio Donato, PhD Non-Scientific Member, Ethicist Philosophy, Powdermaker 350 Tel: [REDACTED] H) Antonio.Donato@qc.cuny.edu Code: Non-Sci A	Lawrence Henry Herbst, DVM, PhD Clinical Veterinarian -Inst for Animal Studies – Vanetten Bldg/Room 460 Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461 Tel: [REDACTED] H) Cell: [REDACTED] Lawrence.herbst@einstein.yu.edu Code: ConVet
Janet Schoor Non-affiliated Community Member [REDACTED] Tel: [REDACTED] (H) Cell: [REDACTED] Code: Non-Aff/Non-Sci	Phillip J. Vollono, Psychology Non-Voting Member, Vivarium Manager Razran 276, NSB 278 Tel: (718) 997-3548, 3549 Phillip.Vollono@qc.cuny.edu Code: VivMgr
Stephen Grover, PhD Non-Scientific Alternate Member, Ethicist Philosophy, Powdermaker 350 Tel: (718) 997-5271, 5270 Stephen.Grover@qc.cuny.edu Code: Alt Non-Sci A	Jose Anadon, Ph.D. Alternate Scientific Member, Biology Science Building D334 Tel: (718) 997-3406 jose.anadon@qc.cuny.edu Code: Alt Sci B
Karl Fath, PhD Alternate Scientific Member, Biology Sci Bldg E122 Tel: (718) 997-3424 Karl.Fath@qc.cuny.edu Code: Alt Sci C	Helene Hoxie Alternate Non-affiliated Community Member 430 East 29 th Street, Suite 900 New York, N.Y. USA 10016 Tel: 646-440-9375 (W) Cell: [REDACTED] hboxie@intracellulartherapies.com Code: Alt Non-Aff/Non-Sci

Estelle H. Geller, DVM
Alternate Clinical Veterinarian

[REDACTED] Tel: [REDACTED] (H)

Code: Alt ConVet



QUEENS COLLEGE DIVISIONAL

LABORATORY ANIMAL FACILITIES

*Gregory Razran Hall-Room 276
65-30 Kissena Blvd.
Flushing, New York 11367-1575
MAIN OFFICE TELEPHONE: (718)-997-3548
FAX: (718) 997-3549*

RESPONSE TO SECTION III, PERSONNEL INFORMATION

NAME	FULL or P/T	TITLE	EDUCATION LEVEL
Philip J. Vollono	Full	Facility Manager	M.A., R.L.A.T.G.
Marie P. Birne	Full	Senior College Lab Technician	M.S., L.V.T.
Leonard R. Ramroop	Full	Senior College Lab Technician	B.A., L.A.T.
Robin Apel Pirc	P/T	College Assistant	M.S.
Gisele Doucet	P/T	College Assistant	B.A.
Stephen DeOrio	P/T	College Assistant	Ph.D.
Arelys Uribe	P/T	College Assistant	AS.
Robert Sein	P/T	College Assistant	AS.