

Name: The College of Staten Island/CUNY [A169]

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Code A169

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
<b>Laboratory/Institution Name:</b> The College of Staten Island/CUNY	
<b>Address 1:</b> 2800 Victory Blvd. 6S-003	
<b>Address 2:</b>	
<b>City, State, Zipcode:</b> Staten Island, NY 10314	
<b>County:</b> Richmond	
<b>Telephone Number:</b> 718-982-3907	
<b>Fax Number:</b> 718-982-2277	
<b>E-mail Address:</b> joanne.niekrash@mail.csi.cuny.edu	

RECEIVED  
NOV 13 2018  
FACILITIES MANAGEMENT  
LGM

## 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 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, Pigeons</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 checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____      |   |                               |

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Laboratory/Institution Person In Charge (Name):</b> Reichard, Gary	
<b>Title:</b> Sr. VP for Academic Affairs/Provost	
<b>Telephone Number:</b> 718-982-2440	
<b>Work Hours:</b>  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	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
<b>Veterinarian in Charge (Name):</b> Lukas, Lisa	
<b>Title:</b> Attending Veterinarian	
<b>Telephone Number:</b> 718-720-4211	
<b>Work Name/Address (if different from laboratory/institution):</b> Completecare VeterinaryCenter 1293 Clove Road Staten Island, NY 10301	
<b>Work Hours:</b>  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	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE	
<b>Contact Person (Name):</b> Niekrash-Camhi, Joanne					
<b>Title:</b> Director, Animal Facilities					
<b>Telephone Number:</b> 718-982-3907					
<b>Work Hours:</b>				<b>Work Hours:</b>	
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.

Mary W. Reichart  
Signature, Laboratory/Institutional Officer

PROVOST AND SR.  
VICE PRESIDENT FOR ACADEMIC  
Title Affairs Date 11-8-10

## SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [009] Name: <b>The College of Staten Island - CUNY (Psychology Vivarium)</b>	
Address 1: <b>2800 Victory Blvd., Bldg. 4S, Rm. 115</b>	
Address 2:	
City, State, Zipcode: <b>Staten Island, NY 10314</b>	
Site Telephone Number: <b>718-982-3907</b>	
Site Fax Number:	
Site E-mail Address: <b>joanne.niekrash@csi.cuny.edu</b>	
Contact Person (Name): <b>Niekrash-Camhi, Joanne</b>	

CURRENT DATA	INDICATE CHANGES HERE
Site [010] Name: <b>The College of Staten Island - CUNY (Neuroscience Animal</b>	
Address 1: <b>2800 Victory Blvd., 6S-003</b>	
Address 2:	
City, State, Zipcode: <b>Staten Island, NY 10314</b>	
Site Telephone Number: <b>718-982-3907</b>	
Site Fax Number:	
Site E-mail Address: <b>joanne.niekrash@csi.cuny.edu</b>	
Contact Person (Name): <b>Niekrash-Camhi, Joanne</b>	

## SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [013] Name: <b>College of Staten Island-CUNY (Recovery)</b>	
Address 1: <b>2800 Victory Blvd.</b>	
Address 2: <b>Bldg. 6S, Room 335</b>	
City, State, Zipcode: <b>Staten Island, NY 10314</b>	
Site Telephone Number: <b>718-982-3907</b>	
Site Fax Number:	
Site E-mail Address: <b>joanne.niekrash@CSI.CUNY.EDU</b>	
Contact Person (Name): <b>Niekrash-Camhi, Joanne</b>	

## 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):	



**Institutional Animal Care & Use Committee (IACUC)**  
**PHS Animal Welfare Assurance # A3718-01**

Name	Role	Contact Information	Appointment Expiration
Zaghloul Ahmed, PhD	Professor, Physical Therapy Center for Developmental Neuroscience <i>Scientific, Voting Member</i>	718.982.4108 6S-317 <a href="mailto:zaghloul.ahmed@csi.cuny.edu">zaghloul.ahmed@csi.cuny.edu</a>	02/2020
Alejandra Alonso, PhD	Professor, Biology Center for Developmental Neuroscience <i>Scientific, Voting Member</i>	718.982.4153 6S-229 <a href="mailto:Alejandra.Alonso@csi.cuny.edu">Alejandra.Alonso@csi.cuny.edu</a>	06/2019
Richard I. Carp, DVM, PhD	Consulting Veterinarian, <i>Voting Member</i>	(718) 448-7547 [REDACTED]	N/A
Patricia Gunther, BA	<i>Nonaffiliated, Nonscientific Voting Member</i>	718-815-0868 917-502-3993 [REDACTED]	06/2019
Lisa Lukas, DVM	Attending Veterinarian <i>Voting Member</i>	718 720 4211-work [REDACTED] cell [REDACTED]	N/A
James Saccardo, MS	Environmental Health & Safety <i>Nonscientific, Voting Member</i>	718-982-3906 6S-001 <a href="mailto:james.saccardo@csi.cuny.edu">james.saccardo@csi.cuny.edu</a>	09/2020
Andrzej Wieraszko, PhD	Professor, Biology <i>Chairperson Scientific, Voting Member</i>	718-982-3941 6S-324A <a href="mailto:andrzej.wieraszko@csi.cuny.edu">andrzej.wieraszko@csi.cuny.edu</a>	06/2019

**IACUC & Vivarium Administration**

Name	Title	Contact Information
Susan C Brown, BA, CIP	Human & Animal Research Protection Program Manager	718-982-3867 6S-134 <a href="mailto:susan.brown@csi.cuny.edu">susan.brown@csi.cuny.edu</a>
Gary Reichard, PhD	Senior Vice President for Academic Affairs/Provost & Institutional Official	718-982-2440 1A-305 <a href="mailto:gary.reichard@csi.cuny.edu">gary.reichard@csi.cuny.edu</a>
Joanne Niekrash-Camhi	Animal Facility Manager	718-982-3907 6S-003 <a href="mailto:joanne.niekrash@csi.cuny.edu">joanne.niekrash@csi.cuny.edu</a>

**Nonscientific member:** an IACUC member who is not a practicing scientist experienced in research involving animals.

**Nonaffiliated member:** an IACUC member who represents the general community interests in the proper care and use of animals. The nonaffiliated member is (1) not a laboratory animal user, (2) not affiliated with the institution, or (3) not an immediate family member of an individual affiliated with the institution. **Public member** is another term for nonaffiliated member.



2800 Victory Boulevard  
Staten Island, NY 10314  
T 718 992 5000



www.csi.cuny.edu

### Current Animal Facility Staff – October 2018

Name	Status	Title	Degree(s)
Joanne Niekrash-Camhi	Full time	Director, Animal Facilities/ College Laboratory Technician	BA ALAT LAT
Anamaria Rodriguez	Full time	Assistant Director, Animal Facilities/ College Laboratory Technician	H.S. Diploma
Sultana Begum	Part time	College Assistant	MS
Kelly O'Callaghan	Part time	College Assistant	BA
Jenna Pantophlet	Part time	College Assistant	BA, MA in progress
Pia Simone	Part time	College Assistant	BA, MA
Sara Sparacio	Part time	College Assistant	BA
Matthew West	Full time	College Assistant	H.S. Diploma



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Margaret-Ellen (Mel) Pipe, PhD  
Associate Provost for Graduate Studies,  
Research, and Institutional Effectiveness

November 8, 2018

Dear Ms. Marriner-Cortese,

Please find enclosed the renewal application for the 2019 New York State Department of Health Approval for the Use of Living Animals from the College of Staten Island – City University of New York.

Please let me know if there are any questions.

Thank you,

A handwritten signature in black ink, appearing to read 'Margaret-Ellen Pipe', written over a horizontal line.

Dr. Margaret-Ellen Pipe  
Associate Provost for Graduate Studies, Research and Institutional Effectiveness