

Name: York College of CUNY [A167]

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Recd
Code A167

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: York College of CUNY	
Address 1: 94-20 Guy R. Brewer Blvd.	
Address 2:	
City, State, Zipcode: Jamaica, NY 11451	
County: Queens	
Telephone Number: 718-262-2713	
Fax Number: 718-262-2369	
E-mail Address: iarsov@york.cuny.edu	

AW-APP01(10/2007)

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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 checked="" 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 type="checkbox"/> Poultry |
| 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 |
| 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 |
| Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Meleties, Panayiotis	
Title: Provost , Sr. V.P. , Academic Affairs	
Telephone Number: 718-262-2780	
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: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian In Charge (Name): Donnelly, Thomas M.	
Title:	
Telephone Number: 1-914-304-9662	
Work Name/Address (if different from laboratory/institution): Kenneth S. Warren Lab 765 Old Saw Mill River Rd. Tarrytown, NY 10591	
Work Hours: to to to to to to to	Work Hours: "on call 7 days/week" 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): Arsov, Ivica	
Title: Associate Professor of Biology	
Telephone Number: 718-262-2713	
Work Hours: MON: 11:00 am to 6:00 pm TUE: 11:00 am to 7:00 pm WED: 11:00 am to 7:00 pm THU: 11:00 am to 7:00 pm FRI: 10:00 am to 5:00 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

Title

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):	

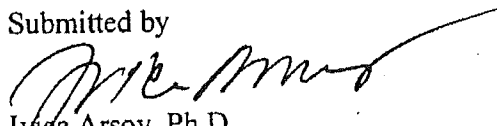
FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

December 5, 2018

York College IACUC Members

Dr. Ivica Arsov	Ph.D.	Associate Professor of Biology	Scientist/IACUC Chair
Dr. Thomas Donnelly	D.V.M.	Attending Veterinarian	Veterinarian
Dr. Margaret McNeil	Ph.D.	Professor of Biology	Scientist
Dr. Francisco Villegas	Ph.D.	Associate Professor of Psychology	Scientist
Ms. Dawn Hewitt	MPH	York College-Grants Officer	Nonscientist
Ms. Karen Manifold	BS	Laboratory Technician	Nonscientist/Alternate
Ms. Denise V Leid	BS	Account Resolution Specialist	Nonaffiliated Member
Ms. Justina Chinwong	BS	York College Environmental Health and Safety Coordinator	Nonscientist
Dr. Lotus Altholtz	D.V.M.	Veterinarian	Veterinarian, Alternate

Submitted by



Ivica Arsov, Ph.D.

Chair IACUC

Department of Biology

York College/CUNY

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Jamaica, NY 11451

Office: (718) 262-2713

Email: iarsov@york.cuny.edu