

Name: Fordham University - Biological Sciences [A129]

FOR OFFICE USE ONLY

Recd _____
Code A129

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: Fordham University - Biological Sciences	
Address 1: Larkin Hall - Rm. 160	
Address 2: 441 E. Fordham Road	
City, State, Zipcode: Bronx, NY 10458	
County: Bronx	
Telephone Number: 718-817-3642	
Fax Number: 718-817-3645	
E-mail Address: zhong4@fordham.edu	

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FACILITIES MANAGEMENT

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OCT 02 2018

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AW-APP01(10/2007)

Obtained by Rise for Animals
Uploaded to Animal Research Laboratory Overview (ARLO) on 06/19/2024

LSB 10-9-18

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 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 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): Hong, George	
Title: Chief Research Officer	
Telephone Number: 718-817-0029	
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): Miller, Reginald W.	
Title:	
Telephone Number: 212-241-3008	
Work Name/Address (if different from laboratory/institution): Mt. Sinai School of Medicine P.O. Box 1031 New York, NY 10029	
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

CURRENT DATA				INDICATE CHANGES HERE			
Contact Person (Name): Lewis, James D.				Meneses, Patricio I.			
Title: Chairman							
Telephone Number: 718-817-3642							
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	

- ## 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

Chief Research officer
Title

9/21/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [006] Name: Calder Center	
Address 1: 53 Whippoorwill Road, Box 887	
Address 2:	
City, State, Zipcode: Armonk, NY 10504	
Site Telephone Number: 914-273-3078	
Site Fax Number: 914-273-2167	
Site E-mail Address: thdaniels@fordham.edu	
Contact Person (Name): Daniels, Thomas	

List of full-time and part-time animal care staff – Larkin Hall

Jonathan Manon	Full-time Animal caretaker	Larkin Hall	High School diploma
Raphael Gonzalez	Part-time Animal caretaker	Larkin Hall	High School diploma

List of full-time and part-time animal care staff – Calder Center

Dr. Thomas Daniels	Res. Assoc. Lecturer	Calder Center	PhD
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Institution Name: Fordham University
Fall 2018/Spring 2019

PHS/OPRR Assurance Number A-3819-01

Membership of Institutional Animal Care and Use Committee (IACUC)

Member Name/Degree First MI Last	Position Title (if any)	Affiliation Address & Phone Number
Berish Y. Rubin, PhD*	Professor Biological Sciences	Larkin Hall, Rm. 100C (718) 817-3637
Frances Tiburcio^	Committee Administrator Biological Sciences	Larkin Hall, Rm. 160 (718) 817-3641
Jonathan Manon^	Laboratory Manager Biological Sciences	Larkin Hall, Rm. B10 (718) 817-3634
Donald M. Boyer**	Curator of Herpetology The Wildlife Conservations Society	Bronx Zoo Bronx, NY 10460 (718) 220-5157
J. Alan Clark, PhD	Associate Professor Biological Sciences	Larkin Hall, Rm. 370 (718) 817-3678
Reginald Miller, DVM	Consultant Veterinarian	Mt. Sinai School of Medicine, Dept. of Comparative Medicine 1 Gustave L. Levy Pl. PO Box 1031 NY, NY 10029 (212) 241-3008
Francesca Parmegiani^	Associate Professor Italian & Comparative Literature	Faber Hall, 5 th Floor (718) 817-2672
Alma Rodenas-Ruano	Assistant Professor Natural Sciences	Lowenstein 813 (212) 636-6310

- * Indicates Chairman
- ** Indicates Non-affiliated member
- ^ Indicated Non-scientific member



FORDHAM UNIVERSITY

THE JESUIT UNIVERSITY OF NEW YORK

OFFICE OF RESEARCH

Z. GEORGE HONG, PH.D.
CHIEF RESEARCH OFFICER
ASSOCIATE VICE PRESIDENT FOR ACADEMIC AFFAIRS

September 20th, 2018

NYS Dept. of Health
Wadsworth Center – D. Marriner-Cortese, Rm E335
Laboratory Animal Welfare Program
Empire State Plaza, P.O. Box 509
Albany, NY 12201-0509

Dear Ms. Marriner-Cortese,

Enclosed, please find the renewal application for our facility's 2019 New York State Department of Health Approval for the Use of Living Animals. Enclosed is the completed form as requested with 1) a list of the members of the Institutional Animal Care and Use Committee (section II) and 2) the signature of the institutional official in charge of the program.

If you have any questions, kindly direct any inquiries to me at (718) 817-0029 or email me at zhong4@fordham.edu.

Sincerely,

George Hong, PhD
Chief Research Officer

cc: Dr. Patricio I. Meneses
Dr. Berish Rubin
Ms. Frances Tiburcio

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FACILITIES MANAGEMENT