

NAME:

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Code

A263

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 INITIAL APPLICATION
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Name: <i>Ichor Therapeutics, Inc.</i>	
Address 1: <i>2521 US Route 11</i>	
Address 2:	
City, State, Zip Code: <i>LaFayette, NY 13084</i>	
County: <i>Onondaga</i>	
Telephone Number: <i>315-677-8400</i>	
Fax Number: <i>N/A</i>	
Email Address: <i>danique.wortel@ichortherapeutics.com</i>	

05/2018

RECEIVED
JUL 19 REC'D
Obtained by *File for Animals*.
Uploaded to Animal Research Laboratory Overview (ARLO) on 06/29/2021
FACILITIES MANAGEMENT

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) *See Attached*

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

SECTION III - PERSONAL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Kelsey Moody	
Title: CEO	
Telephone Number: 315-677-8400	
Work Hours: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> MON: TUES: WED: THURS: FRI: </div> <div style="margin-right: 10px;"> to to to to to to to </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> 8am to 6pm </div> </div>	

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Danique Wortel	
Title: Attending Vet	
Telephone Number: 315-677-8400	
Work Name/Address (If different from lab/institution):	
Work Hours: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> MON: TUES: WED: THURS: FRI: </div> <div style="margin-right: 10px;"> to out of office 8 30 to 17:00 8 30 to 17:00 8 30 to 17:00 8 30 to 17:00 to on call to on call </div> </div>	

05/2018

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person Name: <u>Daniqué Wortel</u>	
Title: <u>Attending vet</u>	
Telephone Number: <u>315-677-8400</u>	
Work Hours: MON: to out of office TUES: 8:30 to 17:00 WED: 8:30 to 17:00 THURS: 8:30 to 17:00 FRI: 8:30 to 17:00 to to	

☒ Attach a list of all full-time and part-time animal care staff to include the following information:
Name, Full-Time or Part-Time, Title and Education Level (Highest).

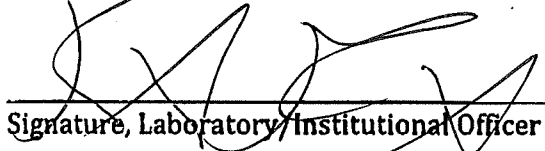
☐ No additional staff.

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 accordingly to all applicable laws, rules and regulations.

I understand 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

CEO
Title

09 July 2019
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site (009) Name: Ichor Therapeutics, Inc.	
Address 1: 2561 US Route 11	
Address 2:	
City, State, Zip Code: LaFayette, NY 13084	
Site Telephone Number: 315 677 8400	
Site Fax Number:	
Site email address: danique.wortel@ichortherapeutics.com	
Contact Person (Name): Danique Wortel	



Ichor Therapeutics, Inc. 2019 initial application for approval for use of living animals.

Section II – Program Information

Animal Care Committee – Committee Members

Kelsey Moody, PhD, MBA, Institutional Official

Anthony Bianchi, MSc, Chair

Danique Wortel, DVM, Attending veterinarian

David Reed, Esq, Non-scientist

Patricia Usherwood, Community member

Forrest Wright, PhD, Scientist

Nicholas Azzarelli, PhD, Scientist

Thomas MacMackin, DVM, Veterinarian

Renata Rehder, DVM, Veterinarian

Section III – Personnel Information

Full list of animal care staff

Name	Full time/Part time	Title	Education Level
Danique Wortel	Full time	Attending vet	DVM
Cathy Dornton	Full time	Operations manager	LVT
Cheyenne Fisher	Full time	Vet technician	LVT
Taylor Fisher	Full time	Vet assistant	BBA
Kelsey Barber	Full time	Vet assistant	High school
Danielle Halliday	Full time	Vet assistant	AAS
Megan Remon	Full time	Vet assistant	BAGribus
Angela Riley	Part time	Vet assistant	High school

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Site Telephone Number:	
Site Fax Number:	
Site Email Address:	
Contact Person (Name):	

REED CNY BUSINESS LAW, P.C.

David L. Reed, Esq.

Admitted NY, 2nd Cir. NDNY, 1st Cir. Ct of Appeals

Via US MAIL

July 16, 2019

Ms. Denise Marriner-Cortese
Coordinator, Lab Animal Welfare Program
NYS Department of Health
Wadsworth Center, Empire State Plaza
Office of Director, Rom E355
Albany, NY 12201-0509

Re: Ichor Therapeutics, Inc. – Animal Lab Permit Application

Dear Ms. Marriner-Cortese,

Per our discussions, please find enclosed the originally executed permit application from my client, Ichor Therapeutics, Inc. An electronic copy was sent to you via email today, as well.

Please let me know if you have questions or if I can assist in this matter further.

Sincerely,

David L. Reed, Esq.

David L. Reed
enc: Original Application



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

*Rec'd UPS Letter
6/28*

June 27, 2019

Kelsey Moody, CEO
Ichor Therapeutics
2603 US Rt 11
Lafayette, NY 13084

To Mr. Moddy,

We have reason to believe that Ichor Therapeutics may be conducting scientific tests on animals in the absence of New York State (NYS) Department of Health (Department) approval.

NYS Public Health Law Section 504 and Subpart 55-1 of New York Codes, Rules and Regulations, Title 10, require that persons or entities that conduct scientific tests, experiments or investigations involving the use of living animals be approved by the Department.

To determine if your activities warrant a certificate of approval, please respond in writing to this letter no later than July 18, 2019 and provide a description of the scientific testing being conducted on animals at your facility.

The performance of animal experimentation without approval shall constitute a misdemeanor.

To apply for approval, please contact me at (518) 402-4062, or by email to nyslwap@health.ny.gov.

Thank you for your prompt attention to this matter.

Sincerely,

Frank S. Blaisdell
Frank Blaisdell
Director of Veterinary Sciences
New York State Department of Health
Wadsworth Center
Laboratory Animal Welfare Program