

Name: Lehman College Animal Care Facility [A130]

✓  
FOR OFFICE USE ONLY

Recd \_\_\_\_\_  
Code A130

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> Lehman College Animal Care Facility	
<b>Address 1:</b> 250 Bedford Park Blvd. West - Davis Hall	
<b>Address 2:</b> Room 014	
<b>City, State, Zipcode:</b> Bronx, NY 10468	
<b>County:</b> Bronx	
<b>Telephone Number:</b> 718-960-8642	
<b>Fax Number:</b> 718-960-8236	
<b>E-mail Address:</b> joseph.rachlin@lehman.cuny.edu	

## SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

### Ownership:

- ☐ Corporation    ☐ Government    ☐ Individual    ☐ Not For Profit    ☐ Partnership  
☒ Other: New York State Higher Education Institution

### 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 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>Prarie dogs</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> Rachlin, Joseph	
<b>Title:</b> Chair, IACUC	
<b>Telephone Number:</b> 718-960-8239	
<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> Novotney, Carol	
<b>Title:</b> Veterinarian	
<b>Telephone Number:</b> 917-922-5386	
<b>Work Name/Address (if different from laboratory/institution):</b> Lehman College Animal Care Facility-Davis Hall 250 Bedford Park Blvd. West Bronx, NY 10468	
<b>Work Hours:</b>  to to to to to 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>					
Rodriguez, Natalia					
<b>Title:</b>					
Animal Care Facility Manager					
<b>Telephone Number:</b>					
718-960-8642					
<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.

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):	

**Full-time and Part-time Animal Care Facility Staff  
At Lehman College**


<b>Name</b>	<b>Full-time/Part-time</b>	<b>Title</b>	<b>Education Level (Highest)</b>
Natalia Rodriguez	Full-time	Animal Care Facility Manager	B.A.
Sandra Franco	Full-time	Animal Care Technician	LVT
Carol Novotney	Consultant (scheduled rounds and on-call status)	Veterinarian	DVM

## **Institutional Animal Care and Use Committee**

### **Roster of Members**

Rachlin, Joseph, Ph.D.  
Biology Department  
Lehman College  
Davis Hall, Room 233  
250 Bedford Park Blvd. West  
Bronx, NY 10468  
Voice: 718-960-8239  
Email: [Joseph.Rachlin@lehman.cuny.edu](mailto:Joseph.Rachlin@lehman.cuny.edu)  
**IACUC Chair & Scientist**

Novotney, Carol, DVM  


Voice: (917) 922-5386  
Email:   
**Consulting Veterinarian**

Rodriguez, Natalia, B.A.  
Lehman College  
Davis Hall, Room 014  
250 Bedford Park Blvd. West  
Bronx, NY 10468  
Voice: 718-960-8642  
Email: [Natalia.Rodriguez2@lehman.cuny.edu](mailto:Natalia.Rodriguez2@lehman.cuny.edu)  
**Animal Care Facility Manager**

Franco, Sandra, A.S., LVT  
Lehman College  
Davis Hall, Room 014  
250 Bedford Park Blvd. West  
Bronx, NY 10468  
Voice: 718-960-8642  
E-mail: [Sandra.Franco@lehman.cuny.edu](mailto:Sandra.Franco@lehman.cuny.edu)  
**Animal Care Facility Technician**



Martin.Muntzel@lehman.cuny.edu,

[REDACTED]

Joseph.Rachlin@lehman.cuny.edu

Gezina.Bouma@lehman.cuny.edu

Rene.Rotolo@lehman.cuny.edu

Sandra.Franco@lehman.cuny.edu

Natalia.Rodriguez2@lehman.cuny.edu

MOlivie2@schools.nyc.gov

Stacy.Katz@lehman.cuny.edu