

Name: New York Blood Center, Inc. [A147]

FOR OFFICE USE ONLY

Recd  
Code A147

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> New York Blood Center, Inc.	
<b>Address 1:</b> 310 E. 67th St., 3rd Floor	
<b>Address 2:</b>	
<b>City, State, Zipcode:</b> New York, NY 10021	
<b>County:</b> New York	
<b>Telephone Number:</b> 212-570-3022	
<b>Fax Number:</b> 212-570-3368	
<b>E-mail Address:</b> ktang@nybloodcenter.org	

## 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 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 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 checked="" 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> Greene, Barry							
<b>Title:</b> Institution Official/Exec Dir/							
<b>Telephone Number:</b> 212-570-3034							
<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	

CURRENT DATA	INDICATE CHANGES HERE
<b>Veterinarian in Charge (Name):</b> Brunnert, Steven	
<b>Title:</b> Veterinarian	
<b>Telephone Number:</b> 609-606-6528	
<b>Work Name/Address (if different from laboratory/institution):</b> Merck & Co., Inc 10 Lenape Trail Chatham, NJ 07928	
<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

CURRENT DATA				INDICATE CHANGES HERE			
<b>Contact Person (Name):</b>							
Tang, Kathy							
<b>Title:</b>							
Laboratory Head							
<b>Telephone Number:</b>							
212-570-3022							
<b>Work Hours:</b>				<b>Work Hours:</b>			
MON:	6:30 am	to	2:30 pm	Mon:		to	
TUE:	6:30 am	to	2:30 pm	Tue:		to	
WED:	6:30 am	to	2:30 pm	Wed:		to	
THU:	6:30 am	to	2:30 pm	Thu:		to	
FRI:	6:30 am	to	2:30 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 10, Exe, Director, Sponsored programs Title 11/14/18 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):	

310 East 67<sup>th</sup> Street  
New York, NY 10065

## SECTION II – Program Information

### Institutional Animal Care and Use Committee Member List

Members	Telephone	Location	Member Function
1. Steve Brunnert, DVM	(914) 417-1180		Veterinarian
2. Kathy Tang, AS, LATg	(212) 570-3022	New York Blood Center	Scientist
3. An Xiuli, MD, Ph.D.	(212) 570-3247	New York Blood Center	Scientist
4. Scott Evans	(212) 570-3386	New York Blood Center	Non-Scientist
5. John Svagr, CIH, RSO, MPH	(212) 570-3020	New York Blood Center	Non-Scientist
6. Stephanie Sozomenu, BA	(212) 448-5153		Non-Affiliated

## SECTION II – Program Information

### Procedures for Processing Medical Waste

Biohazardous material generated by animals used in studies with human infectious agents is treated as medical waste and disposed as red bag waste via Approved Storage & Waste Hauling, Inc., 110 Edison Avenue, Mount Vernon, NY, 10550 a licensed medical waste carter (The State Transporter Permit no. #3A476 and 0959). All waste is appropriately packed and manifested for pick-up by Approved Waste for treatment and disposal at a permitted regulated medical waste site.

## SECTION III– Personnel Information

### Full and Part-time Animal Care Staff

Name	Full/Part-time	Title	Education
Kathy Tang	Full	Laboratory Head	A.S. LATg +20
TBD	Full	Animal Caretaker	
Moises Custodio	Full	Animal Caretaker	+15 years
Fernando Ogando	Full	Animal Caretaker	+20years

New York Blood Center  
Laboratory Animal Research Services

**Infectious Waste Disposal Generated by Studies with Animals**

All animal material, from caging to bedding from animals infected or potentially infected with pathogens must be decontaminated prior to disposal, typically by autoclaving. Transfer of human cells, primate cells or opportunistic microbes, whether newly isolated or well established, into immunocompromised animals could result in propagation of pathogens that would be suppressed in the normal host. All containment must be applied to mitigate against such risks and also to prevent spread of animal pathogens within a research colony. The Head of the Laboratory Animal Research Services, the Director of EH&S, the Biosafety Officer and the Veterinarian meets with PI and staff to determine the appropriate needs and training for the animal project. Each project is reviewed on the animal needs, cage change frequency, agents used, risk and safety concerns.

The cages will be changed weekly under a hood/inside the isolator and all infected materials will placed in an autoclave bag, spray with appropriate disinfectant/sterilant. Close and wrap the top with the autoclave bag with autoclave tape. Place the sealed bag into another autoclave bag and seal with autoclave tape again. Spray with appropriate disinfectant/sterilant and move to the autoclave.

Autoclaved biohazardous material generated by animals used in studies with human infectious agents is treated as medical waste and disposed as red bag waste via approved Storage & Waste Hauling, Inc., 110 Edison Avenue, Mount Vernon, NY, 10550 a licensed medical waste carter (The State Transporter Permit no. #3A476 and 0959). All waste is appropriately packed and manifested for pick-up by Approved Waste for treatment and disposal at a permitted regulated medical waste site.



**△ New York** *Blood Center*

310 East 67<sup>th</sup> Street  
New York, NY 10065

November 8, 2018

Dr. Frank S. Blaisdell-Director  
NYS Department of Health  
Wadsworth Center-D. Marriner Room E335  
Laboratory Animal Welfare Program  
Empire State Plaza, P-1 South Dock, J3  
Albany, NY 12237

RE: 20148 Renewal Application Form - A147

Dear Dr. Frank S. Blaisdell:

Enclosed please find New York Blood Center 2018 Renewal Application Form for our animal facility.

Should you have any question concerning this material, do not hesitate to contact me by phone (212) 570-3022 or e-mail (ktang@nybc).

Sincerely,  
*Kathy Tang*  
Kathy Tang,  
Laboratory Head, Laboratory Animal Research Services