

Name: NYIT College of Osteopathic Medicine [A059]

FOR OFFICE USE ONLY

Recd _____
Code A059

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: NYIT College of Osteopathic Medicine	
Address 1: Northern Blvd.	
Address 2:	
City, State, Zipcode: Old Westbury, NY 11568	
County: Nassau	
Telephone Number: 516-686-3716	
Fax Number: 516-686-3819	
E-mail Address: kamsler@nyit.edu	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☐ Government ☐ Individual ☒ Not For Profit ☐ Partnership
☐ Other: _____

Facility Type:

- | | | |
|--------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> 2 Year College | <input type="checkbox"/> 4 Year College | <input type="checkbox"/> Clinical or Environmental Lab |
| <input type="checkbox"/> Hospital | <input checked="" type="checkbox"/> Medical School | <input type="checkbox"/> Product Testing Lab |
| <input type="checkbox"/> Public Health Lab | <input type="checkbox"/> Research & Development Lab | <input type="checkbox"/> Veterinary School |
| <input type="checkbox"/> Other: _____ | | |

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|---------------------------------------------------------|--------------------------------------|---------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input checked="" 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 checked="" type="checkbox"/> Other: <u>OLAW</u> | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE			
Laboratory/Institution Person In Charge (Name): Amsler, Kurt							
Title: Associate Dean of Research							
Telephone Number: 516-686-3716							
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	

CURRENT DATA				INDICATE CHANGES HERE			
Veterinarian in Charge (Name): Zimmerman, Thomas							
Title:							
Telephone Number: 631-444-6978							
Work Name/Address (if different from laboratory/institution): Stony Brook University 100 Nicholls Rd Stony Brook, NY 11794-8611							
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			

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Amsler, Kurt	
Title: Associate Dean of Research	
Telephone Number: 516-686-3716	
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

☒ 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).

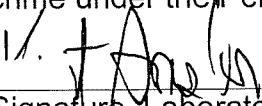
☐ No additional staff.

SECTION IV - ATTESTATION

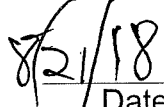
I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) 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):	

NYIT College of Osteopathic Medicine IACUC Committee Members

Qiangrong Liang, M.D., Ph.D – Chairperson, Associate Professor

Harry Faustman – Non-Affiliated Member

Raddy Ramos, Ph.D - Assistant Professor

Nathan Thompson, Ph.D – Assistant Professor

Jeanne Quidore – A.A.S – Senior Animal Care Technician

Larry Stepp, Ph.D – Associate Professor

Youhua Zhang, M.D., Ph.D, Assistant Professor

Thomas Zimmerman – D.V.M.

NYIT College of Osteopathic Medicine Animal Care Staff

- 1) Jeanne Quidore – Senior Animal Care Technician – Full Time Employee A.A.S
- 2) Sandra Kahler – Animal Care Assistant – Full time Employee – HS Diploma