

Name: St. Bonaventure University [A009]

FOR OFFICE USE ONLY

Recd

Code

A009

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> St. Bonaventure University	
<b>Address 1:</b> De La Roche, Rm. 115	
<b>Address 2:</b>	
<b>City, State, Zipcode:</b> St. Bonaventure, NY 14778	
<b>County:</b> Cattaraugus	
<b>Telephone Number:</b> 716-375-2487	
<b>Fax Number:</b> 716-375-7618	
<b>E-mail Address:</b> pnye@sbu.edu	

RECEIVED

OCT 11 2018

FACILITIES MANAGEMENT

RECEIVED  
OCT 9 2018  
FACILITIES MANAGEMENT

DEM

## 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 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 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: <u>HAVE HAD MUS &amp; RATTUS, AND HAMSTERS IN THE PAST.</u> |                                      |   |                                      |

Are you currently housing live animals at your institution? <sup>as</sup> ☒ Yes ☐ No FISH ONLY ☒

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: _____      |   |                               |

CURRENT DATA				INDICATE CHANGES HERE	
<b>Laboratory/Institution Person In Charge (Name):</b> Hilmey, David					
<b>Title:</b> Dean, Arts & Science					
<b>Telephone Number:</b> 716-375-2261					
<b>Work Hours:</b>				<b>Work Hours:</b>	
MON:	8:00 am	to	5:00 pm	Mon:	to
TUE:	8:00 am	to	5:00 pm	Tue:	to
WED:	8:00 am	to	5:00 pm	Wed:	to
THU:	8:00 am	to	5:00 pm	Thu:	to
FRI:	8:00 am	to	5:00 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

Obtained by Rise for Animals.  
 Uploaded to Animal Research Laboratory Overview (ARLO) on 06/29/2021

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Contact Person (Name):</b> Nye, Trish	
<b>Title:</b> Lab Technician/Animal Facility Manager	
<b>Telephone Number:</b> 716-375-2487	
<b>Work Hours:</b>  MON: 8:00 am to 5:00 pm TUE: 8:00 am to 5:00 pm WED: 8:00 am to 5:00 pm THU: 8:30 am to 5:00 pm FRI: 8:00 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

☒ 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

*Dean of Arts & Sciences*  
\_\_\_\_\_  
Title

*10/4/18*  
\_\_\_\_\_  
Date

## Saint Bonaventure University Animal Care Staff

- 1) Patricia Nye (Animal Facility Mgr.), full time, B.S. degree.
- 2) Nicholas Jodush, part time, college sophomore.
- 3) Michael Nye, part time (holidays only), college freshman

**Saint Bonaventure IACUC members: 2018-2019**

(Institutional Official: Dr. David Hilmey, Dean of Arts and Sciences)

- 1) Dr. Darryl Mayeaux, IACUC Chair (Saint Bonaventure)
- 2) Dr. Amy Long-Mount DVM, **veterinary representative** (local vet)
- 3) Dr. Douglas Guarnieri, science representative (Saint Bonaventure)
- 4) Dr. Jean-Francois Godet-Callogares, non-science representative (Saint Bonaventure)
- 5) Dr. Willie Rotich, non-science representative (Saint Bonaventure)
- 6) Susan Brisky, **community representative** (Olean, NY)