

Name: SUNY College at Brockport [A048]

FOR OFFICE USE ONLY

Recd _____
Code A048 _____

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: SUNY College at Brockport	
Address 1: 350 New Campus Drive	
Address 2:	
City, State, Zipcode: Brockport, NY 14420	
County: Monroe	
Telephone Number: 585-395-2783	
Fax Number: 585-395-2172	
E-mail Address: rsia@brockport.edu	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☐ Government ☐ Individual ☐ Not For Profit ☐ Partnership
☒ Other: STATE COLLEGE (SUNY)

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 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: _____ | | | |

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 type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Other: <u>STATE OF NY</u> | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Sia, Rey	
Title: Assistant Dean, School of Arts & Sciences	
Telephone Number: 585-395-2783	
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

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Edwards, Allen	
Title:	
Telephone Number: 585-637-6190	
Work Name/Address (if different from laboratory/institution): 6352 Brockport Spencerport Road Brockport, NY 14420	
Work Hours: to to to to to 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): Sia, Rey	
Title: Assistant Dean, School of Arts & Sciences	
Telephone Number: 585-395-2783	
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.

Rey A Sia
Signature, Laboratory/Institutional Officer

ASST. DEAN
Title

8/28/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [008] Name: SUNY College at Brockport - Biology Department	
Address 1: 350 New Campus Dr., Lennon Hall	
Address 2:	
City, State, Zipcode: Brockport, NY 14420	
Site Telephone Number: 585-395-5190	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Ortega, Bernardo	

Institution: The College at Brockport, State University of New York

Animal Care Staff

<i>Care Provider</i>	<i>Full Time or Part Time</i>	<i>Position Title</i>	<i>Education Level (highest)</i>
Bernardo Ortega	Full Time	Assistant Professor	PhD
Adam Rich	Full Time	Associate Professor	PhD

Institution: The College at Brockport, State University of New York

IACUC Contact Information

Address: [street, city, state, zip code]
350 New Campus Drive
Brockport, NY 14420

E-mail: bortega@brockport.edu

Phone: (585) 3955190

Fax: (585) 3952741

IACUC Chairperson

Name: Bernardo Ortega

Title: Assistant Professor

Degree/Credentials: PhD

PHS Policy Membership Requirements***: S (scientist)

IACUC Roster [Provide below or attach]

Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
Rey Sia	PhD	Assistant Dean, School of Arts & Sciences	Institutional Officer, non- voting member
Alan Edwards	DVM	Veterinarian	V
Adam Rich	PhD	Associate Professor	S (scientist)
James Witnauer	PhD	Assistant Professor	S (scientist)
Richard Rizzo		Retired teacher	NA, NS (non-affiliated, nonscientist)