

Name: SUNY College of Technology at Delhi [A023]

FOR OFFICE USE ONLY

Recd  
Code A023

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> SUNY College of Technology at Delhi	
<b>Address 1:</b> Farnsworth Hall	
<b>Address 2:</b> Ladd Vet. Science Vivarium (College Farm)	
<b>City, State, Zipcode:</b> Delhi, NY 13753	
<b>County:</b> Delaware	
<b>Telephone Number:</b> 607-746-4425	
<b>Fax Number:</b> 607-746-4409	
<b>E-mail Address:</b> meckelbt@delhi.edu	

## SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

### Ownership:

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

### 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 checked="" type="checkbox"/> Hamsters    | <input type="checkbox"/> Fish                          | <input checked="" type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other)           | <input checked="" type="checkbox"/> Guinea Pigs | <input checked="" type="checkbox"/> Cats               | <input checked="" type="checkbox"/> Cattle      |
| <input checked="" type="checkbox"/> Rats (genus rattus) | <input checked="" type="checkbox"/> Rabbits     | <input checked="" type="checkbox"/> Dogs               | <input checked="" type="checkbox"/> Swine       |
| <input type="checkbox"/> Rats (wild or other)           | <input type="checkbox"/> Small Birds            | <input checked="" type="checkbox"/> Non-Human Primates | <input checked="" 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 checked="" type="checkbox"/> Diagnostic Procedures | <input checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input type="checkbox"/> Experimentation                  | <input checked="" 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 *BMS*  
(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> Laliberte, Michael	
<b>Title:</b> President	
<b>Telephone Number:</b> 607-746-4090	
<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: 8:00 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

CURRENT DATA	INDICATE CHANGES HERE
<b>Veterinarian in Charge (Name):</b> Meckel, Barrett	
<b>Title:</b> Assistant Professor, Attending Vet	Attending Vet Dean of Veterinary and applied Science
<b>Telephone Number:</b> 607-746-4306	
<b>Work Name/Address (if different from laboratory/institution):</b>	
<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: 8:00 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

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Contact Person (Name):</b> Murphy, Katie	
<b>Title:</b> Assistant Professor, Program Director	
<b>Telephone Number:</b> 607-746-4272	
<b>Work Hours:</b>  MON: 8:30 am to 5:00 pm TUE: 8:30 am to 5:00 pm WED: 8:30 am to 5:00 pm THU: 8:30 am to 5:00 pm FRI: 8:30 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

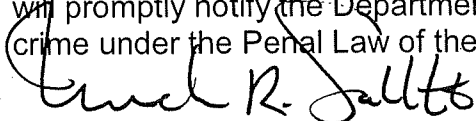
- ☐ Attach a list of all full-time and part-time animal care staff which includes the following information:  
Name, Full-Time or Part-Time, Title and Education Level (Highest).
- ☐ No additional staff.

### 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

PRESIDENT

Title

06/06/2018

Date

## SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [010] Name: <b>SUNY College of Technology at Delhi/Vet Science Tech.</b>	
Address 1: <b>Ladd Vet Science Vivarium - College Farm</b>	
Address 2:	
City, State, Zipcode: <b>Delhi, NY 13753</b>	
Site Telephone Number: <b>607-746-4425</b>	
Site Fax Number: <b>607-746-4409</b>	
Site E-mail Address: <b>meckelbtf@delhi.edu</b>	
Contact Person (Name): <b>Meckel, Barrett, DVM</b>	

## 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):	

### **Section III- Personnel Information**

#### **Animal Care Staff 2018**

Erica McKee, BBA, Facility Manager F/T

William Sherman, AAS, Farm Manager F/T

Alyse Retallick, BS, Instructional Support Technician, F/T

Heather Taggart, AAS Instructional Support Associate, F/T

Kate DeWitt, AAS I AAS Instructional Support Associate, F/T

Patricia Spickerman, AAS, Instructional Support Associate, F/T

Terry Hannum, AAS Instructional Support Associate, F/T

Brianna Palmatier BS, Animal Husbandry Staff, P/T (temporary)



## IACUC Members 2018

- Michael LaLiberte Institutional Official (IO)
- Jessica Schiavo LVT, RLATG, Instructor, Chair
- Erica McKee LVT, Facility Manager, Administrator/Secretary
- Barrett Meckel DVM, Attending Veterinarian (AV)
- Katie Murphy DVM, Alternate Attending Veterinarian
- William Sherman LVT, Farm Manager
- Marje Trelease Nonaffiliated Member
- Lauren Sloane Scientist, Program Director of Liberal Arts and Sciences
- Karen Teitelbaum Instructional Support Specialist, Liberal Arts and Sciences
- Lisa Heimbauer , Assistant Professor of Psychology