

Name: SUNY at Geneseo [A036]

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Recd
Code A036

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 at Geneseo	
Address 1: 1 College Circle	
Address 2:	
City, State, Zipcode: Geneseo, NY 14454	
County: Livingston	
Telephone Number: 585-245-5547	
Fax Number: 585-245-5096	
E-mail Address: baldwinA@geneseo.edu	

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FACILITIES MANAGEMENT

AW-APP01(10/2007)

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 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 checked="" type="checkbox"/> Other: <u>Frogs (Rana pipiens)</u> | | | |

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 checked="" type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Baldwin, Anne E.	
Title: Director of Sponsored Research	
Telephone Number: 585-245-5547	
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): Warriner Jr., Wayne	
Title: College Veterinarian	
Telephone Number: 585-226-6144	
Work Name/Address (if different from laboratory/institution): Avon Animal Hospital 405 Rochester Rd. Avon, NY 14414	
Work Hours: to to to to to to to	Work Hours: (on call) 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): Baldwin, Anne E.					
Title: Director of Sponsored Research					
Telephone Number: 585-245-5547					
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

- ☒ 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

Director of Sponsored
Title Research

8/31/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [008] Name: SUNY Geneseo - Biology Department	
Address 1: Integrated Sciences Center	
Address 2: Animal Facilities, Room 009	
City, State, Zipcode: Geneseo, NY 14454	
Site Telephone Number: 585-245-5301	585-245-5313
Site Fax Number: 585-245-5007	
Site E-mail Address: briggs@geneseo.edu	odonell@geneseo.edu
Contact Person (Name): Briggs, George (chair) (Chair)	O'Donnell, Robert (Chair)

CURRENT DATA	INDICATE CHANGES HERE
Site [010] Name: SUNY Geneseo - Psychology Department	
Address 1: Bailey Hall, Ground Floor	
Address 2:	
City, State, Zipcode: Geneseo, NY 14454	
Site Telephone Number: 585-245-5201	585-245-5209
Site Fax Number: 585-245-5235	
Site E-mail Address: dehart@geneseo.edu	pastizzo@geneseo.edu
Contact Person (Name): DeHart, Ganie (chair) (Chair)	Pastizzo, Matthew (Chair)

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):	

GENESEO

Office of Sponsored Research

August 31, 2018

New York State Department of Health
Wadsworth Center – D. Marriner-Cortese Room E335
Laboratory Animal Welfare Program
Empire State Plaza, P.O. Box 509
Albany, NY 12201-0509

Dear Ms. Marriner-Cortese:

Enclosed are the necessary forms and additional documentation for SUNY Geneseo's 2019 renewal application for New York State Department of Health Approval for Use of Living Animals.

A list of Animal Care Staff and IACUC Members is attached to this letter.

Please contact me at (585) 245-5547 or by e-mail at baldwinA@geneseo.edu if you have any questions regarding this application.

Sincerely,



Anne E. Baldwin, Ph.D.
Director of Sponsored Research

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FAC" MANAGEMENT

SUNY Geneseo**2019 Renewal Application for New York State Department of Health Approval for the Use of Living Animals**

Animal Care Staff (Dr. Bazzett and Mr. Beary are full-time employees of the College but only part of their duties are related to animal care.)

Wayne Warriner	part-time	College Veterinarian	D.V.M.
Edward Beary	full-time	Instructional Support Specialist	M.A.
Terence Bazzett	full-time	Associate Professor of Psychology	Ph.D.
Various	part-time	undergraduate assistants	none

Institutional Animal Care and Use Committee

Terence Bazzett, Ph.D., Professor of Psychology, Chair
Wayne Warriner, Jr., D.V.M., Avon Animal Hospital, Attending Veterinarian
Eugene Scherline, D.V.M., Genesee Valley Veterinary Hospital, Non-Affiliated Member
Vincent Markowski, Ph.D., Associate Professor of Psychology
Duane McPherson, Ph.D., Associate Professor of Biology
Amanda Roth, Ph.D., Assistant Professor of Philosophy
Anne Baldwin, Ph.D., Director of Sponsored Research, Institutional Official and Contact Person