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Name: SUNY - College at Oneonta [A084]

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Recd
Code A084

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 Oneonta	
Address 1: Science Bldg. 1, Room 2S	
Address 2:	
City, State, Zipcode: Oneonta, NY 13820	
County: Otsego	
Telephone Number: 607-436-3744	
Fax Number: 607-436-3646	
E-mail Address: Kristen.Roosa@oneonta.edu	

AW-APP01(10/2007)

RECEIVED
AUG 30 2018
FACILITIES MANAGEMENT
LORRA

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

12/5/2018 1515 9-5-18

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

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Roosa, Kristen	
Title: Assistant Professor	
Telephone Number: 607-436-3744	
Work Hours: 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	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): Meckel, Bret	
Title: Assoc Professor of Veterinary Technology	
Telephone Number: 607-746-4306	
Work Name/Address (if different from laboratory/institution): State University of NY at Delhi 697 Winney Hill Road Delhi, NY 13753	
Work Hours: MON: 3:00 pm to 7:00 pm TUE: 9:00 am to 5:00 pm WED: 3:00 pm to 7:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm SAT: 9:00 am to 1:00 pm 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): Roosa, Kristen							
Title: Assistant Professor							
Telephone Number: 607-436-3744							
Work Hours:				Work Hours:			
MON:	8:00 am	to	4:00 pm	Mon:		to	
TUE:	8:00 am	to	4:00 pm	Tue:		to	
WED:	8:00 am	to	4:00 pm	Wed:		to	
THU:	8:00 am	to	4:00 pm	Thu:		to	
FRI:	8:00 am	to	4:00 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

Assistant Professor
Title

8/24/2018
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):	

SUNY Oneonta Institutional Animal Care and Use Committee

Dr. Allan Green – Committee chair, associate professor of chemistry & biochemistry

Dr. Bret Meckel – Veterinarian, associate professor of veterinary technology, SUNY Delhi

Mary Ruhoff – Non-affiliated community member

Dr. Jill Fielhaber – Assistant professor of biology

Dr. Kristen Roosa – Assistant professor of biology

Dr. Michael Koch – Associate professor of philosophy

Denise Straut – Compliance officer