

Name: SUNY State College of Optometry [A224]

FOR OFFICE USE ONLY

Recd
Code A224

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 State College of Optometry	
Address 1: 33 West 42nd St.	
Address 2: Suite 1542	
City, State, Zipcode: NY, NY 10036	
County: New York	
Telephone Number: 212-938-5532	
Fax Number: 212-938-5537	
E-mail Address: sbloomfield@sunyopt.edu	

RECEIVED

SEP 5 2018

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: College of Optometry

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|--|--------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input checked="" 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 checked="" 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 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: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Bloomfield, Stewart	
Title: Asso. Dean, Grad. Studies & Res.	
Telephone Number: 212-938-5532	
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): Novotney, Carol	
Title: Consulting Veterinarian	
Telephone Number: 917-922-5386	
Work Name/Address (if different from laboratory/institution): Consultant <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>	
Work Hours: <i>conducts monthly visits</i> to to to to to to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

CURRENT DATA				INDICATE CHANGES HERE	
Contact Person (Name):				(last name change)	
Santiago, Xiomara				Medina, Xiomara	
Title:					
Facility Manager					
Telephone Number:					
212-938-5895					
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

☐ No additional staff.

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

New York.
Institutional official/

Associate Dean

Title

8/30/18
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):	

I. Membership of the IACUC

Date: 11/30/18			
Name of Institution: SUNY State College of Optometry			
Assurance Number: A4329-01			
IACUC Chairperson			
Name*: Dr. Jose Manuel Alonso			
Title*: SUNY Distinguished Professor		Degree/Credentials*: MD/PhD	
Address*: 33 West 42 nd Street New York, NY 10036			
E-mail*: jalonso@sunyopt.edu			
Phone*: (212) 938-5573		Fax*: (212) 938-5746	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Liduvina Martinez- Gonzalez	MS	Associate Director of Clinical Sciences	Member (affiliated)
Jose Manuel Alonso	MD/PhD	Faculty, Bio Sciences	Scientist
Miduturu Srinivas	PhD	Faculty, Bio Sciences	Scientist
Xiomara Medina	BBA, LVT, LATG	Manager, Biological Research Facility	Member (affiliated)
Carol Novotney	MS, DVM, DACVIM	Consulting Veterinarian	Veterinarian
Dorothy Heilveil Levin	PhD	Retired Social Worker	Non-affiliated
Gaea Austin	BSC, MA	Health and Safety Officer	Member (affiliated)
Dapo Adurogbola	MBA	Associate SUNY Chief of Police	Non-Scientist (affiliated)

SUNY State College of Optometry – Animal Facility Staff

1. Employee Name: Xiomara Medina
Title: Biological Research Facility Manager
Education Level: BBA, LVT
Status: Full-time
2. Employee Name: Dr. Carol Novotney
Title: Consulting Veterinarian
Education Level: MS, DVM
Status: part-time (per diem)
3. Employee Name: Jose Garcia
Title: Veterinary Technician
Education Level: AAS, LVT
Status: Full-time
4. Employee Name: Mirella Camargo
Title: Veterinary Technician
Education Level: AAS, LVT
Status: part-time (weekdays)
5. Employee Name: Ada Lin
Title: Veterinary Technician
Education Level: AAS, LVT
Status: part-time (weekends)
6. Employee Name: Yumarlin Rodriguez
Title: Veterinary Technician
Education Level: AAS, LVT
Status: part-time (per diem)
7. Employee Name: Jennifer Smedley
Title: Veterinary Technician
Education Level: AAS, LVT
Status: part-time (per diem)