

Name: SUNY Plattsburgh [A016]

FOR OFFICE USE ONLY

Recd _____
Code A016

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 Plattsburgh	
Address 1: 101 Broad St., Beaumont 260	
Address 2:	
City, State, Zipcode: Plattsburgh, NY 12901	
County: Clinton	
Telephone Number: 518-564-2155	
Fax Number: 518-564-2157	
E-mail Address: michael.simpson@plattsburgh.edu	

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 type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input checked="" 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): Morgan, Michael	Hill, David
Title: Interim Provost & VP for Academic Affairs	
Telephone Number: 518-564-5402	
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 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): King, Rebecca	
Title: Attending Lab Research Veterinarian	
Telephone Number: 518-562-1212	
Work Name/Address (if different from laboratory/institution): Eagles Nest Veterinary Hospital 34 Sky Way Shopping Center Plattsburg, NY 12901	
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

CURRENT DATA				INDICATE CHANGES HERE			
Contact Person (Name): Morgan, Michel				Hill, David			
Title: Interim Provost & VP for Academic Affairs							
Telephone Number: 518-564-5402							
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 pm to to				Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to			

- ## 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.

David Lee
Signature, Laboratory/Institutional Officer

Interim Provost/VP for Academic Affairs 8/31/18
Title Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [006] Name: SUNY Plattsburg	SUNY Plattsburgh
Address 1: 101 Broad St. - Hudson 328A, Hudson 222A	
Address 2:	
City, State, Zipcode: Plattsburgh, NY 12901	
Site Telephone Number: 518-564-2155	
Site Fax Number:	
Site E-mail Address: michael.simpson@plattsburgh.edu	
Contact Person (Name): Simpson, Michael E.	

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

Membership Directory – September 2018

Dr. Donald Slish, Chair slishdf@plattsburgh.edu	Biological Sciences Hudson 325	(518) 564-5160
Mr. Michael Simpson Institutional Administrator simpsome@plattsburgh.edu	Director Sponsored Research & Programs Beaumont 260	(518) 564-2155
Dr. Rebecca King [REDACTED]	Eagle's Nest Veterinary Hospital 34 Skyway Shopping Center Plattsburgh, NY 12901	(518) 562-1212 (W) [REDACTED] (H)
Ms. Cathleen Eldridge eldridcm@plattsburgh.edu	Director, Environmental Health and Safety (Service Building 136C)	(518) 564-5051
Gerianne Downs downsg@plattsburgh.edu	Assistant Director of Communications Hawkins Hall 113E	(518) 564-3094
Dr. Andrew Andermatt aandermatt@paulsmiths.edu	Non-affiliated Member Paul Smiths College	(518) 327-6377(W)
Dr. Danielle Garneau dgarn001@plattsburgh.edu	Earth & Environmental Science Hudson 133	(518) 564-4073

(Minutes: Dr. Hill and Dr. Ettling)

IACUC SUB-COMMITTEE MEMBERSHIP

Policy & Procedures	Mr. Michael Simpson; Dr. Donald Slish
Animal Room Supervisory	Mr. Michael Simpson; Dr. Danielle Garneau; Dr. Donald Slish; Dr. Becky King
Public Relations	Mr. Michael Simpson

Dr. Donald Slish – IACUC Chair

Mr. Michael Simpson – Institutional Administrator

Dr. David Hill – Institutional Official

OFFICE OF SPONSORED RESEARCH AND PROGRAMS
815 KEHOE BUILDING

September 4, 2018

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Plattsburgh, NY 12901-2681
Tel: 518-564-2155
Fax: 518-564-2157
www.plattsburgh.edu

NYS Department of Health
Wadsworth Center – D. Marriner-Cortese, Room E335
Laboratory Animal Welfare Program
Empire State Plaza, P-1 South Dock, J3
Albany, NY 12237

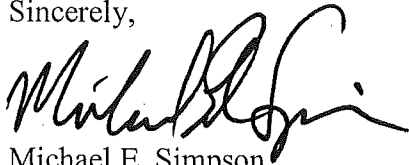
2018 Renewal Application – A016

ATT: D. Marriner-Cortese

Enclosed you will find our Renewal Application for the Use of Living Animals signed by our IACUC Institutional Official.

After your review, should you require further information, please do not hesitate to contact me at (518) 564-2155 or via email at michael.simpson@plattsburgh.edu.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael E. Simpson".

Michael E. Simpson
Institutional Administrator/
Director Sponsored Research & Programs

MES:mw
Encs.