



AUG 30 PM5:12

Name: SUNY - Stony Brook [A109]

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**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 - Stony Brook	
Address 1: 8611 SUNY - DLAR	
Address 2: BST Level 1 Rm 223	
City, State, Zipcode: Stony Brook, NY 11794-8611	
County: Suffolk	
Telephone Number: 631-444-2194	
Fax Number: 631-444-8843	
E-mail Address: thomas.zimmerman@stonybrook.edu	

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FACILITIES MANAGEMENT
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SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

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

Facility Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> 2 Year College | <input checked="" type="checkbox"/> 4 Year College | <input type="checkbox"/> Clinical or Environmental Lab |
| <input checked="" type="checkbox"/> Hospital | <input checked="" type="checkbox"/> Medical School | <input type="checkbox"/> Product Testing Lab |
| <input type="checkbox"/> Public Health Lab | <input type="checkbox"/> Research & Development Lab | <input type="checkbox"/> Veterinary School |
| <input type="checkbox"/> 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 checked="" type="checkbox"/> Guinea Pigs ✓ | <input type="checkbox"/> Cats | <input 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 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 checked="" type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input checked="" 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 checked="" 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): Reeder, Richard	
Title: Vice President for the office of Research	
Telephone Number: 631-632-7932	
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): Zimmerman, Tom	
Title: Director - Division of Lab Animal Resources	
Telephone Number: 631-444-6978	
Work Name/Address (if different from laboratory/institution):	
Work Hours: MON: 7:30 am to 4:00 pm TUE: 7:30 am to 4:00 pm WED: 7:30 am to 4:00 pm THU: 7:30 am to 4:00 pm FRI: 7:30 am to 4:00 pm to 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): Zimmerman, Thomas E.	
Title: Director, Division of Lab Animal Resources	
Telephone Number: 631-444-2194	
Work Hours: MON: 7:30 am to 4:00 pm TUE: 7:30 am to 4:00 pm WED: 7:30 am to 4:00 pm THU: 7:30 am to 4:00 pm FRI: 7:30 am to 4:00 pm to to	Work Hours: 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

VP Research/I.O.
Title

8/22/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [010] Name: DLAR	
Address 1: 8611 SUNY - Life Sciences Bldg.	
Address 2:	
City, State, Zipcode: Stony Brook, NY 11794-8611	
Site Telephone Number: 631-444-2194	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Zimmerman, Tom (DVM)	

CURRENT DATA	INDICATE CHANGES HERE
Site [011] Name: DLAR	
Address 1: 8611 SUNY - Computer Science Bldg.	
Address 2:	
City, State, Zipcode: Stony Brook, NY 11794-8611	
Site Telephone Number: 631-444-2194	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Zimmeman, Tom	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [012] Name: DLAR	
Address 1: 8611 SUNY - Psychology A Bldg., 3rd Fl.	
Address 2:	
City, State, Zipcode: Stony Brook, NY 11794-8611	
Site Telephone Number: 631-444-2194	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Zimmerman, Tom	

CURRENT DATA	INDICATE CHANGES HERE
Site [013] Name: DLAR	
Address 1: 8611 SUNY - Flax Pond (Marine Sciences Center)	
Address 2:	
City, State, Zipcode: Stony Brook, NY 11794-8611	
Site Telephone Number: 631-444-2194	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Zimmerman, Tom	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [014] Name: Southampton Marine Station	
Address 1: 8 Little Neck Rd	
Address 2:	
City, State, Zipcode: Southampton, NY 11968	
Site Telephone Number: 631-632-8700	
Site Fax Number: 631-632-8820	
Site E-mail Address: soms@stonybrook.edu	
Contact Person (Name): Paparo, Christopher	

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):	

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

DATE: 10.1.17

NAME OF INSTITUTION: State University of New York at Stony Brook

ASSURANCE NUMBER: A3011-01

Chairperson: Styliani-Anna Tsirka, PhD.
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Department of Pharmacological Sciences SUNY Stony Brook Stony Brook, NY 11794-8651	Phone 631-444-3859 Fax 631-444-9839	Email: styliani- anna.tsirka@stonybro ok.edu
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Name of Member	Degree/ Credent ials	Position Title	PHS Policy Requirements
Donna DiGiovanni	BS	Senior Staff Assistant, Ecology and Evolution	Non-scientist
Christopher Kuhlrow	MS	Lab Safety Specialist, EHS	Non-scientist
Joan Zuckerman	BS, MS	Research Scientist, Physiology and Biophysics	Scientist
George Baldo	Ph.D	Retired High School Teacher	Scientist, Community, Affiliated
Styliani-Anna Tsirka	Ph.D	Professor, Vice Provost, Pharmacology	Scientist, Chair
Kulandaiappan Varadaraj	Ph.D	Associate Professor, Physiology and Biophysics	Scientist
Tom Zimmerman	DVM	Director, DLAR	Veterinarian
Mary D. Frame	Ph.D	Professor, BME	Scientist
Jeronimo Cello	Ph.D	Assistant Professor, CID	Scientist
Thomas Rosenquist	Ph.D	Associate Professor, Pharmacology	Scientist
Alfredo Fontanini	Ph.D	Associate Professor, Neurobio and Behavior	Scientist
Martin Kaczocha	Ph.D	Assistant Professor, Anesthesiology	Scientist
Ashley Snider	Ph.D	Assistant Professor, Gastroenterology	Scientist
Steve Abrams	MA	Mgr. SBU Marine Facility	Non-scientist

Bernadette Holdener	Ph.D	Associate Professor, Biochemistry	Scientist
Marnie Kula	Ph.D	High School Teacher	Non-affiliated, Scientist, Community
Diane Hackett	BS, MS	Retired Elem. Teacher	Non-scientist, Community, Non- Affiliated

Processing Medical Waste Generated by Animals

- 1) Wear proper PPE for the hazard (usually gloves, facemask, lab coat, shoe covers, bonnet).
- 2) Empty cage bedding into red Biohazard bag in the animal room.
- 3) Disinfect cage by spraying with MB10.
- 4) Put bag in barrel for incineration.
- 5) Take cages to dirty side for immediate processing.

DLAR Animal Care Staff

Name	Position	Education	Starting Date
Anatola, Robert	Lab animal Caretaker (SG-8)	High School	1/8/2015
Biswas, Sangita	Senior Lab Animal Caretaker (SG-8)	High School	3/7/2005
Bryan, Andrew	Lab animal Caretaker (SG-8)	High School	8/28/2014
Bueno, Christopher	Lab animal Caretaker (SG-5)	High School	7/17/2014
Ciabattari, Lauren	Lab animal Caretaker (SG-5)	BS	8/24/2017
Cohen, Michael	Lab animal Caretaker (SG-5)	BS, MS	9/1/2016
Donahue, Christopher	Senior Lab Animal Caretaker (SG-8)	High School	6/4/2007
Galletta, Leslie	Senior Lab Animal Caretaker (SG-8)	High School	10/9/2008
Garramone, Jane	Senior Lab Animal Caretaker (SG-8)	High School	8/9/2005
Gueorguira, Rozalia	Principal Lab Animal Caretaker (SG-11)	AA	7/8/2002
Hiers, Jerome	Senior Lab Animal Caretaker (SG-8)	High School	7/17/2003
Jacques, Nancy	Principal Lab Animal Caretaker (SG-11)	High School	8/22/2002
Kazarian, Kyle	Lab animal Caretaker (SG-8)	High School	4/2/2015
Lacen, Yvonne	Senior Lab Animal Caretaker (SG-8)	High School	3/13/2003
MacMonigle, Ashley	Lab animal Caretaker (SG-8)	High School	9/8/2009
Maloney, Michael	Senior Lab Animal Caretaker (SG-8)	BS	1/27/2009
Murphy, Paul	Senior Lab Animal Caretaker (SG-8)	High School	2/16/2004
Nelson, Kristine	Lab Animal Caretaker (SG-8)	High School	9/28/2010
Singh, Dawn	Lab animal Caretaker (SG-5)	High School	7/26/2018
Vanacore, Marcel	Principal Lab Animal Caretaker (SG-11)	High School	7/26/2004
Vivar, Julio	Senior Lab Animal Caretaker (SG-8)	High School	11/1/2004
Walsh, Charles	Lab animal Caretaker (SG-8)	High School	5/3/2009
Yates, Lisa	Lab animal Caretaker (SG-8)	High School	10/27/2011

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2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
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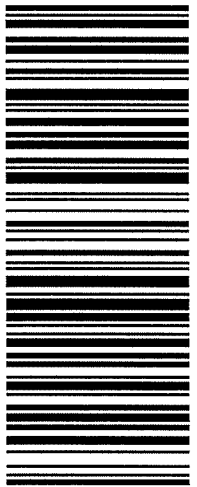

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KATHLEEN GREEN 631-632-7932 RESEARCH FOUNDATION OF SUNY S5422 FRANK MELVILLE LIBRARY STONY BROOK NY 117943365 SHIP TO: WADSWORTH CENTER 518-402-4062 NYS DEPARTMENT OF HEALTH EMPIRE ST. PLAZA P-1 SOUTH DOCK J3 LABORATORY ANIMAL WELFARE PROGRAM D. MARRINER-CORTESE, RM E335 ALBANY NY 12237	<div style="text-align: right;">1 OF 1</div> <div style="text-align: center;">0.1 LBS LTR</div> <div style="text-align: center; font-size: 2em;">NY 122 3-99</div> 	<div style="text-align: center; font-size: 3em;">2</div> <div style="text-align: center;">UPS 2ND DAY AIR</div> <div style="text-align: center;">TRACKING #: 1Z W68 507 36 9343 1896</div>		<div style="text-align: center;">BILLING: P/P</div> <div style="text-align: center;">  </div> <div style="text-align: center;"> Reference#1: NYS Dept of Health, Animal Welfare <small>US 20.5.12 WNTJNV50 03.0A 07/2018</small> </div>
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