

Name: Syracuse University [A075]

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Recd
Code A075

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: Syracuse University	
Address 1: 107 College Place	
Address 2: Room 114	
City, State, Zipcode: Syracuse, NY 13244-5290	
County: Onondaga	
Telephone Number: 315-443-1690	
Fax Number:	
E-mail Address: orip@syr.edu	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

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

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: Private University

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 checked="" type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input checked="" type="checkbox"/> Other: Whale, Manatee, Frog embryo, _____ | | | |

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 checked="" type="checkbox"/> Other: Wildlife studies: Whale, Manatee, small birds | |

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 checked="" type="checkbox"/> Other: NYS Department of Health | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Liu, John Title: Vice President for Research Telephone Number: 315-443-2492	
Work Hours: MON: 8:30 am to 5:00 pm TUE: 8:30 am to 5:00 pm WED: 8:30 am to 5:00 pm THU: 8:30 am to 5:00 pm FRI: 8:30 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 Veterinarian in Charge (Name): Quinn, Robert Title: Attending DVM Telephone Number: 315-464-6563 Work Name/Address (If different from laboratory/institution): SUNY Upstate Medical University Work Hours: MON: 6:30 am to 4:00 pm TUE: 6:30 am to 4:00 pm WED: 6:30 am to 4:00 pm THU: 6:30 am to 4:00 pm FRI: 6:30 am to 4:00 pm to to	INDICATE CHANGES HERE 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): Cromp, Tracy	
Title: Director, Office of Research Integrity Protections	
Telephone Number: 315-443-2855	
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

- ☒ 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

Vice President for Research
Title

11/9/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
<p>Site [016] Name: Life Sciences Complex</p> <p>Address 1: 107 College Place</p> <p>Address 2: Syracuse University</p> <p>City, State, Zipcode: Syracuse, NY 13244-1270</p> <p>Site Telephone Number: 315-443-4544</p> <p>Site Fax Number:</p> <p>Site E-mail Address: mltouche@syr.edu</p> <p>Contact Person (Name): Touchette, Misty</p>	
<p>Site [017] Name: Institute for Sensory Research</p> <p>Address 1: 621 Skytop Rd</p> <p>Address 2:</p> <p>City, State, Zipcode: Syracuse, NY 13244</p> <p>Site Telephone Number: 315-443-1690</p> <p>Site Fax Number:</p> <p>Site E-mail Address: mltouche@syr.edu</p> <p>Contact Person (Name): Touchette, Misty</p>	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [018] Name: CST Vivarium Complex	
Address 1: Center for Science & Technology	
Address 2: Syracuse University	
City, State, Zipcode: Syracuse, NY 13244	
Site Telephone Number: 315-443-4544	
Site Fax Number:	
Site E-mail Address: mltouche@syr.edu	
Contact Person (Name): Touchette, Misty	

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):	

Date: November 6, 2018			
Name of Institution: Syracuse University			
Assurance Number: D16-00405 (A3687-01)			
IACUC Chairperson			
Name*: Melissa Pepling, Ph.D.			
Title*: Chair Person/Associate Chair Biology/Director of Undergraduate Studies /Scientist			Degree/Credentials*: Ph.D.
Address*: (street, city, state, zip code) 348 Life Science Complex Syracuse, NY 13244.			
E-mail*: mepeplin@syr.edu			
Phone*: (315) 443-4541		Fax*: 315-443-2012	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Timothy Coughlin	BS	Industrial Hygiene Manager, EHO	Scientist
Tracy Crompt	MSW	Director, Research Integrity and Protections	Non-Scientist
Brad Diamond	M.S.	Graduate Research Assistant, Psychology	Scientist
Benedicte Doran	BA	Political Director	Non-Affiliated/Non- Scientist
Keith DeRuisseau	Ph.D.	Associate Professor, Exercise Science	Scientist
Robert Quinn	D.V.M. DACLAM	Veterinarian	Veterinarian
Misty Touchette	BBA, LVT	Lab Animal Facilities Manager/IACUC Administrator	Scientist
Martina Morris	HS Diploma	Undergraduate Student	Member
Robin Jones	Ph.D.	Lecturer in Neuroscience, Biology	Scientist



Syracuse University Laboratory Animal Resources

Program Changes Approved by the Institutional Animal Care and Use Committee

November 2017-October 2019

- **March 2018**
 - Revisions made to IACUC form.
- **October 2018**
 - *IACUC Membership:* Graduate student member Shelia Shahidzadeh graduated and was replaced by student scientist Brad Diamond.

Upcoming Change – Small, new zebrafish room to open in Life Science Complex the coming months. The room had been used for zebrafish years ago. This is in addition to the 3 existing zebrafish rooms in the same building.

SYRACUSE UNIVERSITY



November 12, 2018

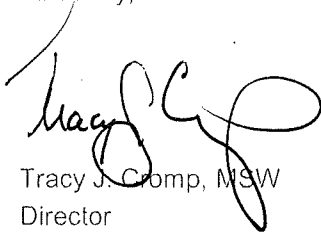
New York State Department of Health
Wadsworth Center-L. Mowatt D350
Laboratory Animal Welfare Program
Empire State Plaza, P-1 South Dock, J3
Albany, NY 12237

RE: 2018 Renewal Application for approval for Use of Living Animals at Syracuse University

Enclosed please find a renewal application for a certificate of approval for the use of living animals at Syracuse University for the period of January 1, 2019 through December 31, 2019.

Thank you for your assistance in processing this application. Please contact me at tjcromp@syr.edu, or (315) 443-2855 or if you need additional information.

Sincerely,



Tracy J. Crompton, MSW
Director

Enclosures

cc: John Liu
Melissa Pepling
Misty Touchette

214 Lyman Hall | 100 College Place | Syracuse, NY 13244-1200 | 315.443.3013 | researchintegrity.syr.edu