

Name: Trudeau Institute, Inc. [A034]

FOR OFFICE USE ONLY

Recd _____
Code A034 _____

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: Trudeau Institute, Inc.	
Address 1: 154 Algonquin Avenue	
Address 2:	
City, State, Zipcode: Saranac Lake, NY 12983	
County: Franklin	
Telephone Number: 518-891-3080	
Fax Number: 518-891-5126	
E-mail Address: wchapin@trudeauinstitute.org	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

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

Facility Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> 2 Year College | <input type="checkbox"/> 4 Year College | <input type="checkbox"/> Clinical or Environmental Lab |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Medical School | <input type="checkbox"/> Product Testing Lab |
| <input type="checkbox"/> Public Health Lab | <input checked="" 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 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 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 checked="" 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 checked="" type="checkbox"/> AAALAC Accredited | <input checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Other: <u>CDL Select Agent</u> | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Chapin, William	
Title: Chief Administrative Officer, I.O.	
Telephone Number: 518-891-3080	
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	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Latt, Richard	
Title: Attending Veterinarian	
Telephone Number: 518-891-3080	
Work Name/Address (if different from laboratory/institution): 154 Algonquin Avenue Saranac Lake, NY 12983,	
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

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Schneck, Amanda	
Title: Manager, Animal Facilities	
Telephone Number: 518-891-3080	
Work Hours: MON: 7:00 am to 4:00 pm TUE: 7:00 am to 4:00 pm WED: 7:00 am to 4:00 pm THU: 7:00 am to 4:00 pm FRI: 7:00 am to 4:00 pm	Work Hours: Mon: 7:30 ^{am} to 4pm Tue: 7:30am to 4pm Wed: 7:30am to 4pm Thu: 7:30am to 4pm Fri: 7:30am to 4pm 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.

William B. Chyn
Signature, Laboratory/Institutional Officer

CAO

Title

8-20-18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [025] Name: Trudeau Institute - Experimental Animal Facility	
Address 1: 154 Algonquin Ave.	
Address 2: Main Building	
City, State, Zipcode: Saranac Lake, NY 12983	
Site Telephone Number: 518-891-3080	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Schneck, Amanda	

CURRENT DATA	INDICATE CHANGES HERE
Site [026] Name: Trudeau Institute- Stafford Wing	
Address 1: 154 Algonquin Ave	
Address 2: Main Building	
City, State, Zipcode: Saranac Lake, NY 12983	
Site Telephone Number: 518-891-3080	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Schneck, Amanda	

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):	

Trudeau Institute Animal Facility Staff 2018.				
NAME	EMPLOYMENT STATUS	TITLE	EDUCATION	CERTIFICATION
Janice Carlson	Full-Time	Animal Care Technician II	A.S.	
Jonathan Lauber	Full-Time	Animal Care Technician II & Sternalization Technician	H.S. Diploma	ALAT
Jill Miller	Full-Time	Animal Care Technician II	A.S.	ALAT
Amanda (Red) Schneck	Full-Time	Animal Facilities Manager	B.A., A.S.	RN, LATG, CMAR, ILAM
Bobbie Jo Trumble	Full-Time	Animal Care Technician II	H.S. Diploma	ALAT
Toni Vincent	Full-Time	Animal Facilities Clerk	H.S. Diploma	
William White	Full-Time	Animal Care Technician II	H.S. Diploma	ALAT
Natalie Miller	Full-Time	EAM Supervisor	A.S.	LATG, RN

Trudeau Institute IACUC Committee 2018		
Name	Title	Role
Jody Hart, B.A	Manager Animal Technical Services	Chairperson
Marcia Blackman, Ph.D.	Faculty Member	Scientist
Richard Latt, D.V.M.	Veterinarian	Attending Veterinarian
Ruth Smith, M. Sc.	Professor (Ret.), Paul Smith's	Nonaffiliated Member
Kelly Stanyon, MLS	College Human Resources Manager/Information Specialist	Non-scientist
Amanda Schneck, B.A	Manager Animal Facilities	Non-scientist
William Chapin	CAO	Institutional Official (non-voting)
Toni Vincent	IACUC/Biosafety Administrative Coordinator	Secretary (non-voting)

Handling Infectious Waste

Infectious substances from the laboratories as well as the animal facility are handled as regulated medical waste (RMW). They are packaged in accordance with DOT regulations and are stored on site in a secure area. On a biweekly basis, Stericycle, a commercial processor of medical waste picks up and transports the waste to their processing facilities. Stericycle is also capable of handling the chemotherapeutic waste as needed. Staff who pick up, package and transport the RMW receive task specific training upon hire and as needed but not to exceed every three years.