

Name: University of Rochester [A050]

FOR OFFICE USE ONLY

Recd _____
Code A050

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: University of Rochester	
Address 1: 601 Elmwood Ave., Box 674	
Address 2:	
City, State, Zipcode: Rochester, NY 14642	
County: Monroe	
Telephone Number: 585-275-2651	
Fax Number: 585-273-1085	
E-mail Address: diane_moormanwhite@urmc.rochester.edu	

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 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 type="checkbox"/> Fish | <input checked="" type="checkbox"/> Sheep/Goats ✓ |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input checked="" type="checkbox"/> Cats ✓ | <input checked="" 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 checked="" type="checkbox"/> Rats (wild or other) ✓ | <input checked="" type="checkbox"/> Small Birds ✓ | <input checked="" type="checkbox"/> Non-Human Primates | <input checked="" type="checkbox"/> Poultry ✓ |
| <input checked="" type="checkbox"/> Other: <u>Gerbil</u> ✓ | | | |

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 checked="" type="checkbox"/> AAALAC Accredited | <input checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Other: <u>NIH Assured</u> | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE	
Laboratory/Institution Person In Charge (Name):					
Taubman, Mark					
Title:					
CEO of Med Ctr.Dean of School Med&Dent					
Telephone Number:					
585-275-0017					
Work Hours:				Work Hours:	
MON:	8:00 am	to	4:30 pm	Mon:	to
TUE:	8:00 am	to	4:30 pm	Tue:	to
WED:	8:00 am	to	4:30 pm	Wed:	to
THU:	8:00 am	to	4:30 pm	Thu:	to
FRI:	8:00 am	to	4:30 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

CURRENT DATA				INDICATE CHANGES HERE	
Veterinarian in Charge (Name): Wyatt, Jeff					
Title: Attending Veterinarian					
Telephone Number: 585-275-2651					
Work Name/Address (if different from laboratory/institution):					
Work Hours:				Work Hours:	
MON:	8:00 am	to	4:30 pm	Mon:	to
TUE:	8:00 am	to	4:30 pm	Tue:	to
WED:	8:00 am	to	4:30 pm	Wed:	to
THU:	8:00 am	to	4:30 pm	Thu:	to
FRI:	8:00 am	to	4:30 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

CURRENT DATA				INDICATE CHANGES HERE			
Contact Person (Name): Thomas, Lonnie							
Title: Director of Vivarium Operations							
Telephone Number: 585-275-2651							
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.

Signature, Laboratory/Institutional Officer

CEO, URMC, Dean SMD,
Title Sr VP
Health Sciences

8/27/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [004] Name: School of Medicine & Dentistry	
Address 1: 601 Elmwood Ave., Box 674 (Med. Ctr.)	
Address 2:	
City, State, Zipcode: Rochester, NY 14642	
Site Telephone Number: 585-275-2651	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Moorman-White, Diane (DVM)	

CURRENT DATA	INDICATE CHANGES HERE
Site [005] Name: Medical Center Annex	
Address 1: 601 Elmwood Ave., Box 674	
Address 2:	
City, State, Zipcode: Rochester, NY 14642	
Site Telephone Number: 585-275-2651	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Moorman-White, Diane (DVM)	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [006] Name: Brain & Cognitive Sciences	
Address 1: 355 Meliora Hall - River Campus	
Address 2:	
City, State, Zipcode: Rochester, NY 14620	
Site Telephone Number: 585-275-2651	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Moorman-White, Diane (DVM)	

CURRENT DATA	INDICATE CHANGES HERE
Site [011] Name: Hutchison Hall	
Address 1: River Campus, Box 270211	
Address 2:	
City, State, Zipcode: Rochester, NY 14642	
Site Telephone Number: 585-275-2651	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Moorman-White, Diane	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [017] Name: Lake Immunogenics (Limited use Satellite Facility)	
Address 1: 348 Berg Road	<i>delete</i>
Address 2:	
City, State, Zipcode: Ontario, NY 14519	
Site Telephone Number: 585-265-1973	
Site Fax Number: 585-265-2306	
Site E-mail Address: diane_moormanwhite@urmc.rochester.edu	
Contact Person (Name): Moorman-White, Diane	

SECTION III - PERSONNEL INFORMATION

Vivarium Department
Animal Care Staff

TITLE	FULL/PA RT TIME	TITLE	EDUCATION LEVEL
Director	Full Time	Director of Vivarium Operations (CMAR)	BS
Director	Full Time	Director for Finance and Administration	BS
Assistant Director	Full Time	Assistant Director of Vivarium Operations (LAT)	
Supervisor	Full Time	Supervisor (ALAT)	
Supervisor	Full Time	Supervisor (ALAT)	
Supervisor	Full Time	Supervisor (LAT)	
Purchasing Director	Full Time	Order & Receiving Clerk (LAT)	
Regulated Species Caretaker	Full Time	Lab Animal Tech	
Regulated Species Caretaker	Full Time	Lab Animal Tech	
Regulated Species Caretaker	Full Time	Lab Animal Tech (LATG)	
Regulated Species Caretaker	Full Time	Lab Animal Tech	
Rodent Caretaker	Full Time	Lab Animal Tech	
Rodent Caretaker	Full Time	Lab Animal Tech (ALAT)	
Rodent Caretaker	Full Time	Lab Animal Tech (ALAT)	
Rodent Caretaker	Full Time	Lab Animal Tech (LAT)	
Rodent Caretaker	Full Time	Lab Animal Tech	
Rodent Caretaker	Full Time	Lab Animal Tech	
Rodent Caretaker	Full Time	Lab Animal Tech	
Rodent Caretaker	Full Time	Lab Animal Tech (LATG)	
Secretary	Full Time	Secretary (ALAT)	
Rodent Caretaker	Full Time	Lab Animal Tech (LAT)	
Rodent Caretaker	Full Time	Lab Animal Tech (ALAT)	
Rodent Caretaker	Full Time	Lab Animal Tech	
Rodent Caretaker	Full Time	Lab Animal Tech	
Rodent Caretaker	Full Time	Lab Animal Tech Assist.	
Rodent Caretaker	Full Time	Lab Animal Tech Assist.	
Rodent Caretaker	Full Time	Lab Animal Tech Assist.(ALAT)	

IACUC MEMBERSHIP (Current Roster – Names and Codes)

CHANGE DATES AND UPDATE

8/23/18

Name of Member/Code	Degree/Credentials	Position Title	PHS Policy Membership Requirements
(1) Jeffrey Wyatt	DVM, MPH, DACLAM	Professor and Chair of Comparative Medicine	Attending Veterinarian, V
(16) Christopher Stodgell	Ph.D.	UCAR Chair, Research Assoc. Prof., Obstetrics and Gynecology	Scientist, V
(2)	DVM, CPIA	Assoc. Prof., Comparative Medicine, Director, Regulatory Compliance and Quality Assurance	Veterinarian, V
Mark Taubman	M.D.	Dean, School of Medicine and Dentistry, I.O.	Ex-officio, nonvoting
(4)	Ph.D.	Asst. Prof., Pediatrics	Scientist, V
(5)	B.S., M.S.	Outside Member, Retired Teacher, Monroe #1 BOCES	Nonscientist, nonaffiliated, V
(7)	Ph.D.	Professor, Biochemistry and Biophysics	Scientist, V
(8)	B.S., LVT, LATG, CPIA	Compliance Analyst Trainer and UCAR Research & Training Coordinator	Member, V
(17)	Ph.D.	Research Assoc. Prof., Radiation Oncology	Scientist, V
(20)	Ph.D.	Asst. Prof., Otolaryngology, UCAR Vice Chair	Scientist, V
(24)	Ph.D.	Assoc. Prof., Neurobiology and Anatomy	Scientist, V
(28)	DVM	Assoc. Prof., Chief, Small Animal Medicine and Research, Alternate for #2	Veterinarian, V as alternate
(29)	M.D., Ph.D.	Asst. Prof., Orthopaedics	Scientist, V
(30)	M.S.L.S.	Biomedical Sciences Librarian	Nonscientist, V
(33)	Ph.D.	Assoc. Prof, Brain and Cognitive Sciences. Alternate to #24	Scientist, V
(34)	Ph.D.	Research Associate Professor - Department of Medicine, Pulmonary Diseases and Critical Care	Scientist, V
(35)	Ph.D.	Outside Member, Independent Business Owner	Member, V
(36)	B.S.	Compliance, alternate to #8	Non-Scientist, V as alternate
(37)	Ph.D.	Asst Prof, Aab Cardiovascular Research	Scientist, V
(38)	Ph.D.	Professor, Dept of Anesthesiology	Scientist, V
(39)	DVM	Asst Prof, Chief of Large Animal Medicine and Research, Alternate for #1	Veterinarian, V

University of Rochester Code NO: A050

Procedures for processing medical waste generated by the animals

All animal protocols involving human infectious agents are reviewed for safe work practices and waste disposal by the University's Environmental Health and Safety Unit and approved by the IACUC.

All regulated wastes are decontaminated by autoclaving prior to incineration or directly transported to the incinerator in durable, leak proof containers.

10/28/16