

Name: Adelphi University [A051]

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Code A051

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
<b>Laboratory/Institution Name:</b> Adelphi University	
<b>Address 1:</b> Office of Research and Sponsored Programs	
<b>Address 2:</b> South Avenue	
<b>City, State, Zipcode:</b> Garden City, NY 11530	
<b>County:</b> Nassau	
<b>Telephone Number:</b> 516-877-3259	
<b>Fax Number:</b> 516-877-3297	
<b>E-mail Address:</b> cortina@adelphi.edu	

RECEIVED

NOV 30 2018

FACILITIES MANAGEMENT

AW-APP01(10/2007)

Obtained by Rise for Animals.  
Uploaded to Animal Research Laboratory Overview (ARLO) on 07/13/2021

## 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 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 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: <u>degus</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 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
<b>Laboratory/Institution Person In Charge (Name):</b> Foellmer, Matthias	
<b>Title:</b> Associate Professor, IACUC Chair	Professor, IACUC Chair
<b>Telephone Number:</b> 518-877-4206	
<b>Work Hours:</b>  MON: 9:00 am to 5:00 pm TUE: 9:00 am to 5:00 pm WED: 9:00 am to 5:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm to to	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
<b>Veterinarian in Charge (Name):</b> DeVito, Angela B.	
<b>Title:</b>	
<b>Telephone Number:</b> 516-483-9720	
<b>Work Name/Address (if different from laboratory/institution):</b> West Hempstead Animal Hospital 104 Cherry Valley Avenue West Hempstead, NY 11552	
<b>Work Hours:</b>  to to to to to to to	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Contact Person (Name):</b> Cortina, Mary	
<b>Title:</b> Director, Sponsored Programs	
<b>Telephone Number:</b> 516-877-3259	
<b>Work Hours:</b>  MON: 9:00 am to 5:00 pm TUE: 9:00 am to 5:00 pm WED: 9:00 am to 5:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm to to	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

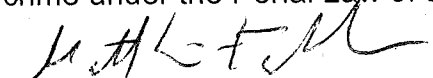
- ☐ Attach a list of all full-time and part-time animal care staff which includes the following information:  
Name, Full-Time or Part-Time, Title and Education Level (Highest).
- ☐ No additional staff.


### SECTION IV - ATTESTATION

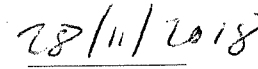
I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) 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

  
Title

  
Date

## 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):	

## Adelphi University

### Animal Care Staff:

Name	Full/Part Time	Title	Education
John Hunter, <i>Ph.D.</i>	Part	Animal Care Supervisor	PhD
Rebecca Ortega	Part	Animal Care Assistant	BSc candidate
Laura Fallon	Part	Animal Care Assistant	BSc, MSc candidate

**IO (Institutional Official):** Associate Provost Christopher Storm

### Institutional Animal Care and Use Committee (IACUC):

Name	Title	Education
Dr. Matthias Foellmer	Chair of IACUC, Biology Faculty	PhD
Dr. Mary Cortina	IACUC Administrator; Director of ORSP	PhD
Dr. Carolyn Bauer	Principle Investigator, Biology Faculty	PhD
Dr. Angela DeVito, DVM	Veterinarian	DVM
John Salig	Nonaffiliated Representative	MSc
Frank Alfieri	Nonaffiliated, non-scientific Representative	
Dr. Andrea Ward	Ex officio (Departmental chair)	PhD