

Name: The College at Saint Rose [A004]

FOR OFFICE USE ONLY

Recd

Code

A004

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> The College at Saint Rose	
<b>Address 1:</b> 432 Western Ave., Science Ctr., Rm. 258	
<b>Address 2:</b>	
<b>City, State, Zipcode:</b> Albany, NY 12203	
<b>County:</b> Albany	
<b>Telephone Number:</b> 518-454-5247	
<b>Fax Number:</b> 518-458-5446	
<b>E-mail Address:</b> jaquaysc@mail.strose.edu	

## 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 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 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 type="checkbox"/> Diagnostic Procedures      | <input 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 type="checkbox"/> USDA Registered | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Other: _____      |  |  |

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Laboratory/Institution Person In Charge (Name):</b> Jaquays, Colin	
<b>Title:</b> Laboratory Manager	
<b>Telephone Number:</b> 454-5247	
<b>Work Hours:</b>  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	<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> Krause, Karen	
<b>Title:</b>	
<b>Telephone Number:</b> 518-262-5389	
<b>Work Name/Address (if different from laboratory/institution):</b> 	
<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> Jaquays, Colin	
<b>Title:</b> Laboratory Manager	
<b>Telephone Number:</b> 518-454-5247	
<b>Work Hours:</b>  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	<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.

Colin Jaquays  
Signature, Laboratory Institutional Officer

Laboratory Manager  
Title

9/10/18  
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):	

The College of Saint Rose  
Institutional Animal Care and Use Committee

Committee Members as of September 2018

- Dr. Robert Flint, The College of Saint Rose, [flintr@mail.strose.edu](mailto:flintr@mail.strose.edu), 518 458-5379, animal researcher
- Colin Jaquays, The College of Saint Rose, [jaquaysc@mail.strose.edu](mailto:jaquaysc@mail.strose.edu), 518 458-5247, co-chair
- Dr. Karen Krause, [REDACTED] 262-5389, veterinarian
- Sloane Crawford, [sloane.crawford@dec.ny.gov](mailto:sloane.crawford@dec.ny.gov), 518 402-9415, Non-Saint Rose affiliated/Non-animal Research member
- Dr. Steven Strazza, The College of Saint Rose, [strazzas@mail.strose.edu](mailto:strazzas@mail.strose.edu), 518 454-5285
- Dr. Brian Jensen, The College of Saint Rose, [jensenb@mail.strose.edu](mailto:jensenb@mail.strose.edu), 518 454-5274, animal researcher
- Dr. Becky Landsberg, The College of Saint Rose, [landsber@strose.edu](mailto:landsber@strose.edu), 518 454-2868, animal researcher, co-chair

**Section III: Personnel Information****Code: A004**

Animal Care Staff  
The College of Saint Rose  
September 2018

<b>Name</b>	<b>FT/PT</b>	<b>Title</b>	<b>Ed. Level</b>
Dr. Rob Flint	Full Time	Professor of Psychology	PhD
Dr. Brian Jensen	Full Time	Associate Professor of Biology	PhD
Colin Jaquays	Full Time	Laboratory Manager	MS
Dr. Becky Landsberg	Full Time	Assistant Professor of Biology	PhD
Students **			

\*\* Since our animal facility is an educational one, there may be students each semester who are assigned to care for animals. These students will be chosen either because they are taking a specific class that uses animals or they will be work study students assigned to the task. Each student will receive full training before handling any animal. A list of students involved with the animal care facility will be forwarded to you each semester upon request.