

Name: D'Youville College [A219]

FOR OFFICE USE ONLY

Recd
Code A219

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: D'Youville College	
Address 1: 320 Porter Ave.	
Address 2: School of Arts Science & Education Bldg.	
City, State, Zipcode: Buffalo, NY 14201	
County: Erie	
Telephone Number: 716-829-8238	
Fax Number: 716-829-8167	
E-mail Address: daviec@dyc.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 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 type="checkbox"/> Mice (genus mus) | <input checked="" type="checkbox"/> Hamsters | <input checked="" type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input checked="" type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input type="checkbox"/> Rats (genus rattus) | <input checked="" 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: <u>Bearded dragon, Cornsnake, Leopard gecko</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 checked="" 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	
Laboratory/Institution Person In Charge (Name):					
Voorhees, Clara					
Title:					
Assistant Professor				Associate Professor	
Telephone Number:					
716-829-8238					
Work Hours:				Work Hours:	
MON:	7:30 am	to	6:00 pm	Mon:	to
TUE:	7:30 am	to	6:00 pm	Tue:	to
WED:	7:30 am	to	6:00 pm	Wed:	to
THU:	7:30 am	to	6:00 pm	Thu:	to
FRI:	7:30 am	to	6:00 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

CURRENT DATA				INDICATE CHANGES HERE	
Veterinarian in Charge (Name): Brainard, Albert L.					
Title:					
Telephone Number: 716-947-5055					
Work Name/Address (if different from laboratory/institution): Derby Small Animal Clinic 6850 Prescot Derby, NY 14047					
Work Hours:				Work Hours:	
MON:	8:00 am	to	5:00 pm	Mon:	to
TUE:	8:00 am	to	5:00 pm	Tue:	to
		to		Wed:	to
		to		Thu:	to
FRI:	8:00 am	to	5:00 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Voorhees, Clara	
Title: Assistant Professor	Associate Professor
Telephone Number: 716-829-8238	
Work Hours: MON: 7:30 am to 6:00 pm TUE: 7:30 am to 6:00 pm WED: 7:30 am to 6:00 pm THU: 7:30 am to 6:00 pm FRI: 7:30 am to 6:00 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.

Clara Voorhees
Signature, Laboratory/Institutional Officer

Associate Professor Biology
Title

10/15/2018
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [003] Name: SASE Frogs School of Arts Science & Education	
Address 1: 605 Niagara St.	
Address 2: Room 203	
City, State, Zipcode: Buffalo, NY 14201	
Site Telephone Number: 716-572-1888	
Site Fax Number:	
Site E-mail Address: gervasim@dyc.edu	
Contact Person (Name): Gervasi, Megan	

CURRENT DATA	INDICATE CHANGES HERE
Site [004] Name: DAC Fish D'Youville Academic Center	DAC rm 508-511
Address 1: 320 Porter Avenue	
Address 2: D'Youville Academic Center, Rm. 508	
City, State, Zipcode: Buffalo, NY 14201	
Site Telephone Number: 716-829-8486	
Site Fax Number:	
Site E-mail Address: garbaa@dyc.edu	
Contact Person (Name): Dr. Adinoyi, Garba	

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):	

Fall 2018

IACUC Members

Dr. Mary Hurley - full time - full professor - Ph.D.

Dr. Robert Wollman - full time - Staff: department technician - Ph.D.

Dr. Laura Hechtel - full time - assistant professor - Ph.D.

Dr. Clara Davie - full time - Associate professor - Ph.D.

Dr. Jeremiah Davie - full time - Associate professor - Ph.D.

Dr. Stacy Ruvio - full time - Assistant professor - Ph.D.

Dr. Brainard DVM*

*Non-affiliated member

Animal Care Staff Fall 2018

Clara Voorhees- Full-time Associate Professor- PhD
Megan Gervasi- Full-time Assistant Professor-PhD
Adinoyi Garba- Full-time Assistant Professor- Pharm.D
Jason Sprowl- Full-time Assistant Professor- Pharm.D

Isabella Lucania- Full-time undergraduate student
Cristian Kriner- Full-time undergraduate student
Marissa Vargus- Full-time undergraduate student
Patrick Plummer- Full-time undergraduate student
Shawn Subhit- Full-time undergraduate student
Mary-Katherine Crapsi- Full-time undergraduate student
Maria Rocka- Full-time undergraduate student
Matthew Critelli- Full-time undergraduate student
Khaled Numan-Ali- Full-time undergraduate student
Jerilynn Charley- Full-time undergraduate student
Kristy Starr- Full-time undergraduate student