

Name: Hamilton College [A065]

FOR OFFICE USE ONLY

Recd
Code A065

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: Hamilton College	
Address 1: 198 College Hill Rd. - Science Center	
Address 2:	
City, State, Zipcode: Clinton, NY 13323	
County: Oneida	
Telephone Number: 315-859-4734	
Fax Number: 315-859-4807	
E-mail Address: sxrobins@hamilton.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 checked="" type="checkbox"/> Small Birds ✓ | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input checked="" type="checkbox"/> Other: <u>turtles</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 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 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):							
Robinson, Siobhan							
Title:							
Assistant Professor of Psychology							
Telephone Number:							
315-859-4165							
Work Hours:				Work Hours:			
MON:	8:30 am	to	4:30 pm	Mon:		to	
TUE:	8:30 am	to	4:30 pm	Tue:		to	
WED:	8:30 am	to	4:30 pm	Wed:		to	
THU:	8:30 am	to	4:30 pm	Thu:		to	
FRI:	8:30 am	to	4:30 pm	Fri:		to	
		to		Sat:		to	
		to		Sun:		to	

CURRENT DATA		INDICATE CHANGES HERE	
Veterinarian in Charge (Name): Walsh, Maureen			
Title:			
Telephone Number: 315-853-8178			
Work Name/Address (if different from laboratory/institution): <div style="background-color: black; height: 40px; width: 100%;"></div>			
Work Hours: MON: 8:00 am to 6:00 pm TUE: 8:00 am to 6:00 pm WED: 8:00 am to 6:00 pm THU: 8:00 am to 6:00 pm FRI: 8:00 am to 6:00 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): Robinson, Siobhan	
Title: Assistant Professor of Psychology	
Telephone Number: 315-859-4165	
Work Hours: 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	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.

Siobhan Robinson
Signature, Laboratory/Institutional Officer

Assistant Professor of Psychology
Title

Aug 24, 2018
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [001] Name: Aviary	
Address 1: Campus Rd	
Address 2:	
City, State, Zipcode: Clinton, NY 13323	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Townsend, Andrea	

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):	



Siobhan Robinson, Ph.D.
Department of Psychology
& Neuroscience Program
Hamilton College
198 College Hill Road
Clinton, NY 13323
(315) 859-4165
sxrobins@hamilton.edu

TO: NYS Department of Health
Wadsworth Center
Laboratory Animal Welfare Program

Dear NYS Dept of Health,

August 24, 2018

Enclosed please find our 2019 Renewal Application for Approval for use of Living Animals. Listed below are the attachments requested.

Attachment to accompany Hamilton College 2019 Renewal for Approval for the Use of Living Animals

Section II – IACUC members

Chairperson: Siobhan Robinson
Member and Veterinarian: Maureen Walsh
Member – non affiliated: Ruth Cosgrove
Member – non-scientist: Katherine Terrell
Member – ex-officio: Jeffery Ritchie
Member: Andrea Townsend
Member: Sally Corney

Section III – Personnel

Full time animal care staff:
Sally Corney
Animal Care Technician
Full time employee
Bachelor of Science, Animal Science

Regards,
Siobhan Robinson, PhD