

Name: Hofstra University Biology Department [A055]

FOR OFFICE USE ONLY

Recd
Code A055

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: Hofstra University Biology Department	
Address 1: 130 Gittleson Hall	
Address 2: 114 Hofstra University	
City, State, Zipcode: Hempstead, NY 11549	
County: Nassau	
Telephone Number: 516-463-5530	
Fax Number: 516-463-5839	
E-mail Address: carol.j.angelo@hofstra.edu	carol.j.angelo@hofstra.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 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>Tortoises, Turtles, Lobster, Starfish</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 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): Rifkin, Benjamin	<i>PhD</i>
Title: Dean	
Telephone Number: 516-463-5411	
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

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Hanusch, Richard	<i>DVM</i>
Title:	<i>Animal Facility Veterinarian</i>
Telephone Number: 516-722-4242	
Work Name/Address (if different from laboratory/institution): 	
Work Hours: to to to to to to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to <i>On call</i>

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): St. Angelo, Carol J.	<i>PLD</i>
Title: Laboratory Director	
Telephone Number: 516-463-5530	
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).

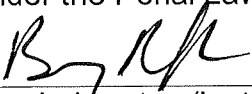
☐ No additional staff.

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.


Signature, Laboratory/Institutional Officer

Dean, Hofstra College
Title
of Liberal Arts & Sciences

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):	

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE Date: 8/29/18

NAME: Hofstra University Biology Department [A055]

Chairperson Name, Title, and Degree/Credentials		Business Address, Phone, Fax, and Email of Chairperson		
Name: Steven R. Costenoble	Title: Sr. Assoc. Dean for Budget and Planning	Address: 220B Heger Hall 115 Hofstra University Hempstead, NY 11549		
Degree/credentials: Ph.D.				
		Phone: 516-463-5414	Fax: 516-463-4861	Email: matsrc@Hofstra.edu

Name of Member/Code	Degree/Credentials	Position Title	PHS Policy Membership Requirements
Maryanne Kelly	B.S. (Education)	Outside Representative	Non-affiliated member & Nonscientist
Richard Hanusch	D.M.V.	Consulting Veterinarian	Veterinarian
Carol J. St. Angelo	Ph.D.	Lab Director	Member
Russell Burke	Ph.D.	Professor	Scientist
Oscar Pineño	Ph.D.	Assoc. Professor	Scientist
Peter Daniel	Ph.D.	Professor, Chair of Biology Department	Scientist
Lisa Filippi	Ph.D.	Assoc. Professor	Scientist
Kathleen Lynch	Ph.D.	Asst. Professor	Scientist

Hofstra University Biology Department Animal Facility AO55

Animal Care Staff

Nancy Radecker, Animal Facility Caretaker B.A. FT: M-F, 9-5 Sat, Sun, 10-2

Trevor Hunter, Student Aid (college student) PT: 6-10 hours/week (times vary)

Stephanie Ramirez, Student Aid (college student) PT: 6-10 hours/week (times vary)