



Inspection Report

Rockefeller University
1230 York Avenue
Box 2
New York New York, NY 10065

Customer ID: **307**
Certificate: **21-R-0226**
Site: 001
ROCKEFELLER UNIVERSITY

Type: ROUTINE INSPECTION
Date: 31-MAY-2017

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Associate Director

Inspection took place over 2 days 5/30-31/2017

Prepared By:

LOPINTO JOHN, D V M USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER 1008

Date:
31-MAY-2017

Received By:

Title:
19-04386_000001

(b) (6), (b) (7)(C)

Date:
31-MAY-2017



Cust No	Cert No	Site	Site Name	Inspection
307	21-R-0226	001	ROCKEFELLER UNIVERSITY	31-MAY-17

Count	Species
000002	CRAB-EATING MACAQUE / LONG-TAILED MACAQUE / CYNOMOLGUS MONKEY
000021	RHESUS MACAQUE
000038	COMMON MARMOSET
000061	Total



Inspection Report

Rockefeller University
1230 York Avenue
Box 2
New York New York, NY 10065

Customer ID: **307**

Certificate: **21-R-0226**

Site: 002

WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY

Type: ROUTINE INSPECTION

Date: 06-JUL-2017

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Associate Director

IACUC records reviewed at main site

Prepared By:

LOPINTO JOHN, D V M USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER 1008

Date:

06-JUL-2017

Received By:

Title:

19-04386_000003

(b) (6), (b) (7)(C)

Date:

06-JUL-2017



Cust No	Cert No	Site	Site Name	Inspection
307	21-R-0226	002	ROCKEFELLER UNIVERSITY	06-JUL-17

No Animals were Inspected.

Count	Species
000000	NONE
000000	Total



Inspection Report

Rockefeller University
1230 York Avenue
Box 2
New York New York, NY 10065

Customer ID: **307**
Certificate: **21-R-0226**
Site: 001
ROCKEFELLER UNIVERSITY

Type: ROUTINE INSPECTION
Date: 11-APR-2018

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Associate Vice President

Inspection took place 4/10-11/ 2018

Prepared By:

LOPINTO JOHN, D V M USDA, APHIS, Animal Care

Date:
11-APR-2018

Title: VETERINARY MEDICAL OFFICER 1008

Received By:

Title:
19-04386_000005

(b) (6), (b) (7)(C)

Date:
11-APR-2018



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
307	21-R-0226	001	ROCKEFELLER UNIVERSITY	11-APR-18

Count	Scientific Name	Common Name
000042	<i>Callithrix jacchus</i>	COMMON MARMOSET
000005	<i>Macaca fascicularis</i>	CRAB-EATING MACAQUE / CYNOMOLGUS MONKEY
000025	<i>Macaca mulatta</i>	RHESUS MACAQUE
000072	Total	



Inspection Report

Rockefeller University
1230 York Avenue
Box 2
New York New York, NY 10065

Customer ID: 307

Certificate: 21-R-0226

Site: 002

WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY

Type: ROUTINE INSPECTION

Date: 07-JUN-2018

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Associate Director.

No animals housed, IACUC records reviewed at main site

Prepared By:

LOPINTO JOHN, D V M USDA, APHIS, Animal Care

Date:

07-JUN-2018

Title: VETERINARY MEDICAL OFFICER 1008

Received By:

Title:
19-04386_000007

(b) (6), (b) (7)(C)

Date:

07-JUN-2018



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
307	21-R-0226	002	WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY	07-JUN-18

No Animals were Inspected.

Count	Scientific Name	Common Name
000000	NONE	NONE
000000	Total	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0036
Exp. 10/31/2018

This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150.

Interagency Report Control
No. 0180-DOA-AN

Fiscal Year 2017

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NUMBER
21-R-0226

2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)

ROCKEFELLER UNIVERSITY
1230 YORK AVENUE
BOX 2
NEW YORK NEW YORK, NY 10065

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets, if necessary.)

FACILITY LOCATIONS (Sites)

ROCKEFELLER UNIVERSITY
(b) (7)(F)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use APHIS FORM 7023A.)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	14	0	0	14
8. Rabbits	0	0	0	0	0
9. Non-human Primates	0	4	58	0	62
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals					
13. Other Animals	0	20	0	0	20

ASSURANCE STATEMENTS

- 1.) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2.) Each principal investigator has considered alternatives to painful procedures.
- 3.) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.))

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR I.O.

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

(b) (6), (b) (7)(C)

DATE SIGNED
26-OCT-2017

OMB APPROVED
0579-0036

Interagency Report Control
No. 0180-DOA-AN

Fiscal Year 2017

1. REGISTRATION NUMBER
21-R-0226

2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)

ROCKEFELLER UNIVERSITY

1230 YORK AVENUE

BOX 2

NEW YORK NEW YORK, NY 10065

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)

[illegible]

ASSURANCE STATEMENTS

- 1.) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR I.O.

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

(b) (6), (b) (7)(C)

DATE SIGNED _____

26-OCT-2017

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OMB APPROVED
0579-0036

This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150.

Interagency Report Control
No. 0180-DOA-AN

Fiscal Year: 2018

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

REGISTRATION NUMBER 21-R-0226

Customer Number 307

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code)

ROCKEFELLER UNIVERSITY

1230 YORK AVENUE BOX 2

NEW YORK NEW YORK, NY 10065

Telephone: (212) 327-8566

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary)
FACILITY LOCATIONS (Sites) See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A.)

A.	B.	C.	D.	E.	F.
Animals Covered By The Animal Welfare Regulations	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.)	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4 Dogs	0	0	0	0	0
5 Cats	0	0	0	0	0
6 Guinea Pigs	0	3	0	0	3
7 Hamsters	0	0	0	0	0
8 Rabbits	0	0	0	0	0
9 Non-Human Primates	0	4	81	0	85
10 Sheep	0	0	0	0	0
11 Pigs	0	0	0	0	0
12 Other Animals	0	0	0	0	0

ASSURANCE STATEMENTS

- 1.) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2.) Each principal investigator has considered alternatives to painful procedures.
- 3.) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR I.O.

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

(b) (6), (b) (7)(C)

DATE SIGNED

16-OCT-2018

Research Facility Protocol Selection Worksheet^{*}

Legal Name: Rockefeller University

Customer Number: 307

Certificate Number: 21-R-226

Site Number: 002

Inspection Date: July 8, 2019

Inspection Type: Routine ☐ Focused ☒ (list areas inspected) _____ USDA regulated species,

Inspector: Dr Lopinto

Reasons Protocols Were Selected for Review :	How Many Protocols Were Selected
1. Protocols identified during inspection of concern (select all)	0
2. Column E protocols (select all) <small>Obtained by Rise for Animals. Uploaded 07/09/2020</small>	
3. Protocols with IACUC-approved exemptions/exceptions (select all)	
4. Protocols cited as noncompliant and not corrected during the last inspection (select all)	
5. Additional Protocols Selected: a. If <5 remaining protocols, select all remaining: b. If >5 remaining protocols, select 5 additional protocols: 1) Protocol for each regulated species and/or, 2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):	
Total Protocols Selected and Reviewed	0

***Note:** Protocol selection guidance applies to protocols which have been initially approved, or have had significant changes approved, since the last inspection. For protocols reviewed by an Animal Care Veterinary Medical Officer within the last year, professional judgment should be used in determining whether another review is necessary.

Version 2/11/19

Research Facility Protocol Selection Worksheet^{*}

Legal Name: Rockefeller University

Customer Number: 307

Certificate Number: 21-R-0226

Site Number: 001

Inspection Date: July 9, 2019

Inspection Type: Routine ☐ Focused ☒ (list areas inspected) _____ USDA species, _____

Inspector: Dr Lopinto

Reasons Protocols Were Selected for Review :	How Many Protocols Were Selected
1. Protocols identified during inspection of concern (select all)	0
2. Column E protocols (select all) <small>Obtained by Rise for Animals. Uploaded 07/09/2020</small>	
3. Protocols with IACUC-approved exemptions/exceptions (select all)	
4. Protocols cited as noncompliant and not corrected during the last inspection (select all)	
5. Additional Protocols Selected: a. If <5 remaining protocols, select all remaining: b. If >5 remaining protocols, select 5 additional protocols: 1) Protocol for each regulated species and/or, 2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):	
Total Protocols Selected and Reviewed	0

***Note:** Protocol selection guidance applies to protocols which have been initially approved, or have had significant changes approved, since the last inspection. For protocols reviewed by an Animal Care Veterinary Medical Officer within the last year, professional judgment should be used in determining whether another review is necessary.

Version 2/11/19

AUG 23 2017

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.		OMB No. 0579-0036 FORM APPROVED			
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT) REGISTRATION UPDATE		USDA USE ONLY Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100 <table border="1"> <tr> <td>CERTIFICATE NO./CUST NO: 21-R-0226 307</td> <td>RENEWAL DATE 25-Aug-2017 Vme.</td> </tr> </table>		CERTIFICATE NO./CUST NO: 21-R-0226 307	RENEWAL DATE 25-Aug-2017 Vme.
CERTIFICATE NO./CUST NO: 21-R-0226 307	RENEWAL DATE 25-Aug-2017 Vme.				
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Rockefeller University 1230 York Avenue Box 2 New York New York, NY 10065 COUNTY: NEW YORK TELEPHONE (212) 327 - 8536		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) (b) (7)(F) New York, NY 10021 County: New York			
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) 21-R-0036		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST N/A			
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. TYPE OF REGISTRATION: <input type="checkbox"/> Class E - Exhibitor <input type="checkbox"/> Class H - Intermediate Handler <input checked="" type="checkbox"/> Class R - Research Facility <input type="checkbox"/> Class T - Carrier			
7. FEDERAL FUND TYPES: <input type="checkbox"/> Award <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) Academic Institution			
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)					
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)			
(b) (6), (b) (7)(C)	Associate VP	1230 York Ave., NY 10065			

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 et seq, and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. SIGNATURE (b) (6), (b) (7)(C)	11. PRINT NAME Associate V.P.	12. DATE SIGNED 8/22/17
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United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: AUGUST 25, 2020

This is to certify that

ROCKEFELLER UNIVERSITY

is a registered
under the

CLASS R RESEARCH FACILITY

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

21-R-0226

Customer No.

307

Deputy Administrator

A handwritten signature in black ink, appearing to be "B. J. [unclear]", written over a horizontal line.