21 R0082 NOV 29 1999

FACILITY SITES LISTING

Licensee/Registrant Name:C	olumbia University-Health Sciences Division
License/Registration Number: 2	1-R-0082
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sure to include all requested in	house regulated animals under the above number. Be aformation. If the line does not apply, please mark have (3) sites copy this form as many times as needed
Site No.: 1 Name/Department:	Institute of Comparative Medicine
Address:	650 West 168th Street
	New York, NY 10032
Building:	Black Bldg & Eye Institute Annex Bldg.
Floor/Room:	18 and 19 Black, 8th Eye Institute
Contact Person:	(b)(6)(7)(c) Phone No.: (6)(6), (6)(7)(C)
Site No.: 2 Name/Department:	St. Luke's-Roosevelt Hospital, Antenucci Bldg
Address:	432 West 56th Street
	NY, NY 10019
Building:	
Floor/Room:	Basement
Contact Person:	(b)(b) (c)(7)(c) Phone No.: (b)(b), (b)(7)(c)
Site No. 3 Name/Department:	ST. Luke's-Roosevelt Hospital, Clark Bldg.
	1111 Amsterdam Avenue
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Building:	
Floor/Room:	10th floor
Contact Person:	(b) (b) (b) (7) (c) Phone No. (b) (6), (b) (7) (c)

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FACILITY SITES LISTING

Licensee/Registrant Name: Co	lumbia University, Health Sciences Division
License/Registration Number:	21-R-0082
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sure to include all requested	at house regulated animals under the above number. Be information. If the line does not apply, please mark three (3) sites copy this form as many times as needed
Site No.: 4 Name/Department	NYS Psychiatric Institute, Comp. Medical Sciences
Address	722 West 168th Street
	NY, NY 10032
Building	g:
- Floor/Room	a: 9th floor
Contact Person	Phone No.: (b)(c), (b)(7)(c) (6)(d), (b)(7)(c)
	Barton's West End Farms, Inc. Main Kennel Bldg, Area 19
	Oxford, NJ 07863
Building	J:
Floor/Room	n:
Contact Person	(b)(c), (b)(r)(c) Phone No.: (b)(b), (b)(7)(c)
Site No.: Name/Department	
Address	
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Building	
Floor/Room	l:
Contact Person	: Phone No.: