Procedures for Handling Allegations for Misconduct in Research

These procedures apply to allegations of research misconduct. The University accepts the following definition established by the U.S. Public Health Service:

"Misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Fabrication is making up data or results and recording or reporting them. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Research misconduct does not include honest error or differences of opinion."

A. Initial Allegations

1. Questions about, or suspicions of, misconduct in research should be brought to the attention of the Research Integrity Officer (RIO) for confidential counseling, mediation and possible informal resolution.

2. Any person may present allegations of research misconduct to the Vice President for Research or the RIO by any means of communication. The RIO will acknowledge receipt of allegations in writing to the complainant.

3. If the Vice President for Research has reason to believe that misconduct has occurred but no complainant has made a formal allegation, the Vice President for Research may pursue the matter independently following the procedures described in this policy.

4. When the RIO notifies the respondent of the allegation, all reasonable and practical steps shall be promptly taken to: (a) obtain custody of all research records and evidence needed to conduct the research misconduct proceeding; (b) inventory those materials; and (c) sequester them in a secure manner, except in those cases where the research records or evidence encompass scientific instruments shared by a number of users; custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Where appropriate, the respondent will be given copies of, or reasonable, supervised access to, the research records.

5. All reasonable and practical efforts will be undertaken to take custody of additional research records and evidence discovered during the course of the research misconduct proceeding, including at the inquiry and investigation stages, or if new allegations arise, subject to the exception for scientific instruments mentioned above.
6. After a review of the allegation and consultation with the complainant and respondent, the RIO shall decide within fifteen (15) calendar days whether the allegation should be referred to the Faculty Research Advisory Misconduct Committee or dismissed. A referral to the Faculty Research Advisory Misconduct Committee is warranted if the allegation: (a) falls within the definition of research misconduct; and (b) is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

7. If it is decided that the allegation warrants further action the complainant and respondent will be informed in writing of the beginning date of the inquiry process and invited to provide any materials they wish to have considered.

B. **The Faculty Research Advisory Misconduct Committee**

The Vice President for Research shall appoint no less than three members to the Faculty Research Advisory Misconduct Committee. The Committee shall be members of the University faculty or staff who, in the judgment of the Vice President for Research, have the appropriate seniority and knowledge to assess the alleged misconduct and do not have unresolved personal, professional or financial conflicts of interest that would interfere with an objective review.

C. **Inquiry**

1. The Faculty Research Advisory Misconduct Committee in coordination with the RIO will conduct a discreet inquiry based on communication with the respondent and the complainant. The purpose of the inquiry is to determine if there is reason to believe that misconduct may have occurred. The inquiry should be limited to activities necessary to determine whether to recommend a formal investigation:

   a. The inquiry shall comply with confidentiality requirements to keep the identities of the respondent and complainant confidential as possible.

   b. The Faculty Research Advisory Misconduct Committee shall prepare a written report that states what evidence was reviewed, summarizes relevant interviews, and reports the conclusions of the inquiry.

   c. If a majority of the Faculty Research Advisory Misconduct Committee recommends that a formal investigation be conducted, the RIO will notify the respondent that the inquiry found an investigation is warranted. The notice must include a copy of the report and refer to the relevant federal regulations and this policy.

   d. If the allegations appear to be unfounded or appear to have been made in a capricious or malicious manner, a written report will be provided to the Vice President for Research for appropriate action.
e. The inquiry shall be completed within sixty (60) calendar days, unless circumstances clearly warrant a longer period, in which case the record must include documentation of the reasons for the extension.

f. The Vice President for Research, and the RIO in coordination with the Office of Sponsored Programs Institutional Official will notify Federal authorities as required by law at any stage of the inquiry or investigation, if it becomes apparent that: there is immediate health hazard involved; an immediate need to protect Federal funds or equipment; immediate need to protect the interests of individuals affected by the inquiry; or likelihood that the alleged incident will be publicly reported.

g. If there is reasonable indication of possible criminal violations, authorities must be notified within twenty four (24) hours. The Vice President for Research shall initiate interim administrative actions as appropriate to protect Federal funds and the public health and to ensure that the purposes of the Federal financial assistance are carried out.

h. A copy of the Faculty Research Advisory Misconduct Committee inquiry report shall be made available to the respondent and opportunity provided for written response, must occur within fifteen (15) days of receipt of inquiry report. Comments from the respondent(s) may become part of the inquiry record.

i. The University will undertake all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct but against whom no finding of research misconduct is made.

j. All reasonable and practical efforts to protect or restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against these complainants, witnesses, and committee members.

2. The respondent shall then be informed of the identity of the complainant. If appropriate or mandated, the RIO, in coordination with the Office of Sponsored Programs Institutional Official, shall inform the appropriate sponsor and agencies of the decision to initiate an investigation on or before the date the investigation begins.

3. If evidence warrants there will be no investigation, documentation of that determination in sufficient detail shall be maintained by the RIO to permit a later assessment of the reasons why the determination not to conduct an investigation was made. These records shall be kept in a secure manner for at least seven (7) years after the termination of the inquiry, and upon request, be provided to authorized HHS personnel.
D. Investigation

1. The Faculty Research Advisory Misconduct Committee, if deemed necessary, will consult with any expertise to evaluate the evidence and issues related to the specific case.

2. The Faculty Research Advisory Misconduct Committee and the RIO shall have access to all persons and information needed to determine the extent to which misconduct has occurred. The investigation shall comply with confidentiality requirements detailed in this policy. The investigation shall be undertaken within thirty (30) calendar days of the determination that an investigation is warranted.

3. If the University plans to terminate the investigation for any reason without completing all relevant requirements, a report of such planned termination, including a description of the reasons for it, shall be made to the appropriate federal sponsors and the Office of Research Integrity (ORI). On or before the date on which the investigation begins, but not more than thirty (30) days from the determination of the need for investigation, the Vice President for Research or designee, shall provide HHS ORI with the written finding and a copy of the inquiry report.

4. Upon a request from HHS ORI, the Vice President for Research or designee shall promptly send them: (a) a copy of the institutional policies and procedures under which the inquiry was conducted; (b) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (c) the charges for the investigation to consider.

5. After the investigation, the Vice President for Research, or designee, shall promptly provide to HHS ORI: (a) a copy of the investigation report, all attachments, and any appeals; (b) a statement of whether the institution found research misconduct and, if so, who committed it, (c) a statement of whether the institution accepts the findings in the investigation report; and (d) a description of any pending or completed administrative actions against the respondent.

6. The Faculty Research Advisory Misconduct Committee shall use the following criteria in determining a finding of Misconduct: (a) there be a significant departure from accepted practices of the relevant research community; (b) the misconduct be committed intentionally, knowingly, or recklessly; and (c) the allegation be proven by a preponderance of the evidence.

7. The institution or HHS has the burden of proof for making a finding of research misconduct. The destruction, absence of, or respondent’s failure to provide research records adequately documenting the questioned research is evidence of research misconduct where the institution or HHS establishes by a preponderance of the evidence that the respondent intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain the records but did not
do so, or maintained the records and failed to produce them in a timely manner and that the respondent's conduct constitutes a significant departure from accepted practices of the relevant research community.

8. The respondent has the burden of going forward with and the burden of proving, by a preponderance of the evidence, any and all affirmative defenses raised. In determining whether HHS or the institution has carried the burden of proof imposed by this part, the finder of fact shall give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent. The respondent has the burden of proving by a preponderance of the evidence, any mitigating factors that are relevant to a decision to impose administrative actions following a research misconduct proceeding.

9. The Faculty Research Advisory Misconduct Committee shall prepare a written report documenting the extent to which, if at all, it has determined that misconduct has occurred. The report shall identify the policies and procedures under which the investigation was conducted, how and from whom information relevant to the investigation was obtained, and the basis for the findings. This report shall be given to the Vice President for Research, the respondent, and the complainant. The Faculty Research Advisory Misconduct Committee may recommend to the Vice President for Research a course of action based on its findings. The Vice President for Research shall provide a copy of the results of this investigation to the University President and the Provost. Other administrators also shall be notified if the Vice President for Research deems such action important to a resolution of the alleged misconduct.

10. The investigation will be completed within one hundred twenty (120) calendar days unless it finds that the investigation cannot reasonably be completed within that time in which case, the Faculty Research Advisory Misconduct Committee may request a thirty (30) calendar day extension from the Vice President for Research. The request should include an explanation for the delay, a progress report, an outline of remaining steps, and an estimated date of completion. The Vice President for Research or designee will forward the request to the HHS ORI and sponsoring agency.

E. Appeal
The respondent has thirty (30) calendar days following the receipt of the investigation report to file a written argument with the Vice President for Research. Any appeal process must be completed within one hundred and twenty (120) calendar days following the receipt of the report from the Faculty Research Advisory Misconduct Committee.

F. Determination of Action

1. Based on the report and the outcome of the written challenge, if any, the Vice President for Research in consultation with the President and Provost, shall determine and take appropriate administrative action. Should the report disclose misconduct, the appropriate University official may institute for cause proceedings or student conduct
disciplinary proceedings (using the Faculty Research Advisory Misconduct Committee investigation report as a basis for the probable cause determination) against the respondent.

2. The University shall undertake all reasonable, practical, and appropriate efforts to protect and restore the reputation of any person alleged to have engaged in research misconduct, but against whom no finding of research misconduct was made, if that person or his/her legal counsel or other authorized representative requests that the University do so. The University shall undertake all reasonable and practical efforts to protect and restore the position and reputation of any complainant, witness, the RIO, or members of the Faculty Research Advisory Misconduct Committee to counter potential or actual retaliation against those complainants, witnesses, the RIO, or members of the Faculty Research Advisory Misconduct Committee.

3. The appropriate University official shall also disclose the report and a description of any sanctions taken at the institution to any sponsors of the research, and shall cause the retraction or correction of already published articles or papers affected by the misconduct. Documentation substantiating the investigation's findings shall be made available, upon request, to appropriate officials of the sponsoring agency.

G. Records Retention
All records of the research misconduct proceeding shall be maintained, for seven (7) years after completion of the proceeding, or any ORI or HHS proceeding under Subparts D and E of 42 CFR Part 93, whichever is later, unless custody of the records and evidence has been transferred to HHS or ORI has advised that retention of records is no longer needed.

H. HHS ORI Guidelines and Procedures
HHS ORI abides by the following guidelines when the institution notifies them of a finding of misconduct in research or if HHS ORI determines to conduct their own investigation:

42 CFR 93.222: Research means a systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to public health by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied.

42 CFR 93.102(b,1a-e,2b): (1) This applies to allegations of research misconduct and research misconduct involving: (a) Applications or proposals for PHS support for biomedical or behavioral extramural or intramural research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information; (b) PHS supported biomedical or behavioral extramural or intramural research; (c) PHS supported biomedical or behavioral extramural or intramural research training programs;(d) PHS supported extramural or intramural activities that are
related to biomedical or behavioral research or research training, such as the operation of
tissue and data banks or the dissemination of research information; and (e) Plagiarism of
research records produced in the course of PHS supported research, research training or
activities related to that research or research training. (2) This includes any research proposed,
performed, reviewed, or reported, or any research record generated from that research,
regardless of whether an application or proposal for PHS funds resulted in a grant, contract,
cooperative agreement, or other form of PHS support.

42 CFR 93.103; 45 CFR 689.1(a,b): Research misconduct means fabrication, falsification, or
plagiarism in proposing, performing, or reviewing research, or in reporting research results. (a)
Fabrication is making up data or results and recording or reporting them. (b) Falsification is
manipulating research materials, equipment, or processes, or changing or omitting data or
results such that the research is not accurately represented in the research record.(c)
Plagiarism is the appropriation of another person's ideas, processes, results, or words without
giving appropriate credit. (d) Research misconduct does not include honest error or differences
of opinion.

42 CFR 93.104; 45 CFR 689.2(a-c): A finding of research misconduct made under this part
requires that (a) There be a significant departure from accepted practices of the relevant
research community; and (b) The misconduct be committed intentionally, knowingly, or
recklessly; and (c) The allegation be proven by a preponderance of the evidence.

42 CFR 93.106(a)(b)(1): The following evidentiary standards apply to findings made under this
part. (a) Standard of proof. An institutional or HHS finding of research misconduct must be
proved by a preponderance of the evidence. (b) Burden of proof. (1) The institution or HHS has
the burden of proof for making a finding of research misconduct. The destruction, absence of,
or respondent's failure to provide research records adequately documenting the questioned
research is evidence of research misconduct where the institution or HHS establishes by a
preponderance of the evidence, that the respondent intentionally, knowingly, or recklessly had
research records and destroyed them, had the opportunity to maintain the records but did not
do so, or maintained the records and failed to produce them in a timely manner and that the
respondent's constitutes a significant departure from accepted practices of the relevant
research community.

42 CFR 93.106(b)(2,3): The respondent has the burden of going forward with and the burden of
proving, by a preponderance of the evidence, any and all affirmative defenses raised. In
determining whether HHS or the institution has carried the burden of proof imposed by this
part, the finder of fact shall give due consideration to admissible, credible evidence of honest
error or difference of opinion presented by the respondent. (3) The respondent has the burden
of going forward with and proving by a preponderance of the evidence, any mitigating factors
that are relevant to a decision to impose administrative actions following a research
misconduct proceeding The respondent has the burden of going forward with and the burden
of proving, by a preponderance of the evidence, any and all affirmative defenses raised. In
determining whether HHS or the institution has establishes by a preponderance of the
evidence, that the respondent intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain the records but did not do so, or maintained the records and failed to produce them in a timely manner and that the respondent's constitutes a significant departure from accepted practices of the relevant research community.

42 CFR 93.108(1,2b): Disclosure of the identity of respondents and complainants in research misconduct proceedings is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective and fair research misconduct proceeding, and as allowed by law. Provided, however, that: (1) The institution must disclose the identity of respondents and complainants to ORI pursuant to an ORI review of research misconduct proceedings under Sec. 93.403.(2) Under Sec. 93.517(g), HHS administrative hearings must be open to the public.(b) Except as may otherwise be prescribed by applicable law, confidentiality must be maintained for any records or evidence from which research subjects might be identified. Disclosure is limited to those who have a need to know to carry out a research misconduct proceeding.

42 CFR 93.203: Complainant means a person who in good faith makes an allegation of research misconduct.

42 CFR 93.201: Allegation means a disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to an institutional or HHS official.

42 CFR 93.300: General responsibilities for compliance. Institutions under this part must—(a) Have written policies and procedures for addressing allegations of research misconduct that meet the requirements of this part;(b) Respond to each allegation of research misconduct for which the institution is responsible under this part in a thorough, competent, objective and fair manner, including precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved personal, professional or financial conflicts of interest with the complainant, respondent or witnesses;(c) Foster a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct;(d) Take all reasonable and practical steps to protect the positions and reputations of good faith complainants, witnesses and committee members and protect them from retaliation by respondents and other institutional members;(e) Provide confidentiality to the extent required by §93.108 to all respondents, complainants, and research subjects identifiable from research records or evidence;(f) Take all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records, and evidence;(g) Cooperate with HHS during any research misconduct proceeding or compliance review;(h) Assist in
administering and enforcing any HHS administrative actions imposed on its institutional members; and (i) Have an active assurance of compliance.

42 CFR 93.302(a): Compliance with assurance. ORI considers an institution in compliance with its assurance if the institution—(1) Establishes policies and procedures according to this part, keeps them in compliance with this part, and upon request, provides them to ORI, other HHS personnel, and members of the public; (2) Takes all reasonable and practical specific steps to foster research integrity consistent with Sec. 93.300, including—(i) Informs the institution's research members participating in or otherwise involved with PHS supported biomedical or behavioral research, research training or activities related to that research or research training, including those applying for support from any PHS funding component, about its policies and procedures for responding to allegations of research misconduct, and the institution's commitment to compliance with the policies and procedures; and (ii) Complies with its policies and procedures and each specific provision of this part. (b) Annual report. An institution must file an annual report with ORI which contains information specified by ORI on the institution's compliance with this part. (c) Additional information. Along with its assurance or annual report, an institution must send ORI such other aggregated information as ORI may request on the institution's research misconduct proceedings covered by this part and the institution's compliance with the requirements of this part.

42 CFR 93.304(k)(l): (k) All reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct but against whom no finding of research misconduct is made; (l) All reasonable and practical efforts to protect or restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against these complainants, witnesses, and committee members.

42 CFR 93.305(a-c),(k),(l): An institution, as the responsible legal entity for the PHS supported research, has a continuing obligation under this part to ensure that it maintains adequate records for a research misconduct proceeding. The institution must—(a) Either before or when the institution notifies the respondent of the allegation, inquiry or investigation, promptly take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments; (b) Where appropriate, give the respondent copies of, or reasonable, supervised access to the research records; (c) Undertake all reasonable and practical efforts to take custody of additional research records or evidence that is discovered during the course of a research misconduct proceeding, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments; (k) All
reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct but against whom no finding of research misconduct is made;(l) All reasonable and practical efforts to protect or restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against these complainant witnesses, and committee members.

42 CFR 93.307(a)(1-3): Criteria warranting an inquiry. An inquiry is warranted if the allegation--
(1) Falls within the definition of research misconduct under this part; (2) Is within Section 93.102; and (3) Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

42 CFR 93.307(b): Notice to respondent and custody of research records. At the time of or before beginning an inquiry, an institution must make a good faith effort to notify in writing the presumed respondent, if any. If the inquiry subsequently identifies additional respondents, the institution must notify them. To the extent it has not already done so at the allegation stage, the institution must, on or before the date on which the respondent is notified or the inquiry begins, whichever is earlier, promptly take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

42 CFR 93.307(g): Time for completion. The institution must complete the inquiry within 60 calendar days of its initiation unless circumstances clearly warrant a longer period. If the inquiry takes longer than 60 days to complete, the inquiry record must include documentation of the reasons for exceeding the 60-day period.

42 CFR 93.308(a-b): (a) Notice to respondent. The institution must notify the respondent whether the inquiry found that an investigation is warranted. The notice must include a copy of the inquiry report and include a copy of or refer to this part and the institution's policies and procedures adopted under its assurance.(b) Notice to complainants. The institution may notify the complainant who made the allegation whether the inquiry found that an investigation is warranted. The institution may provide relevant portions of the report to the complainant for comment.

42 CFR 93.309: Reporting to ORI on the decision to initiate an investigation (a) Within 30 days of finding that an investigation is warranted, the institution must provide ORI with the written finding by the responsible institutional official and a copy of the inquiry report which includes the following information--(1) The name and position of the respondent; (2) A description of the allegations of research misconduct;(3) The PHS support, including, for example, grant
numbers, grant applications, contracts, and publications listing PHS support; (4) The basis for recommending that the alleged actions warrant an investigation; and (5) Any comments on the report by the respondent or the complainant. (b) The institution must provide the following information to ORI on request—(1) The institutional policies and procedures under which the inquiry was conducted; (2) The research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) The charges for the investigation to consider. (c) Documentation of decision not to investigate. Institutions must keep sufficiently detailed documentation of inquiries to permit a later assessment by ORI of the reasons why the institution decided not to conduct an investigation. Consistent with Section 93.317, institutions must keep these records in a secure manner for at least 7 years after the termination of the inquiry, and upon request, provide them to ORI or other authorized HHS personnel. Upon request, institution must transfer custody of or provide copies to HHS, of any records relevant to a research misconduct allegation covered by this part, including the research records and evidence, to perform forensic or other analyses or as otherwise needed to conduct an HHS inquiry or investigation to present evidence in any proceedings under subpart D and E. (c) ORI has advised the institution in writing that it no longer needs to retain the records. (d) Notification of special circumstances. In accordance with Section 93.318, institutions must notify ORI and other PHS agencies, as relevant, of any special circumstances that may exist.

42 CFR 93.309(a)(1-3): Within 30 days of finding that an investigation is warranted, the institution must provide ORI with the written finding by the responsible institutional official and a copy of the inquiry report which includes the following information—(1) The name and position of the respondent; (2) A description of the allegations of research misconduct; (3) The PHS support, including, for example, grant numbers, grant applications, contracts, and publications listing PHS support.

42 CFR 93.310: Institutional investigation. Institutions conducting research misconduct investigations must: (a) Timeline. Begin the investigation within 30 days after determining that an investigation is warranted. (b) Notice to ORI. Notify the ORI Director of the decision to begin an investigation on or before the date the investigation begins and provide an inquiry report that meets the requirements of Section 93.307 and Section 93.309. (c) Notice to the respondent. Notify the respondent in writing of the allegations within a reasonable amount of time after determining that an investigation is warranted, but before the investigation begins. The institution must give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of investigation. (d) Custody of the records. To the extent they have not already done so at the allegation or inquiry stages, take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially
equivalent to the evidentiary value of the instruments. Whenever possible, the institution must take custody of the records—(1) Before or at the time the institution notifies the respondent; and (2) Whenever additional items become known or relevant to the investigation. (e) Documentation. Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations. (f) Ensuring a fair investigation. Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practicable, including participation of persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry or investigation. (g) Interviews. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation. (h) Pursue leads. Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.

42 CFR 93.313(a-h): The final institutional investigation report must be in writing and include: (a) Allegations. Describe the nature of the allegations of research misconduct. (b) PHS support. Describe and document the PHS support, including, for example, any grant numbers, grant applications, contracts, and publications listing PHS support. (c) Institutional charge. Describe the specific allegations of research misconduct for consideration in the investigation. (d) Policies and procedures. If not already provided to ORI with the inquiry report, include the institutional policies and procedures under which the investigation was conducted. (e) Research records and evidence. Identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody but not reviewed. (f) Statement of findings. For each separate allegation of research misconduct identified during the investigation, provide a finding as to whether research misconduct did or did not occur, and if so—(1) Identify whether the research misconduct was falsification, fabrication, or plagiarism, and if it was intentional, knowing, or in reckless disregard; (2) Summarize the facts and the analysis which support the conclusion and consider the merits of any reasonable explanation by the respondent; (3) Identify the specific PHS support; (4) Identify whether any publications need correction or retraction; (5) Identify the person(s) responsible for the misconduct; and (6) List any current support or known applications or proposals for support that the respondent has pending with non-PHS Federal agencies. (g) Comments. Include and consider any comments made by the respondent and complainant on the draft investigation report. (h) Maintain and provide records. Maintain and provide to ORI upon request all relevant research records and records of the institution's research misconduct proceeding, including results of all interviews and the transcripts or recordings of such interviews.

42 CFR 93.314(a-c): (a) While not required by this part, if the institution's procedures provide for an appeal by the respondent that could result in a reversal or modification of the findings of
research misconduct in the investigation report, the institution must complete any such appeal within 120 days of its filing. Appeals from personnel or similar actions that would not result in a reversal or modification of the findings of research misconduct are excluded from the 120-day limit.(b) If unable to complete any appeals within 120 days, the institution must ask ORI for an extension in writing and provide an explanation for the request.(c) ORI may grant requests for extension for good cause. If ORI grants an extension, it may direct the institution to file periodic progress reports;

42 CFR 93.315 (a-d): The institution must give ORI the following: (a) Investigation Report. Include a copy of the report, all attachments, and any appeals.(b) Final institutional action. State whether the institution found research misconduct, and if so, who committed the misconduct. (c) Findings. State whether the institution accepts the investigation's findings.(d) Institutional administrative actions. Describe any pending or completed administrative actions against the respondent.

42 CFR 93.317(5)(a-d): (a) The complete record of any institutional appeal covered by Sec. 93.314.(b) Maintenance of record. Unless custody has been transferred to HHS under paragraph (c) of this section, or ORI has advised the institution in writing that it no longer needs to retain the records, an institution must maintain records of research misconduct proceedings in a secure manner for 7 years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation under subparts D and E of this part, whichever is later. (d) Provision for HHS custody. On request, institutions must transfer custody of or provide copies to HHS, of any institutional record relevant to a research misconduct allegation covered by this part, including the research records and evidence, to perform forensic or other analyses or as otherwise needed to conduct an HHS inquiry or investigation or for ORI to conduct its review or to present evidence in any proceeding under subparts D and E of this part.

45 CFR 689.4(b)(1-5): If an institution wishes NSF to defer independent inquiry or investigation, it should:(1) Complete any inquiry and decide whether an investigation is warranted within 90 days. If completion of an inquiry is delayed, but the institution wishes NSF deferral to continue, NSF may require submission of periodic status reports.(2) Inform OIG immediately if an initial inquiry supports a formal investigation.(3) Keep OIG informed during such an investigation. (4) Complete any investigation and reach a disposition within 180 days. If completion of an investigation is delayed, but the institution wishes NSF deferral to continue, NSF may require submission of periodic status reports.(5) Provide OIG with the final report from any investigation.

45 CFR 689.4(a)(4): (a) Awardee institutions bear primary responsibility for prevention and detection of research misconduct and for the inquiry, investigation, and adjudication of alleged research misconduct. In most instances, NSF will rely on awardee institutions to promptly: (4) Provide appropriate safeguards for subjects of allegations as well as informants.

45 CFR 689.6(d)(1-4): An NSF investigation may include: (1) Review of award files, reports, and
other documents already readily available at NSF or in the public domain; (2) Review of procedures or methods and inspection of laboratory materials, specimens, and records at awardee institutions; (3) Interviews with subjects or witnesses; (4) Review of any documents or other evidence provided by or properly obtainable from parties, witnesses, or other sources.

42 CFR 689.10(a-c): (a) An affected individual or institution may appeal to the Director in writing within 30 days after receiving the Deputy Director's written decision. The Deputy Director's decision becomes a final administrative action if it is not appealed within the 30 day period. (b) The Director may appoint an uninvolved NSF officer or employee to review an appeal and make recommendations. (c) The Director will normally inform the appellant of a final decision within 60 days after receiving the appeal. That decision will be the final administrative action of the Foundation.