

# Columbia University Institutional Policy on Misconduct in Research

*The Columbia University Institutional Policy on Misconduct in Research was adopted by the University Senate on February 3, 2006, with revisions approved by the University Senate on December 12, 2025.*

*This revised Policy takes effect January 1, 2026, and applies to allegations of research misconduct received on or after that date.*

---

## Section A. Introduction

Columbia is committed to upholding the highest standards of scientific rigor in research. The University is committed to fostering an environment that promotes research integrity and the responsible conduct of research, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.

All individuals conducting research under the auspices of Columbia are expected to conduct research with honesty, rigor, and transparency. Each such individual is responsible for contributing to an organizational culture that establishes, maintains, and promotes research integrity and the responsible conduct of research.

Columbia University believes that the occurrence of research misconduct is a threat to the basic principles of research. Misconduct in research damages the integrity of the profession and undermines the credibility of scholars. It is also antithetical to the values the University strives to maintain and promote.

The University takes seriously all allegations of research misconduct, and believes that the procedures for the assessment, inquiry, investigation and adjudication of any research misconduct concern should be clear for all parties involved. The University is also cognizant of the need for protections for the complainant, the respondent and all witnesses involved in any research misconduct proceeding. This Policy is designed to address both of these issues.

Allegations of research misconduct shall be addressed in accordance with this Policy and applicable regulations and policies. This Policy is based on the Federal Policy on Research Misconduct (the “OSTP Policy”) of the Office of Science and Technology Policy, with revisions added based on the Public Health Service Policies on Research Misconduct (the “PHS Final Rule”), codified at 42 CFR 93, applicable on January 1, 2026. In accordance with the OSTP Policy and the definitions below, “*Research Misconduct*” means any Fabrication, Falsification or Plagiarism in proposing, performing or reviewing Research or reporting Research results. Research Misconduct does not include honest error or differences of opinion.

This is a University-wide Policy which applies to all individuals conducting research under the auspices of the University, including Officers of Instruction, Officers of Research, Officers of the Libraries, students and members of the research staff, who may be involved in research at the University and all Research conducted by such individuals, whether or not federally funded, and proposals for such Research, other than Research undertaken in fulfillment of a course

requirement (unless there is an expectation of publication or dissemination outside the University of the results of such Research). This Policy applies to such Research even if the individual who conducted such Research is no longer affiliated with the University.

## **Section B. Definitions**

*“Allegation”*: a disclosure of possible Research Misconduct through any means of communication and brought directly to the attention of an Institutional Official.

*“Complainant”*: the individual bringing an Allegation of Research Misconduct.

*“Fabrication”*: the making up of data or results and the recording or reporting thereof.

*“Falsification”*: the manipulation of Research materials, equipment or processes, or the change or omission of data or results such that the Research is not accurately represented in the Research Record.

*“Good Faith”*: as applied to a Complainant, Respondent or Witness, includes having a belief in the truth of one’s Allegation or testimony that a reasonable person in any of these roles could have, based on the information known to the Complainant, Respondent or Witness at the time. An Allegation of or cooperation with a Research Misconduct proceeding is not in good faith if made with knowledge of or reckless disregard for information that would negate the Allegation or testimony. Good Faith as applied to a member of the Standing Committee or any Inquiry or Investigation Committee includes cooperating with the Research Misconduct proceeding by carrying out the duties assigned impartially for the purpose of helping the University meet its responsibilities under this Policy. A member of the Standing Committee or any Inquiry or Investigation Committee does not act in Good Faith if his/her acts or omissions during the Research Misconduct proceedings are dishonest or influenced by personal, professional or financial conflicts of interest with those involved in the Research Misconduct proceeding.

*“Institutional Official”*: the President, Executive Vice Presidents, the Provost and vice provosts, vice presidents, other senior officers, deans and vice-deans, associate deans, department chairs, division chiefs, and institute and center directors, but excluding any member of the Ombuds office.

*“Intentionally”*: To act intentionally means to act with the aim of carrying out the act.

*“Knowingly”*: To act knowingly means to act with awareness of the act.

*“Plagiarism”*: the appropriation of another person’s ideas, processes, results or words without giving appropriate credit. Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another’s work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. Plagiarism also does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. Self-plagiarism and authorship disputes do not meet the definition of Research Misconduct.

*“Preponderance of the Evidence”*: proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

**“Recklessly”**: To act recklessly means to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

**“Research”**: any systematic experiment, study, evaluation, demonstration, survey, or creative activity designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) by establishing, discovering, developing, elucidating, or confirming information. This applies to all fields of scholarly study, including but not limited to all fields of science, mathematics, engineering, arts, and the humanities.

**“Research Misconduct”**: Fabrication, Falsification, or Plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research Misconduct does not include honest error or differences of opinion.

**“Research Record”**: the record of data or results that embody the facts resulting from the research inquiry, including, without limitation, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports and journal articles.

**“Respondent”**: the individual who is the subject of an Allegation.

**“Responsible Academic Officer”**: with respect to any Respondent, the Chair, Dean or Director of the Department, School, Institute, Center or equivalent unit at the University of which such Respondent is a member.

**“Retaliation”**: an adverse action taken against a Complainant, Witness, or Committee member by the University or one of its members in response to a Good Faith allegation of research misconduct, or Good Faith cooperation with a research misconduct proceeding.

**“Witness”**: any individual who testifies or provides information with regard to an Allegation or whose Research Record is used as evidence during the course of a Research Misconduct proceeding.

### **Section C. Compliance with Laws, Regulations and Policies**

The administrative procedures to be followed by the University pursuant to this Policy are, in all cases, subject to the requirements of law. The University will comply with all applicable federal and state laws, regulations and policies with respect to Research Misconduct.

To the extent that any Research that is subject to an Allegation was supported by, or is proposed to be supported by, a federal agency whose Research Misconduct regulations and policies are inconsistent with this Policy, the terms of such agency’s Research Misconduct regulations and policies shall apply to the administrative processes described herein. Such other terms, if any, may be described in Annexes to this Policy, as amended from time to time.

### **Section D. The Committee on the Conduct of Research and the Research Integrity Officer**

1. The University has formed a special standing committee of Officers of Instruction, Officers of Research, Officers of the Libraries (collectively, the “Officers”) and students designated The

Committee on the Conduct of Research (the “*Standing Committee*”) which will be responsible for setting and communicating standards with respect to Research Misconduct and overseeing the administrative procedures relating to the review of any allegation of Research Misconduct.

2. The members of the Standing Committee will be appointed by the Executive Vice President for Research (the “*EVPR*”). The Standing Committee shall have at least eleven members, at least five of whom shall be selected from the Officers and students at the Columbia University Irving Medical Center (“*CUIMC*”) and at least five of whom shall be selected from the Officers and students of the University other than those at CUIMC. The Standing Committee shall include at least one Officer of Research at CUIMC, one Officer of Research at a campus of the University other than CUIMC, one Officer of the Libraries and one student involved in Research at the University. The EVPR shall appoint at least one of the members as Chair of the Standing Committee. The Standing Committee members shall have staggered four-year terms which may be renewable.
3. The safeguards described in Section M below shall be provided to the members of the Standing Committee, as applicable.
4. The EVPR will appoint the head of the Office of Research Compliance and Training to serve as the University’s Research Integrity Officer (“*Research Integrity Officer*” or “*RIO*”). The RIO will be responsible for administering the University’s written policies and procedures for addressing allegations of research misconduct, in collaboration and consultation with the Standing Committee.
5. Any individual who has questions with respect to the Research Misconduct Policy may privately meet with the RIO and/or any member of the Standing Committee to discuss such questions.

### **Section E. The Making of an Allegation**

1. An Allegation may be communicated through any means to (a) the RIO, or (b) to another Institutional Official, who must promptly transmit such Allegation to the RIO for an Assessment.
2. An Allegation may have profound implications for the Complainant, the Respondent and any Witness in a Research Misconduct proceeding and any individual making an Allegation should take great care in providing the basis of any charge.

### **Section F. Institutional Response to an Allegation of Research Misconduct**

1. The University’s response to an Allegation shall consist of up to five phases:
  - **Assessment:** a consideration, through review of readily accessible information relevant to such Allegation, of whether such Allegation appears to fall within the definition of Research Misconduct, and is sufficiently credible and specific so that potential evidence of research misconduct may be identified (an “*Assessment*”);
  - **Inquiry:** the gathering of preliminary information and fact-finding to assess whether such Allegation has substance and if so, whether an Investigation is warranted (an “*Inquiry*”);

- **Investigation:** the formal development of a factual record with respect to such Allegation and the examination and evaluation of such record leading to dismissal of the case or a recommendation of a finding of Research Misconduct and/or other appropriate corrective actions (an “*Investigation*”); and
  - **Adjudication:** the formal procedure for reviewing and evaluating the evidentiary record and report of an Investigation and for determining whether to agree with the recommended findings and to impose appropriate corrective actions (an “*Adjudication*”).
  - **Appeal:** the formal procedure for determining whether to affirm, overturn, or modify the Adjudication (an “*Appeal*”).
2. It is expected that the Complainant, the Respondent and any other person involved in the administrative procedures described in this Policy will act in Good Faith in participating in such procedures.

### **Section G. Prerequisites for Finding of Research Misconduct**

1. A finding of Research Misconduct requires the satisfaction of all of the following prerequisites:
- there has been a significant departure from accepted practices in the relevant research community;
  - the Research Misconduct has been committed Intentionally, Knowingly or Recklessly; and
  - the Allegation is proven by a Preponderance of the Evidence.
2. Time Limits: This Policy applies only to Research Misconduct occurring within six years of the date the University receives an Allegation, except under either of the following conditions:
- Subsequent use exception: The Respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the use of, republication of, or citation to the portion(s) of the research record (e.g., processed data, journal articles, funding proposals, data repositories) alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the Respondent.
    - When the Respondent uses, republishes, or cites to the portion(s) of the research record that is alleged to have been fabricated, falsified, or plagiarized, in submitted or published manuscripts, submitted grant applications, progress reports submitted to funding agencies, posters, presentations, or other research records within six years of when the Allegation was received by the University, this exception applies.
  - Exception for the health or safety of the public: If the University (in consultation with a funding agency, where required) determines that the alleged Research Misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public, this exception applies.

## **Section H. The Assessment Phase**

1. An Institutional Official who receives an Allegation must promptly transmit such Allegation to the RIO for an Assessment.
2. The RIO, in consultation with the Chair(s) of the Standing Committee, and/or other relevant experts, is responsible for promptly conducting the Assessment.
3. Conducting the Assessment must include a determination whether the Allegation (a) falls within the definition of Research Misconduct, including the time limits provisions of this Policy, and (b) is sufficiently credible and specific so that potential evidence of research misconduct may be identified. If both criteria are met, an Inquiry is warranted. The Assessment only involves the review of readily accessible information relevant to the Allegation.
4. The RIO must keep sufficiently detailed documentation of the Assessment to permit a later review by the Standing Committee and any relevant sponsor of the reasons why an Inquiry was or was not warranted.
5. Should the Assessment conclude that Allegation does not appear to fall within the definition of Research Misconduct, but raises other potential compliance concerns, it should be referred to the appropriate office or individual for review. If the matter does not raise compliance concerns, it may be resolved informally by the Responsible Academic Officer and others who may be appropriate.

## **Section I. The Inquiry Phase**

1. If, at the conclusion of an Assessment, the RIO determines that an Inquiry is warranted, the Chair(s) of the Standing Committee shall (a) notify (i) the Complainant, (ii) the Respondent, (iii) the appropriate Responsible Academic Officer and (iv) if the Allegation involves a Respondent who is an Officer of Instruction, Officer of Research, Officer of the Libraries, student or member of the research staff at CUIMC (a "CUIMC Respondent"), the Executive Vice President for Health Sciences (the "EVPHS") of the filing of the Allegation and the sources thereof and (b) in consultation with members of the Standing Committee, select three or more persons who are Officers of Instruction, Officers of Research, Officers of the Libraries or students (the "*Inquiry Committee*"), who may or may not be members of the Standing Committee, to assess the Allegation. In selecting the members of the Inquiry Committee, the Chair(s) of the Standing Committee should consider appointing a representative of the Complainant's and/or the Respondent's peer group.
2. On or before the date on which a Respondent is notified of the filing of an Allegation against him/her and at any other time during the Research Misconduct proceeding when additional records or evidence are discovered, the Standing Committee shall promptly take all reasonable and practical steps to obtain custody of all of the Research Record and evidence needed to conduct the Research Misconduct proceeding, inventory the Research Record and evidence, and sequester them in a secure manner, except that where the Research Record or evidence encompasses 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.

3. The Inquiry Committee shall review such evidence and interview such persons as may be necessary to make an assessment of whether the Allegation has substance and whether an Investigation is warranted.
4. If the RIO (in consultation with the Chair(s) of the Standing Committee) or the Inquiry Committee identifies additional Respondents during the Inquiry, the University is not required to conduct a separate Inquiry for each new Respondent. However, each additional Respondent must be provided notice of and an opportunity to respond to the Allegation, consistent with the other requirements of this Policy.
5. The safeguards described in Section M below shall be provided to the Complainant, the Respondent, any Witness and any Inquiry Committee member, as applicable, during the Inquiry.
6. Upon completion of the Inquiry, the Inquiry Committee shall provide the Respondent with a draft written report (the "*Inquiry Report*") of its findings and recommendation as to whether or not an Investigation is warranted. The Inquiry Committee shall also provide the Complainant with copies of those portions of the Inquiry Report relevant to the Complainant. The Respondent and the Complainant may comment on the draft Inquiry Report.
7. Following the review by the Inquiry Committee of any comments on the draft Inquiry Report provided by the Respondent or the Complainant, the Inquiry Committee shall provide the Standing Committee with a final Inquiry Report.
8. The Standing Committee may accept or reject the recommendation of the Inquiry Committee and shall promptly provide the Complainant, the Respondent and the appropriate Responsible Academic Officer with written notification of its decision, indicating in such notification the principal reasons for such decision and a copy of the final Inquiry Report.
9. In general, an Inquiry should be completed within 90 days of its initiation, provided that the Standing Committee may approve one or more reasonable extensions to the extent deemed necessary or appropriate.

## **Section J. The Investigation Phase**

1. If, at the conclusion of an Inquiry, the Standing Committee determines that an Investigation is warranted, the Chair(s) of the Standing Committee shall so notify, in addition to the persons listed in Section I.8 above, (a) the EVPR, (b) if the Allegation involves a CUIMC Respondent, the EVPHS, and (c) if the Allegation involves federally funded research (or an application for federal funding), the applicable funding agency or agencies (collectively, the "*Funding Agency*") in accordance with Funding Agency requirements
2. The Standing Committee shall appoint a committee (the "*Investigation Committee*") to conduct the Investigation, which shall consist of at least three members, none of whom is a member of the Standing Committee or served as a member of the Inquiry Committee with respect to the Allegation relating to such Investigation and at least one of whom is an expert in

the area of research that is the subject of such Investigation. In constituting the Investigation Committee, the Standing Committee shall select as members those persons who have the expertise pertinent to the matter and who will carry out the Investigation thoroughly, fairly and promptly and should consider appointing a representative of the Respondent's or the Complainant's peer group. The Standing Committee may appoint a person who is not affiliated with the University to the Investigation Committee if such person has the requisite expertise. The Standing Committee shall select one of the members as the Chair of the Investigation Committee.

3. The Investigation Committee shall:
  - use diligent efforts to ensure that the Investigation is thorough and sufficiently documented and includes the examination of all Research records and evidence relevant to reaching a decision on the merits of the Allegation;
  - take reasonable steps to ensure an impartial and unbiased Investigation to the maximum extent practicable;
  - interview the Complainant, the Respondent and any other available person who has been reasonably identified as having information regarding any relevant aspects of the Investigation; and
  - pursue diligently all significant issues and leads discovered that are relevant to the Investigation.
4. The safeguards described in Section M below shall be provided to the Complainant, the Respondent, any Witness and any member of the Investigation Committee, as applicable, during an Investigation.
5. If the RIO (in consultation with the Chair(s) of the Standing Committee) or the Investigation Committee identifies additional Respondents during the Investigation, the University is not required to conduct a separate Inquiry for each new Respondent. However, each additional Respondent must be provided notice of and an opportunity to respond to the Allegation, consistent with the other requirements of this Policy.
6. Upon completion of the Investigation, the Investigation Committee shall provide the Respondent with (a) a draft written report (the "*Investigation Report*") of its findings and recommendations as to whether or not a finding of Research Misconduct should be made and, if so, what corrective actions would be appropriate under the circumstances and (b) a copy of, or supervised access to, the evidence on which the Investigation Report is based. The Investigation Committee shall also provide the Complainant with copies of those portions of the draft Investigation Report that are relevant to the Complainant. The Respondent and the Complainant may comment on the draft Investigation Report, provided that any such comments must be given to the Investigation Committee within 30 days of receiving such draft.
7. Following the review by the Investigation Committee of any comments on the draft Investigation Report provided by the Respondent or the Complainant, the Investigation Committee shall provide the Standing Committee with a final Investigation Report.

8. The Standing Committee may accept, reject or modify the recommendations of the Investigation Committee and shall promptly provide the Complainant, the Respondent, the appropriate Responsible Academic Officer, the EVPR and if applicable, the EVPHS and the Funding Agency, with written notification of its decision, indicating in such notification the principal reasons for such decision.
9. In general, an Investigation should be completed within 180 days of its initiation, *provided* that the Standing Committee may approve one or more reasonable extensions to the extent deemed necessary or appropriate.

### **Section K. The Adjudication Phase**

1. If the Standing Committee accepts the Investigation Committee's recommendation that a finding of Research Misconduct should be made, the EVPR shall review the reports of the Investigation Committee and the Standing Committee and shall consult with the appropriate Responsible Academic Officer and, if the Respondent is a CUIMC Respondent, the EVPHS. After such review and consultation, the EVPR may accept, reject or modify the recommendations of the Standing Committee and shall promptly provide the Complainant, the Respondent, the appropriate Responsible Academic Officer and, if applicable, the EVPHS and the Funding Agency with written notification of his/her decision, indicating in such notification the principal reasons for such decision.
2. The safeguards described in Section M below shall be provided to the Complainant, the Respondent, any Witness and any member of the Investigation Committee, as applicable, during an Adjudication.
3. In general, an Adjudication should be completed within 60 days of its initiation, provided that the EVPR may approve one or more reasonable extensions to the extent deemed necessary or appropriate.

### **Section L. Appeal**

1. A Respondent shall have the right, within 30 days after his/her receipt of the notification of the EVPR's decision with respect to an Adjudication, to file a written appeal with respect to the decision of the EVPR to the Provost of the University as to either the finding of Research Misconduct or the corrective actions imposed. The Provost may affirm, overturn or modify the decision of the EVPR. The decision of the Provost shall be final in all respects with respect to the University and the Respondent shall have no further right of appeal.
2. The Provost shall promptly provide the Complainant, the Respondent, the appropriate Responsible Academic Officer and, if applicable, the EVPHS and the Funding Agency with written notification of his/her decision, indicating in such notification the principal reasons for such decision.
3. In general, an appeal should be completed within 30 days of its filing with the Provost, provided that the Provost may approve one or more reasonable extensions to the extent deemed necessary or appropriate.

## Section M. Safeguards

1. **Confidentiality:** To the extent possible consistent with a fair and thorough investigation and as allowed by law, knowledge about the identity of a Complainant, a Respondent and any Witnesses shall be limited to those persons identified in this Policy and others who need to know and all written materials and information with respect to any proceedings shall be kept confidential. Those who need to know, as determined by the RIO in consultation with the Chair(s) of the Standing Committee, may include, but are not limited to, institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions.
2. **Conflicts of Interest:** The Standing Committee shall take reasonable steps to ensure that all individuals responsible for carrying out any part of the administrative procedures described in this Policy do not have unresolved personal, professional or financial conflicts of interest with the Complainant, Respondent or any Witness. In extraordinary circumstances, e.g., to mitigate a potential conflict of interest, the University may, during any phase of the research misconduct process, from Assessment through Appeal, as appropriate, utilize external resources with appropriate expertise to serve in any role called for by this Policy.
3. **Safeguards for a Complainant:** In addition to any other safeguards provided for in this Policy, the following safeguards shall be provided to a Complainant:
  - If an Allegation has been made by a Complainant in Good Faith, the University shall ensure that:
    - the Complainant is treated fairly and reasonably;
    - all reasonable and practical efforts are made to protect the Complainant from potential or actual Retaliation;
    - the procedures described in this Policy are fair and objective; and
    - diligent efforts are made to protect or restore the position and reputation of the Complainant.

However, in the event that the Standing Committee determines that a Complainant has made an Allegation for malicious reasons, or was otherwise not acting in Good Faith in making such Allegation, the Committee shall recommend that appropriate action be taken against such Complainant.

- During an Inquiry, the Complainant shall have the right to meet with the Inquiry Committee.
- During an Investigation, the Complainant shall have the right:
  - to identify persons who have information regarding any relevant aspects of the Investigation to be interviewed by the Investigation Committee;
  - to be accompanied by counsel for advisory purposes only when appearing before the Investigation Committee; and
  - to obtain a copy of a transcript of his/her own testimony, if any, and to correct such transcript, if necessary.

4. **Safeguards for a Respondent:** In addition to any other safeguards provided for in this Policy, the following safeguards shall be provided to a Respondent:

- Respondent is assumed not to have committed Research Misconduct unless and until a finding of such has been made in accordance with this Policy and should be protected from penalty and public knowledge of any accusation until judged culpable. The Respondent in turn shall cooperate with the administrative procedures described in this Policy, including by providing information, research records and evidence to the University representatives referred to herein when so requested.
- The University shall not impede the ability of a Respondent to continue to do his/her work, and shall ensure that other disciplinary or adverse action not be taken, during the period of any Inquiry or Investigation unless the EVPR determines that there are compelling reasons to suspend the Respondent's work or take such action during all or a portion of such period.
- During an Inquiry, the Respondent shall have the right:
  - to meet with the Inquiry Committee;
  - to have reasonable access to the data and other evidence supporting the Allegation; and
  - to respond to the Allegation orally and in writing.
- During an Investigation, the Respondent shall have the right:
  - to appear before the Investigation Committee to present testimony on his/her behalf;
  - to identify persons who have any information regarding any relevant aspects of the Investigation to be interviewed by the Investigation Committee;
  - to be accompanied by counsel for advisory purposes only when appearing before the Investigation Committee; and
  - to obtain a copy of a transcript of his/her own testimony, if any, and to correct such transcript, if necessary.
  - to obtain a copy of the transcript of each Complainant and Witness interview (but must not be present during such interviews).
- During an Appeal, the Respondent shall have the right to review the final Investigation Report.
- The University shall take all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of any Respondent against whom no finding of Research Misconduct is made.

5. **Safeguards for Witnesses:** In addition to any other safeguards provided for in this Policy, the following safeguards shall be provided to a Witness:

- During an Investigation, a Witness shall have the right:

- to obtain a copy of a transcript of his/her own testimony, if any, and to correct such transcript, if necessary.
  - If a Witness has cooperated with a Research Misconduct proceeding in Good Faith, the University shall ensure that:
    - all reasonable and practical efforts are made to protect such Witness from potential or actual Retaliation; and
    - diligent efforts are made to protect or restore the position and reputation of such Witness.
6. **Safeguards for Committee Members:** In addition to any other safeguards provided for in this Policy, the following safeguards shall be provided to members of the Standing Committee and any Inquiry or Investigation Committee:
- The University shall ensure that:
    - all reasonable and practical efforts are made to protect a member of the Standing Committee and any Inquiry or Investigation Committee from potential or actual Retaliation; and
    - diligent efforts are made to protect or restore the position and reputation of Committee member.
7. **Guarantees:** If, as a result of a finding of Research Misconduct, a Respondent with whom a Complainant or Witness works loses funding for his/her research, the University will guarantee the salary, stipend or tuition of the Complainant or Witness, as follows:
- Officers of Instruction: salary in accordance with University statutory provisions;
  - Officers of Research: salary or stipend until the later of (x) the last day of the Complainant's or Witness' then current appointment period and (y) the date that is six months after the last day on which the Complainant or Witness was paid from the terminated funding (the "Six-Month Date");
  - Other Officers and members of the support staff: salary until the Six-Month Date; and
  - Students enrolled in pursuit of a degree: stipend and tuition in accordance with the commitment made to the student by his/her School, subject to the student remaining in good academic standing; provided that any such guarantee will terminate when the Complainant or Witness receives funding from an alternate source or accepts an offer of other employment
8. **Corrective Actions and Penalties.**
- The purpose of the procedures described in this Policy is remedial. The corrective actions with respect to any finding of Research Misconduct shall be commensurate with the seriousness of the Research Misconduct, including, without limitation, the degree to which the Research Misconduct was knowing, intentional or reckless; was an isolated event or part of a pattern; or had significant impact on the Research Record, Research subjects, other researchers, the University, other institutions or the public.

- No penalty involving dismissal from the University or other serious sanction may become effective except in accordance with the provisions of the University's Code of Academic Freedom and Tenure.

## **Section N. Notification to Funding Agency and Others**

1. In addition to the notices to any Funding Agency provided for in Sections J, K, and L above, the EVPR shall, during the course of any phase of the administrative procedures provided for in this Policy with respect to an Allegation, notify the Funding Agency if any of the following events shall occur with respect to Research funded by such Funding Agency:
  - if public health or safety is at risk;
  - if the resources or interests of such Funding Agency are threatened;
  - if research activities should be suspended;
  - if there is reasonable indication of possible violations of civil or criminal law;
  - if federal action is requested to protect the interests of those involved in the investigation;
  - if the EVPR believes that the administrative processes may be made public prematurely, so that appropriate steps may be taken to safeguard evidence and protect the rights of those involved; or
  - if the research community or the public should be informed.
2. Upon the completion of the administrative procedures provided for in this Policy, if there has been a finding of Research Misconduct, notification of such will be given to journals and societies to which erroneous, inaccurate or fraudulent papers or abstracts have been submitted, and to past and present collaborating investigators and other institutions and research agencies with which the Respondent is or was previously affiliated to the extent deemed appropriate by the Standing Committee.

---

## **Annex A**

### **Terms Applicable to Research Funded by the Public Health Service of the U.S. Department of Health and Human Services.**

This Annex sets forth additional provisions from the PHS Final Rule.

#### **Section A. Definitions**

For purposes of this Annex, the following terms have the meanings set forth below:

*“Accepted practices of the relevant research community”*: those practices established by 42 CFR part 93 and by PHS funding components, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions that apply for and receive PHS awards.

*“PHS Research”*: (i) Applications or proposals for PHS support for biomedical or behavioral extramural or intramural research, biomedical or behavioral research training, or activities related to that research or research training; (ii) PHS-supported biomedical or behavioral extramural or intramural research; (iii) PHS-supported biomedical or behavioral extramural or intramural research training programs; (iv) PHS-supported extramural or intramural activities that are related to biomedical or behavioral research or research training, such as, but not limited to, the operation of tissue and data banks or the dissemination of research information; (v) Research records produced during PHS-supported research, research training or activities related to that research or research training; and Research proposed, performed, reviewed, or reported, as well as any research record generated from that research, regardless of whether an application or proposal for PHS funds resulted in an awarded grant, contract, cooperative agreement, subaward, or other form of PHS support.

## **Section B. The Inquiry Phase**

### 1. The Inquiry Report must include the following information:

- The names, professional aliases, and positions of the Respondent and Complainant(s).
- A description of the allegation(s) of research misconduct.
- Details about the PHS funding, including any grant numbers, grant applications, contracts, and publications listing PHS support.
- The composition of the Inquiry Committee, if used, including name(s), position(s), and subject matter expertise.
- An inventory of sequestered research records and other evidence and description of how sequestration was conducted.
- Transcripts of interviews, if transcribed.
- Inquiry timeline and procedural history.
- Any scientific or forensic analyses conducted.
- The basis for recommending that the allegation(s) warrant an investigation.
- The basis on which any allegation(s) do not merit further investigation.
- Any comments on the Inquiry Report by the Respondent or the Complainant(s).
- Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.

- Documentation of potential evidence of honest error or difference of opinion.

### **Section C. The Investigation Phase**

1. An Investigation must be initiated within 30 days after the Standing Committee's determination that an Investigation is warranted.
2. Interviews: The Investigation Committee must 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.
  - Interviews during the investigation must be recorded and transcribed.
  - Any exhibits shown to the interviewee during the interview must be numbered and referred to by that number in the interview.
  - The transcript of the interview must be made available to the relevant interviewee for correction.
  - The transcript(s) with any corrections and numbered exhibits must be included in the institutional record of the Investigation.
  - The respondent must not be present during the witnesses' interviews but must be provided a transcript of the interview.
3. The final Investigation Report must include the following information:
  - a description of the nature of the allegation(s) of Research Misconduct; including any additional allegation(s) addressed during the research misconduct proceeding.
  - a description and documentation of the PHS support, including, for example, any grant numbers, grant application, contracts and publications listing PHS support;
  - a description of the specific Allegations of Research Misconduct for consideration in the Investigation;
  - composition of the Investigation Committee, including name(s), position(s), and subject matter expertise.
  - inventory of sequestered research records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the Investigation.
  - transcripts of all interviews conducted.

- identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other research records that allegedly contained the falsified, fabricated, or plagiarized material.
- any scientific or forensic analyses conducted.
- if not already provided to ORI, a copy of this Policy.
- any comments made by the Respondent and Complainant on the draft Investigation Report and the Investigation Committee’s consideration of those comments.
- a statement for each separate allegation of whether the Investigation Committee recommends a finding of research misconduct.
- if the Investigation Committee recommends a finding of Research Misconduct for an allegation, the Investigation Report must, for that allegation:
  - identify the individual(s) who committed the research misconduct.
  - Indicate whether the Research Misconduct was Falsification, Fabrication and/or Plagiarism.
  - indicate whether the research misconduct was committed intentionally, knowingly, or recklessly.
  - state whether there was a significant departure from accepted practices of the relevant research community and whether the allegation was proven by a preponderance of the evidence.
  - summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the Respondent.
  - identify the specific PHS support.
  - identify whether any publications need correction or retraction.
- if the Investigation Committee does not recommend a finding of Research Misconduct for an allegation, the Investigation Report must provide a detailed rationale.
- a list of any current support or known applications or proposals for support that the Respondent has pending with PHS and non-PHS Federal agencies.

#### **Section D. Record Retention and Submission**

1. The University must maintain the institutional record and all sequestered evidence including physical objects (regardless of whether the evidence is part of the institutional record) in a secure manner for seven years after completion of the proceeding or the completion of any HHS proceeding involving the research misconduct allegation under subparts D and E of this

part, whichever is later, unless custody has been transferred to HHS under 42 C.F.R. Sec. 93.317(c) paragraph (b) of this section or ORI advises otherwise in writing.

2. On request, the University must transfer custody, or provide copies, to HHS of the institutional record or any component of the institutional record and any sequestered evidence (regardless of whether the evidence is included in the institutional record) for ORI to conduct its oversight review, develop the administrative record, or present the administrative record in any proceeding under 42 C.F.R. Sec. 93, Subparts D and E.