HOWARD UNIVERSITY POLICY

Policy Number:	Series 100: The Academy and Research
Policy Title:	RESEARCH MISCONDUCT POLICY
Responsible Officers:	Provost and Chief Academic Officer Associate Vice President and Institutional Official, Regulatory Research Compliance
Responsible Offices:	Office of the Provost and Chief Academic Officer Office of Regulatory Research Compliance (ORRC)
Effective Date:	December 12, 2023 (Interim, Pending Board of Trustees Approval) July 30, 2001 (Revised) November 16, 1990 (Approved by Board of Trustees)

I. POLICY STATEMENT

Howard University ("the University" or "HU") upholds the scientific method in the conduct of research and is unequivocally committed to the ethical conduct of research by its personnel and students. Individuals charged with supervision of research and all individuals directly engaged in research and collaborators of researchers outside their laboratories bear obligations to pursue their studies ethically. All researchers bear responsibility for the quality of all data that they publish. Valid experimental observation requires that the data and the conditions of obtaining the data can be verified, either by scrutiny of accurate records made at the time of experimentation or by repetition of the experiments.

Willful misconduct in pursuing basic, clinical, or applied research at Howard University and affiliates is intolerable behavior for administrators, faculty, staff, and students. Research misconduct is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or reported results. All University personnel are responsible for maintaining the highest standards of ethics and professional integrity in conducting and reporting research activities. Infractions of this policy constitute grounds for disciplinary action, including but not limited to removal from a particular project, letter of reprimand, monitoring of future work, probation, suspension, salary reduction, rank reduction, or termination of employment. Misconduct may also result in the suspension or dismissal of a student or trainee from the University.

This policy and its appendices and attachments are intended, among other things, to cause the University to be compliant with 42 U.S.C. Chapter 1, Subchapter H, Part 93, including 42 U.S.C. § 93.302 and shall be reviewed and updated from time to time as required and generally construed to achieve these purposes.

II. RATIONALE

It is recognized that accusations of research misconduct are among the most severe charges that can be lodged against a researcher. Any person contemplating such accusations should fully consider the gravity of the accusation and its consequences and make every reasonable effort to

avoid lodging charges devoid of a substantial element of truth. Frivolous or false accusations may also constitute grounds for disciplinary actions.

Howard University recognizes and proposes that free and open scientific discourse must continue at this institution. Accordingly, researchers are strongly encouraged to continue their scientific endeavors. This policy is developed to provide an orderly process for dealing with allegations of research misconduct and to comply with the requirements of sponsoring organizations.

III. DEFINITIONS

A. **Research Misconduct:** Research misconduct is defined as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or in reported research results.
   1. **Fabrication** is making up results and recording or reporting them.
   2. **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.
   3. **Plagiarism** is appropriating another person's ideas, processes, results, or words without giving appropriate credit, including those obtained through confidential review of other's research proposals and manuscripts.
   4. **What is excluded** from the above definition**:** It does not include honest errors or honest differences in interpretations or judgments of data.

B. **Inquiry** is an informal information-gathering and initial fact-finding process to determine whether an allegation of misconduct warrants an investigation.

C. **Investigation** is defined as a formal examination and evaluation of all relevant facts to determine the seriousness of the offense and the extent of any adverse effects resulting from the misconduct.

D. **Allegation** means a disclosure of possible research misconduct through any means of communication and brought directly to the attention of an institutional or HHS official.

E. **Complainant** means an individual who, in good faith, makes an allegation of research misconduct.

F. **Respondent** means the individual against whom an allegation of research misconduct is directed or the person who is the subject of a research misconduct proceeding.

G. **Difference of Opinion** means an alternative view held by a researcher substantively engaged in the scientific subject area. It generally contrasts with a prevailing opinion included in a published research record or generally accepted by the relevant scientific community. The differing opinions must concern scientific data, methodology, analysis, interpretations, or conclusions, not policy opinions or decisions unrelated to data practices.

H. **Evidence** means anything offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact. Evidence includes documents, whether in hard copy or electronic form, information, tangible items, and testimony.

I. **Good faith** applies to the complainants, respondents, witnesses, institutions, and committee members.

   a. Good faith, as applied to a complainant or witness, means having a reasonable belief in the truth of one's allegation or testimony based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony.

   b. Good faith, as applied to an institutional or committee member, means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned to help an institution meet its responsibilities under this part. An institutional or committee member does not act in good faith if their 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.

   c. Good faith, as applied to a respondent**,** means acting with a reasonable belief that the respondent's actions are consistent with accepted practices of the relevant research community.

J. **Honest Error** means a mistake made in good faith.

K. **Intentionality** means to act intentionally to carry out the act.

L. **Knowingly means** to act with the awareness of the act.

M. **Recklessly** means to act without proper caution despite what is known, or should reasonably be known, as an unacceptable risk of harm.

N. **Preponderance of the Evidence** means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

O. **Research Integrity Officer (RIO)** refers to the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with this part. The RIO is also the Misconduct Policy Officer.

P. **Institutional Certifying Official** means the institutional official responsible for assuring on behalf of an institution that the institution has written policies and procedures for addressing allegations of research misconduct, in compliance with this part, and complies with its policies and procedures and the requirements of this part. In the HU case, the Institutional Certifying Official is synonymous with the Research Integrity Officer (RIO). The institutional certifying official is also responsible for certifying the content of the institution's annual report, which contains the information specified by the Office of Research Integrity (ORI) or other oversight Federal Agencies on the institution's compliance with this part, and ensuring the report is submitted to ORI or additional oversight Federal Agency(s), as required.

Q. **Institutional Deciding Official** means the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. An Institutional Deciding Official is synonymous with the President or Designee (Provost). The same individual cannot be the institutional deciding official or research integrity officer.

IV. PREVENTING OR AVOIDING RESEARCH MISCONDUCT

The University recognizes that efforts to prevent or avoid research misconduct may impede or impair scientific pursuits. However, there are measures that researchers and administrators can take to create a climate of openness in research, which will tend to discourage research misconduct. These measures, examples of which are set forth below, in Appendix B, should not be construed as mandatory but represent some best practices that researchers already regularly practice.

V. ROLES AND RESPONSIBILITIES

A. Committee on Research Misconduct

The President of the University will appoint a Committee on Research Misconduct consisting of seven members. The committee shall comprise tenured faculty members and senior administrators with one at-large student/trainee or staff member. The President shall appoint one member as chair. The University's Chief Audit and Compliance Officer shall serve as ex-officio to the committee.

B. Research Integrity Officer

The President of the University shall appoint an individual to serve as the Research Integrity Officer (RIO). This individual will be responsible for:

1. Working with any individual who wishes to pursue an allegation of research misconduct to develop a specific, formal, written complaint;
2. Providing staff and other support assistance for inquiries and investigations;
3. Maintaining records of all allegations and institutional responses; and
4. Serving as ex-officio (without vote) on any inquiry or investigative group considering misconduct allegations. The President shall provide the Research Integrity Officer with sufficient resources to carry out the functions of the office.

VI. HANDLING ALLEGATIONS OF RESEARCH MISCONDUCT

A. Whenever an accusation of research misconduct is brought to the attention of the University, the University will diligently pursue all significant issues and leads discovered that are determined relevant to the inquiry and investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion. The University will notify the sponsor at any stage of the inquiry or investigation that any of the following conditions exist:

1. The award agreement contractually requires notice under given circumstances and timelines.
2. There is an immediate health hazard involved.
3. There is an immediate need to protect Federal funds or equipment.
4. There is an immediate need to protect the interest of the person(s) making the allegations or the individual(s) who is the subject of the allegations and their co-investigators and associates, if any, and sponsor notification would facilitate such purpose.
5. The alleged incident is probably going to be reported publicly.

6. There is a reasonable indication of possible criminal violation, in which event the University will notify the funding agency within 24 hours of obtaining such information.

B. **Responsibility to Report Misconduct**

All institutional members who suspect an individual subject to these Policies and Procedures is committing or has committed research misconduct must immediately report the observed, suspected, or apparent research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, they may meet with or contact the RIO to discuss the suspected research misconduct informally, including discussing it anonymously or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or the allegation to other offices or officials responsible for resolving the problem.

C. **How to Report an Allegation**

Allegations may be presented by any means of communication, such as written or oral statements or other means of communication to the University. At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.

Research Integrity Officer (RIO) Contact Information

Phone: Research Misconduct Officer on Teams
202-865-8597
Email: RIO.ORRC@howard.edu
Address: 1328 Florida Ave NW, Washington, DC 20009

Whenever an accusation of research misconduct is brought to the attention of the University, the charges should be directed to the Research Integrity Officer (RIO). This officer shall work with individuals with a specific research misconduct allegation against a current or former Howard University researcher. The RIO will assist the individual in developing a signed formal complaint for referral to the Committee on Research Misconduct. The RIO will take steps to protect the privacy of individuals making reports in good faith.

In the case of anonymous allegations, the RIO will record the allegation and all preliminary information gathered in connection with the allegation. The RIO will consult with the dean/director of the unit involved in the anonymous allegation and will convene a group of no more than three individuals to determine whether the anonymous allegation should be referred to the Committee on Research Misconduct for inquiry.

The RIO will refer all allegations to the Committee on Research Misconduct within five (5) working days of receipt of the allegation. The Committee on Research Misconduct will determine whether sufficient information warrants an initial inquiry.

D. **Time Limitation**

1. **Six-year limitation**. This Article VI applies only to research misconduct occurring within six years of the date the University RIO receives an allegation of research misconduct.

2. **Exceptions to the six-year limitation.** The six-year limitation does not apply in the following instances:

    a. 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) that is alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the respondent.

    b. When the respondent uses, republishes, or cites the portion(s) of the research record that is alleged to have been fabricated, falsified, or plagiarized in submitted or published manuscripts, submitted Public Health Service (PHS) grant applications, progress reports submitted to PHS funding components, posters, presentations, or other research records within six (6) years of when the Department of Health and Human Services (HHS) an additional oversight Federal Agency(s) or institution received the allegations, this exception applies.

3. **Final determination of the six-year exception:** For allegations that may fall under this exception, an institution must inform ORI of the relevant facts before concluding the exception does not apply. ORI or the applicable oversight agency will decide on the subsequent use exception for each allegation.

4. **Exception for the health or safety of the public**. If ORI or the institution, following consultation with ORI, determines that the alleged research misconduct, if it occurred, would have a substantial adverse effect on the health or safety of the public, this exception applies.

E. **Sequestration of Research Records**

On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO must 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 securely sequester them to prevent the loss, alteration, or fraudulent creation of records. Except where the research records or evidence encompass scientific instruments shared by several 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. Additionally, all reasonable and practical efforts must be undertaken to obtain custody of additional research records and evidence discovered during a research misconduct proceeding.

VII. Confidentiality

1. **Disclosure of the identity of respondents, complainants, and witnesses in research misconduct proceedings:** This 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. The RIO will inform respondents, complainants, and witnesses before they are interviewed if and how their identity may be disclosed. However, the RIO must disclose the identity of respondents, complainants, or other relevant persons to ORI or other applicable Agency(s) pursuant to an ORI review of research misconduct proceedings under this part.

2. **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 need to know to carry out a research misconduct proceeding. Disclosure of ongoing research misconduct proceedings under this part is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding, or the purpose of this part as described in § 93.101(f). In this context, ''those who need to know'' may include public and private entities.
3. **Disclosure of concerns related to the reliability of the research record that is alleged to have been fabricated, falsified, or plagiarized** Is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding, or the purpose of this part as described in § 93.101(f). In this context, ''those who need to know'' may include journals, editors, publishers, and public and private entities.
4. **For officials at institutions other than the institution where the research misconduct proceedings are being conducted**, their need to know occurs when the institution:
    a. May possess records relevant to allegations under review;
    b. Employs a respondent alleged or found to have committed research misconduct or
    c. Funds research being conducted by a respondent alleged or found to have committed research misconduct.

F. **Protecting Complainants, Witnesses, and Committee Members**

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses, or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

G. **Protecting The Restoration of the Respondent's Reputation**

1. As requested, and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct but against whom no research misconduct is found.
2. During the research misconduct proceedings, the RIO is responsible for ensuring that respondents receive all the notices and opportunities provided for in 42 CFR Part 93 and the relevant policies and procedures of the University. Respondents may consult with legal counsel or non-lawyer personal adviser to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case.

H. **Retention of Records for Review by the Oversight Federal Agency**

1. The RIO must maintain and provide to the Oversight Federal Agency [Office of Research Integrity (ORI), National Science Foundation (NSF), Department of Defense (DoD), and others as relevant] upon request "records of research

misconduct proceedings," as that term is defined by 42 CFR § 93.317. Unless custody has been transferred to the applicable oversight Federal Agency (ORI, NSF, DoD, and others as relevant) has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained securely for seven (7) years after completion of the proceeding or the completion of any government agency oversight proceeding involving the research misconduct allegation, or as required by any applicable record retention provision, whichever is later. The RIO is also responsible for providing any information, documentation, research records, evidence, or clarification requested by the oversight Federal Agency (ORI, NSF, DoD, and others as relevant) to conduct its review of an allegation of research misconduct or the institution's handling of such an allegation.

2. The RIO may, depending on contractual language, have to provide relevant records to sponsors who are not an Oversight Federal Agency when there is an incident of research misconduct related to a sponsor's sponsored program. The RIO shall consult with the University Office of the General Counsel when uncertain as to the obligation to provide such records.

VIII. INITIAL/INFORMAL INQUIRY PROCESS

A. Criteria Warranting an Inquiry

An inquiry is warranted if (1) the allegation falls within the definition of research misconduct as defined by these Policies and Procedures and (2) is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

B. Charge to the Inquiry Committee and First Meeting

1. The RIO will prepare an order for the inquiry committee that Sets forth the expected timeframe for completion of the inquiry.
2. Describes the allegations and any related issues identified during the allegation assessment.
3. States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant, and key witnesses, and to determine whether an investigation is warranted.
4. States that an investigation is warranted if the committee decides:
    a. There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and, if applicable, is within the jurisdictional criteria of a government agency and,
    b. The allegation may have substance, based on the committee's preliminary review during the inquiry.
    c. Informs the inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of these Procedures and, if applicable, the relevant government agency requirements.

C. Conducting the Informal Inquiry

1. Once the Committee determines that an informal inquiry is warranted, the Chairman shall, within three (3) working days of the referral, appoint an Inquiry

Board consisting of three members from the Committee on Research misconduct to conduct the inquiry.

2. The inquiry committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry, such as witnesses, and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.
3. No member of the Inquiry Board shall have a primary appointment in the department of the respondent or Complainant. The Research Integrity Policy Officer is an ex officio (without vote) member of the Inquiry Board and is responsible for maintaining the records of the Inquiry Board's deliberations.
4. The Inquiry Board will consist of individuals with the necessary expertise to read and evaluate material and information developed as the inquiry proceeds. The Research Integrity Policy Officer, in consultation with the entire committee, will determine if external consultants serving as experts are likely to facilitate the inquiry process. External experts will serve in an advisory capacity and will not cast a vote regarding the disposition of the inquiry. Candidates from within and outside the committee will be eligible for the role of expert consultant.
5. The Research Integrity Officer will ensure that where ***Federal funding of research is involved***, interim administrative actions are taken to protect Federal funds and public health so that the purposes of Federal financial assistance are met.
6. An Inquiry consists of information-gathering and initial fact-finding to determine whether an allegation of misconduct warrants an investigation. The Inquiry Board shall immediately notify the respondent, along with the dean/director of the relevant college or unit, that an allegation of research misconduct has been received. Private and separate sessions will be held to hear the accuser, if identified, the respondent, and others as determined necessary by the Inquiry Board.
7. All ***relevant evidence*** that is produced shall be reviewed and secured. A representative of their choice may accompany all persons meeting with the Inquiry Board. Refusal on the part of the respondent to allow the Inquiry board to review necessary documents shall be grounds for an investigation.
8. An Investigation will be triggered when the inquiry phase uncovers information supporting the allegation or raises questions about possible misconduct that can only be resolved by formal investigation. The Inquiry Board shall take no more than 30 days from the date the Research Integrity Officer was first notified of the allegation to conduct its inquiry and determine whether a formal investigation is warranted. If the inquiry exceeds the 30-day period, the Inquiry Board shall document the reason(s) for the delay.

D. **Elements of the Inquiry Report**

1. The report can recommend that either:
2. Information collected during the inquiry does not substantiate the allegation, and a formal investigation is not warranted or
3. The allegations have sufficient substance to warrant further investigation.
4. A written inquiry report must be prepared that includes the following information:
    a. The name and position of the respondent.

b. A description of the allegations of research misconduct.
c. The Federal support, including, for example, grant numbers, grant applications, contracts, and publications listing all support.
d. The basis for recommending or not recommending that the allegations warrant an investigation.
e. Any comments on the draft report by the respondent or complainant.
f. A summary of the inquiry process used.
g. A list of the research records reviewed.
h. Summaries of any interviews and findings.
i. If any other actions should be taken if an investigation is not recommended.
j. If a committee is convened, the names and titles of the committee members and experts who conducted the inquiry.

E. **Sharing Inquiry Reports**

A copy of the report and recommendations shall be sent to the complainant, respondent, dean/director, the college or unit, and the President through the appropriate Vice President(s) or the Provost. The respondent may comment on the report, which will be made a part of the record. Records from the inquiry and any subsequent investigation will be maintained in a secure manner for a period of at least seven (7) years after the termination of the inquiry or investigation and will be made available to authorized personnel of the funding agency upon request.

F. **When an Inquiry is Terminated**

In the event that Howard University, through the Committee on Research Misconduct, elects to terminate an inquiry before all steps are taken, the Research Integrity Officer (RIO) will advise the Office of Research Integrity (ORI) of the planned early termination. The reasons for this termination will be specific in this communication. The Committee on Research Misconduct will be responsive to ORI review and advice regarding early termination.

G. **Protecting Respondents' Reputation as Necessary**

The RIO will undertake reasonable steps to restore the respondent's reputation where an inquiry determines that no investigation is necessary. Where appropriate, this will include notifying those aware of the inquiry of the final disposition, expunging any record of the inquiry from personnel files, and, where an allegation has been made public, publicizing the outcome of the inquiry. The Deciding Official will approve all actions to restore a respondent's reputation.

H. **Protecting Complainants' Reputation**

Regardless of the final disposition of an inquiry, the RIO will undertake reasonable efforts to protect the positions and reputations of those who have made allegations in good faith and cooperated in good faith with the inquiry. The Deciding Official will determine what steps are needed to restore the position and reputation of those who make allegations or cooperate with inquiries. The Research Integrity Officer will implement the measures approved by the Deciding Officer. The RIO will take appropriate steps to see that those making allegations in good faith are not retaliation targets during an inquiry.

I. **Office of General Counsel**

The Office of the General Counsel shall be available to advise the RIO and the inquiry committee concerning the legal sufficiency of the inquiry report. Modifications should be made, as appropriate, in consultation with the RIO and the inquiry committee.

J. **Office of Chief Audit and Compliance Officer**

The Chief Audit and Compliance Officer shall serve in Ex-Officio capacity on the Research Misconduct Committee.

IX. FORMAL INVESTIGATION

Appropriate action will be taken if the President concurs with the Inquiry Board's recommendations.

A. **Notifications**

1. **Notifying the Funding Agency:** If an investigation is warranted, the Deciding Officer (President) should inform the funding agency, if any, that an investigation is underway to determine if research misconduct has occurred. The University shall keep the funding agency apprised of any developments during the investigation, including the status of current funds designated for use by the respondent.
2. **Notifying the Office of Research Integrity (ORI**): The ORI will be informed that an investigation will be initiated on or before the date the s begins and within 30 days of completing an inquiry and the decision that an investigation is warranted. A copy of the inquiry report shall be included in this notification to ORI.
3. **Protecting Sponsor Funds (including Federal Funds):** The Research Integrity Officer will ensure that during an investigation, interim administrative actions are taken to protect relevant sponsor funds. With regards to Federal funds, in particular, the Research Integrity Officer will protect Federal Funds and the public health so that the purposes of Federal assistance are carried out.

B. **Appointing an Investigating Committee**

The President shall appoint an Investigating Committee of no more than five persons, including at least one (1) member of the Committee on Research Misconduct and, if determined appropriate or necessary, one (1) individual not affiliated with the University. The Investigating Committee should contain individuals with sufficient expertise and dedication to conduct a thorough investigation. Precautions should be taken to avoid real or apparent conflicts of interest from those involved in the inquiry or investigation. University Legal Counsel shall advise the Investigating Committee. The investigation is to be initiated within 30 days of the completion of the inquiry into the allegations.

C. **Notification, Representation, and Interviewing**

The respondent and the complainant shall be notified immediately that a formal investigation will occur. The University, the respondent, and the complainant may each be represented by counsel during the investigation if desired. The investigation must be timely and thorough and allow the respondent to respond fully to the allegations. Although interviews during the investigation shall be conducted in a non-adversarial manner, the interviews shall be fully recorded by tape recorder or court reporter unless legal counsel otherwise advises the Investigating Committee. Each participant shall have an opportunity

to review the transcript from their interview. The record of the discussions will become a part of the investigatory file.

Private and separate sessions will be conducted to hear the respondent, the accuser, and others as deemed necessary by the Investigating Committee. All relevant evidence that is produced shall be reviewed and secured. Necessary support (e.g., clerical, gathering information, witnesses, organization, security, record keeping, and confidentiality) will be arranged by the Research Integrity Officer, who shall serve as an ex officio member (without vote) of the Investigating Committee.

D. **Completion of the Investigation and Report**

The formal investigation shall be completed within 120 days after the completion of the informal inquiry. This includes conducting the investigation, preparing the report of findings, and making the report available for comments. The Investigating Committee will provide a draft of the written report of its findings, conclusions, and recommendations, together with all pertinent documentation and evidence, to the Respondent to provide written comments, if any. The Respondent must petition the Committee in writing no later than ten (10) calendar days after receiving the Committee's report. The Investigation Committee will consider and address the comments before issuing the final report to the Research Misconduct Committee. After this process, the Research Misconduct Committee will issue its final report to the President of the University. The Committee's report and President's decision will be filed with the funding agency detailing the University's response to the allegation of research misconduct.

The investigation may result in various outcomes, including:

1. *A finding of misconduct.*
2. *A finding that no culpable conduct was committed, but serious scientific errors were discovered.*
3. *A finding that no fraud, misconduct, or serious scientific error was committed.*

The Investigating Committee's report shall:

1. Set forth the nature of any violation, the severity of the infraction, and the effect of the violation on the research project and any other research being conducted at this University.
2. The final report must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings and basis for the findings, and include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct, as well as a description of any sanctions or corrective measures recommended to be taken.
3. Specifically, the report shall recommend whether corrective measures for information erroneously published or submitted for publication, such as letters of retraction or withdrawal of manuscripts from the publisher, are warranted.
4. Each member of the Investigating Committee shall sign the report or submit a signed dissenting report (See Appendix C for Investigative Report Template).

E. Handling Delay in Completing an Investigation

If the Investigating Committee determines that it will not be able to complete the investigation within 120 days, it must submit to the President a written request for an extension and an explanation for the delay that includes an interim report on the progress to date and an estimate for the date of completion of the report and other necessary steps. The request for an extension beyond 120 days will be submitted to the Office of Research Integrity. This request will include an explanation of the request for an extension of time, an interim progress report, an outline of remaining activities, and a projection of the completion date.

F. Terminating an Investigation

In the event that Howard University, through the Committee on Research misconduct, elects to terminate an investigation, the Research Integrity Officer will advise the ORI of the planned termination. These reasons for this termination will be specified in the communication. The Committee on Research Misconduct will be responsive to the Office of Research Integrity review and advice regarding early termination.

If misconduct is not substantiated, the Committee's report shall so state, and the university shall make diligent efforts to restore the reputation of the respondent. No disciplinary measures should be taken against the complainant, and every effort should be made to prevent retaliatory action against the complainant if the allegations, however incorrect, are found to have been made in good faith. If the allegations are found to have been maliciously motivated, disciplinary actions may be taken against those responsible.

G. Final Decision by the President

If misconduct is confirmed, the President, upon the recommendation of the Committee on Research Misconduct and the appropriate Vice President(s) or Provost, shall impose appropriate sanctions against the respondent. The decision of the President shall be final.[1]

THE POLICIES AND PROCEDURES SET FORTH IN THIS DOCUMENT SHALL PREEMPT SIMILAR POLICIES PROVIDED IN THE HOWARD UNIVERSITY FACULTY HANDBOOK, EMPLOYEE HANDBOOK (NON-FACULTY), AND THE STUDENT JUDICIARY CODE OF CONDUCT WITH REGARD TO ALLEGATIONS OF RESEARCH MISCONDUCT AND/OR FRAUD.

This revision to the Howard University Research Misconduct Policy is based on the requirements of the Office of Research Integrity (ORI) at 42 C.F.R. 93., and as applicable to other oversight Federal Agency(s). This Policy covers ALL research activities within Howard University and its Affiliates.

[1] Tenured Faculty members retain the right to petition the Board of Trustees as provided in the *Faculty Handbook*.

APPENDIX A

Confidentiality Agreement

I, _____, acknowledge that I have received the following documents from the Howard University Office of Research Integrity:

I hereby commit to maintaining the utmost confidentiality of these documents and pledge to disclose this information solely to the designated individuals outlined below. Additionally, I undertake to safeguard these documents when they are not in active use by securely storing them.
I agree to return these documents undamaged to the Howard University Office of Regulatory Research Compliance on or before:
_____by_____o'clock.

Document Release

Government agency or Howard University Institutional Official permitting release of the documents:

_____

Print name Signature Date

Person receiving documents:

_____

Print name Signature Date

Document Return

A government agency or Howard University official receiving returned documents:

_____

Print name Signature Date Time

Person returning documents:

_____

Print name Signature Date Time

APPENDIX B

PROCEDURES AND PRACTICES

1. Maintain and store raw data based on research conclusions in a safe environment. The raw data are the best protection against fabricated or falsified research claims. Researchers are encouraged to consider backup systems for raw data.
2. Preview research proposals and manuscripts with colleagues of equal or greater experience. This may improve the technical/scientific quality of the proposal or manuscript while providing for corroboration of research ideas and timing.
3. Present research findings at departmental or other faculty meetings. This also provides for more open discourse among colleagues for the mutual protection of individual researchers, leading to an enhanced climate of integrity and objectivity.
4. Adhere to established standards of ethics regarding authorship of publications. All authors named in a collaborative study accept full responsibility for the work published or at least for that portion of the research for which they were responsible. Researchers should be familiar with established guidelines and adhere to requirements set by individual publishers.
5. Consider holding staff meetings for the purposes described in paragraphs 2 and 3 above. Such a forum would help enlist the department's assistance in solving administrative and other problems involving research projects. Department heads might request a file copy of each research manuscript submitted for publication.
6. Encourage the incorporation of formal course work, for example, seminars on bioethics, into the curriculum, making this subject an integral part of the research and educational experience.

INVESTIGATION REPORT CHECKLIST[2]

A. **Summary**: Summary of the inquiry report and background information
B. **Relevant Information:** Name, position, and contact information of respondent(s) and complainant(s) and contact information for respondent's attorney, if applicable

[2] This Investigation Report Checklist was composed using the Office of Research Integrity's Investigation Report Checklist. https://ori.hhs.gov/sites/default/files/2020-02/Investigation%20Report%20Checklist%2002-21-2020.pdf

C. **The Allegation:** Allegations received and examined by the institution, including the complainant's comments and the date the institution received the allegations.

1. Description of the allegation(s) of research misconduct – each allegation should be framed with the following:
    a. Respondent's name, if known
    b. Where the falsified/fabricated/plagiarized (f/f/p) data/information were included paper, grant application, etc.)
    c. Which specific figure, text, or data were falsified/fabricated/plagiarized
    d. What the alleged f/f/p was, and what the actual experimental results were if known.
2. Any additional research misconduct allegation(s) that arose during the investigation, including:
    a. Other papers or manuscripts submitted but have yet to be accepted for publication.
    b. Other PHS grant applications submitted for funding or awarded.
    c. Progress reports, presentations, posters, or other research records
3. Any additional respondents were identified during the investigation.

D. **PHS Support/ORI Jurisdiction**

1. Grant, grant application, or contract number(s), designated Principal Investigator(s) (PI[s]), and date(s) of application submission or award (with project dates).
2. List of paper(s), abstract(s), poster(s), or presentation(s) affected, and the PHS support for each.
3. List of any grants or contracts that were withdrawn or publications that were corrected or retracted.
4. If the alleged research misconduct occurred more than six years before the date the institution received the initial allegation of research misconduct, identification of the respondent's subsequent use, if any, that meets the requirements of 42 C.F.R. § 93.105(b)(1).

E. **Composition of the Investigation Committee** (names, degrees, departmental affiliation, and expertise) and the charge to the committee

F. **Notice to the Respondent** of the investigation and of any new allegations that arose during the investigation.

1. Respondent's response(s) to the notice(s)
2. If relevant, an admission statement from the respondent

G. **Attachments/Exhibits of Evidence** and other relevant documents sequestered during the investigation.

1. Annotated inventory of sequestered records/evidence and chain of custody document(s).

2. Description of how sequestration was conducted.
3. Identification of any sequestered records/evidence that were not reviewed by the investigation committee, if applicable

H. **Transcripts or Recordings** of interviews of the respondent(s), complainant(s), and witness(es) with their names, degrees, and departmental affiliation

I. **Institutional Policies and Procedures**

J. **Timeline, Process, and Procedural History**

K. **Investigation Committee's Analysis**

1. Assessment of all relevant information
2. Findings and conclusions for each allegation
3. For each finding of research misconduct (§ 93.313(f)):
    a. Identify whether the research misconduct was falsification, fabrication, or plagiarism and if it was intentional, knowing, or in reckless disregard;
    b. Summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent;
    c. Identify the specific PHS support;
    d. Identify whether any publications need correction or retraction;
    e. Identify the person(s) responsible for the misconduct; and
    f. List any current support or known applications or proposals for support that the respondent has pending with non-PHS Federal Agencies
4. Conclusion or recommended findings and institutional actions

L. **Description** of any factors that may have affected the investigation.

M. **Respondent's** (and, if applicable, the **Complainant's**) response to the draft investigation report.

1. Investigation committee's response to the comments.

N. **Written Decision** from the responsible institutional official with institutional findings (or no findings) of research misconduct and administrative actions pending or completed.

14. **Notice to the Respondent** (and, if applicable, the **Complainant**) of the institutional decision.

APPENDIX C

Investigation Report Template[3]

I. Background

Include sufficient background information to ensure a full understanding of the issues that concern PHS under its definition of research misconduct.[2] This section should detail the facts leading to the institutional inquiry, including a description of the research at issue, the individuals involved in the alleged misconduct, the role of the complainant, and any associated public health issues. All relevant dates, including the date the institution received the allegations, should be included.

II. Allegations

List all the allegations of research misconduct raised by the complainant and any additional research misconduct allegations that arose during the inquiry/investigation. The source and basis for each allegation should be cited. The allegations identified in this section will form the structure or context in which the subsequent analysis and findings are presented.

III. PHS Support

A. For each allegation of research misconduct under the PHS definition, identify the PHS support for the research at issue or the report (e.g., publication) or the grant application containing the alleged falsification, fabrication, or plagiarism. In addition, identify any current support or known applications or proposals for support that the respondent has pending with non-PHS Federal Agencies, per § 93.313(f)(6).
B. If the alleged research misconduct occurred more than six years before the date the institution received the initial allegation of research misconduct, identify any exceptions to the six-year limitation under 42 C.F.R. § 93.105(b), including respondent's subsequent use, if any, that meets the requirements of § 93.105(b)(1).

IV. Institutional Inquiry: Process and Recommendations

A. Summarize the earlier inquiry process, including the composition of the inquiry committee (including names, degrees, departmental affiliation, and expertise), date of appointment, and the charge to the committee. List the individuals interviewed, the evidence sequestered, the evidence reviewed at the inquiry stage, and the measures taken to ensure its security; the policies and procedures used (or a citation to the pertinent section of the institution's policies and procedures); and any other factors that

[3] This Inquiry and Investigation Report Template was composed using the Office of Research Integrity's Inquiry and Investigation Report Outline. https://ori.hhs.gov/sites/default/files/2020-02/Outline%20for%20Inquiry-Investigation%20Reports%2002-21-2020.pdf

may have influenced the proceedings (non-responsive or cooperative respondent, complainant, or witnesses; difficultly in sequestering or examining evidence; institutional procedural issues, etc.).

B. Describe in detail how evidence, including electronic evidence such as hard drives, was sequestered. Please see "Submitting Electronic Records to ORI" for helpful information about sequestration.

V. Institutional Inquiry/Investigation: Analysis (for each allegation)

A. **Background:** Describe the particular matter (e.g., experiment or component of a laboratory/ clinical research protocol) in which the alleged misconduct occurred and why and how the issue came to be under inquiry/investigation.

B. Analysis

1. The analysis of each allegation should take into account all of the relevant statements, claims (e.g., a claim of a significant positive result in an experiment), rebuttals, documents, and other evidence, including circumstantial evidence, related to the allegation. The source of each statement, claim, or other evidence should be cited (e.g., computer laptop, desktop, external hard drive, or server, including file folder names and locations; laboratory notebook with page numbers and dates; clinical research documentation and dates; relevant manuscripts or grant applications; emails; transcripts of interviews; etc.).
2. Any use of additional expert analysis outside of the inquiry/investigation committee should be noted (subject matter expert or consultant). The forensic, statistical, or special analysis of the physical evidence, such as similarity of features or background in contested figures, should be noted and included with attachments.
3. Summarize or quote relevant statements, including rebuttals, made by the complainant, respondent, and other pertinent witnesses and reference/cite the appropriate sources. Describe the relative weight given to the various witnesses and pieces of evidence, noting inconsistencies, credibility, and persuasiveness.
4. Summarize each argument that the respondent raised in his or her defense against the research misconduct allegation, including any comments on the draft investigation report, and cite the source of each argument. Address each of the respondent's arguments and explain whether any reasonable argument has merit, and if not, explain why not. Any inconsistencies in the respondent's various arguments should be noted. Identify and consider any comments made by the complainant on the draft investigation report.
5. The analysis should be consistent with the terms of PHS definition of research misconduct. Describe any evidence that shows that the respondent knowingly, intentionally, or recklessly engaged in the alleged falsification, fabrication, plagiarism.
6. Similarly, describe the evidence supporting the possibility that honest error or differences of scientific opinion occurred with respect to the issue. The determination of whether the alleged misconduct is intentional, knowing, or reckless, including consideration of evidence of honest error or difference of

opinion, should be made at the investigation stage, following a complete review of the evidence.

C. **Conclusions**

1. For an Inquiry:
    a. Describe whether the inquiry committee recommended that an investigation was warranted, namely, a reasonable basis for concluding that the allegation falls within the definition of research misconduct and involves PHS-supported research, and preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance. If the committee concluded that the evidence is insufficient to warrant an investigation, explain why.
2. For an Investigation: Findings of Research Misconduct or No Research Misconduct
    a. Concisely state the investigation committee's finding for each identified allegation. For each allegation, the investigation report must state whether or not the committee found research misconduct, using the PHS definition, and must identify the evidence that supports that conclusion.
    b. A finding of research misconduct under the PHS regulation must be supported by a preponderance of the evidence. Institutions may have their own standard of proof under their research misconduct policies and procedures, which may be higher than preponderance of the evidence. In such cases, institutional officials must examine the evidence and report to ORI what their conclusions are under a preponderance of the evidence standard.
    c. If the investigation finds research misconduct for one or more allegations, the report must identify the type of misconduct for each allegation (fabrication, falsification, or plagiarism). The report must indicate the extent and seriousness of the fabrication, falsification, or plagiarism, including its effect on research findings, publications, grants, human or animal research subjects, and the laboratory or project in which the research misconduct occurred.
    d. If additional respondents are identified, the institution must make a separate determination of the respondents' culpability for each allegation. The specific individual who committed the misconduct must be identified. The report must state whether the misconduct was committed intentionally, knowingly, or recklessly, and if so, summarize the evidence that the research misconduct was committed intentionally, knowingly, or recklessly.
    e. The report should identify the relevant research community, articulate the accepted practices in the relevant research community, and state how any research misconduct found was a significant departure from these accepted practices at the time the misconduct occurred.

f. Publications, standards of the institution or relevant professional societies, state and Federal regulations, and/or expert opinion can be described and cited as the basis for the accepted research community practice.

3. Misconduct under the Institution's Policies
    a. The investigation committee may determine that an action that does not constitute research misconduct under the PHS definition is, nevertheless, research misconduct under the institution's own definition (e.g., clinical protocol deviations or other violations of human subjects' protection, documented animal welfare concerns, substandard data management practices, or deficient mentoring of trainees). Any allegation that the investigation committee determines to be research misconduct solely under the institution's own definition must be identified as such. These findings are not subject to ORI's jurisdiction if ORI agrees that they do not meet the PHS definition of research misconduct.
4. If the institution plans to close a case at the inquiry (or investigation) stage on the basis that the respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, the institution must notify ORI in advance. ORI will conduct an oversight review to determine the adequacy and completeness of the admission, and if the institution should continue with its research misconduct proceedings or closure of the case.

VI. Institutional Administrative Actions.

The institution must describe any pending or completed administrative actions against the respondent. The institution also must identify any published research reports or other sources of scientific information (such as data bases) that should be retracted or corrected and should take steps to ensure that appropriate officials who can affect these corrections or retractions are notified.

VII. Attachments

A. Copies of all significant documentary evidence that is referenced in the report must be appended to the report, if possible (relevant notebook pages or other research records, relevant committee or expert analyses of data, transcripts or summaries of all interviews, respondent and complainant responses to the draft report(s), manuscripts, publications, or other documents, including grant progress reports and applications, etc.). Include a "List of Attachments." Identify any sequestered evidence that was not reviewed by the investigation committee, if applicable.
B. In the attachments, it is useful to identify allegedly false statements, misrepresentations in figures or parts of figures, areas of plagiarism, etc., on a copy of the page or section of the questioned document (e.g., a page from a research notebook). For alleged plagiarism, a side-by-side comparison with the original data or text that is alleged to have been plagiarized is helpful.