

## 13.13 Research Misconduct

### Purpose

To provide guidance in addressing alleged research misconduct by **faculty**, staff, and students affiliated with the University of Northern Iowa.

### Policy Statement

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

The entire university community is expected to conduct research with honesty, rigor, and transparency. Each member of the community is responsible for contributing to an organizational culture that establishes, maintains, and promotes research integrity and the responsible conduct of research.

UNI strives to reduce the risk of research misconduct, support all good-faith efforts to report suspected misconduct, promptly and thoroughly address all allegations of research misconduct, and it seeks to rectify the scientific record and/or restore researchers' reputations, as appropriate.

Research misconduct is contrary to UNI's interests, the health and safety of the public, the integrity of research, and the conservation of public funds. Both the institution and its institutional members have an ethical responsibility and a legal obligation-affirmative duty to protect those funds from misuse by ensuring the integrity of all research conducted on behalf of UNI.

UNI is responsible for ensuring that these policies and procedures for addressing allegations of research misconduct meet, at a minimum, the requirements of federal agencies and codes such as the PHS (Public Health Service) Policies on Research Misconduct (42 CFR Part 93, "the PHS regulation"). The university will establish and maintain these policies and procedures on appropriate publicly available websites and platforms, inform all institutional members about these policies and procedures, and make these policies and procedures publicly available. UNI is committed to following these policies and procedures when responding to allegations of research misconduct.

For definitions of terms used in this section and elsewhere, see the Definitions section.

**Commented [1]:** Hi Brian, we have not yet met, but I am reviewing this policy from the lens of the Associate Provost for Faculty. I also sit on the University Policy Committee, so eventually this revised policy will reach the committee for review. One thing that stood out to me was the complexity of the policy. I understand the policy in part serves to fulfill federal requirements of the PHS, but I assume the policy is broader than only meeting those requirements. Is that accurate? If so, I think the policy might benefit from more general language to allow for flexibility. An example of such a policy that may be useful to review is 13.02. This policy meets the Title IX regulations, but is written more broadly to account for our university's systems and structures.

Thank you for your hard work and efforts in this revision! Amy

**Commented [2]:** Hi Amy, Noted. I made several changes, largely in response to Jose's specific comments.

**Commented [3]:** @brian.warby@uni.edu Thank you. I appreciate your attention to detail!

These policies and procedures apply to allegations of research misconduct involving:

1. Research proposals? [otherwise, if I apply for Ecological research, the wording would not apply to me, right? Applications or proposals for biomedical or behavioral research, research training, or activities related to that research or research training.
2. Research products or outcomes produced during research, research training, or activities related to that research or research training.

These policies and procedures apply only to research misconduct occurring within six years of the date UNI, a federal agency, or other official oversight agency (e.g., US Department of Health and Human Services) or UNI receives an allegation of research misconduct, subject to the following exceptions:

- The six-year time limitation does not apply if the respondent continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the respondent (“subsequent use exception”). For alleged research misconduct that appears subject to this subsequent use exception, but UNI determines is not subject to the exception, the university will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any federal agency/HHS proceeding.
- The six-year time limitation also does not apply if ORI (Office of Research Integrity - HHS) or UNI, following consultation with ORI, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

Commented [4]: I'm not generalizing here because ORI is the office we have to report all research misconduct inquiries or investigations to in order to maintain our Federal Wide Assurance. If other reports came in, UNI still has the ability to make a decision.

These policies and procedures do not supersede or establish an alternative to the PHS regulation or any existing regulations for handling research misconduct involving non-PHS supported research. They do not replace the PHS regulation, and in case of any conflict between this document and federal regulations (e.g., 42 CFR Part 93, the federal regulations will prevail. They are intended to enable UNI to comply with the requirements of federal regulations.

Research integrity is basic to the research enterprise. It is the responsibility of all scholars to model integrity in all of their research endeavors throughout their professional

careers. Therefore, fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research, are prohibited in all activities associated with the University of Northern Iowa.

- 1.—This policy applies to anyone engaged in systematic research activities that are intended to produce generalizable or transferable results (typically indicated by the intent to disseminate results), including all faculty, staff, and students affiliated with the institution. This policy is not intended to apply to student class projects that are not designed for public dissemination, but it does apply to all culminating student research projects such as theses and dissertations.
- 2.—When federal funding or an application for funding is involved, notification of the sponsor may be required, such as when a research misconduct allegation moves beyond an inquiry into a formal investigation by the institution, or in special circumstances at any point following an allegation.
- 3.—Research misconduct means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data. Research misconduct is an intentional or knowing act of deception or a flagrant disregard of commonly accepted research or ethical practices. Honest error does not include ignorance of standards for systematic patterns of misconduct when someone should, by virtue of their training and position, be aware. Examples of research misconduct include, but are not limited to:

- 1.—Fabrication

*Fabrication* is the making up of data or results and/or recording or reporting them.

- 2.—Falsification

*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

*Plagiarism* is intentionally or knowingly representing the works of another as

one's own. Plagiarism includes both the theft or misappropriation of intellectual property and the substantial unattributed textual copying of another's work. The theft or misappropriation of intellectual property includes the unauthorized use of ideas or unique methods obtained by a privileged communication, such as a grant, manuscript review or intellectual property disclosure. Substantial unattributed textual copying of another's work means the unattributed verbatim or nearly verbatim copying of sentences and paragraphs, which materially mislead an ordinary reader regarding the contributions of the author.

4.—Actions to “hide” academic dishonesty, including, but not limited to, removing or destroying records relevant to an investigation in a manner at odds with documentation retention guidelines defined by the IRB, funding organization or other contractual party:

4.—All employees or individuals associated with the University of Northern Iowa must report observed, suspected, or apparent research misconduct to the Research Integrity Officer (see <https://rsp.uni.edu/research-misconduct>). If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may call the Research Integrity Officer to discuss the suspected misconduct informally:

### **Procedure**

1.—Upon receiving an allegation of research misconduct, the Research Integrity Officer will immediately assess the allegation to determine whether the allegation falls under the definition of research misconduct, there is sufficient evidence to warrant an inquiry, and any federal support or federal application for funding is involved. If the allegation is not research misconduct as defined in this policy, the matter will be referred back to the individual faculty member, Department Head, Dean, or Divisional Vice President, as appropriate to the circumstances. If the allegation does involve research misconduct, this policy will apply, and the results of any inquiry, investigation, and recommendations will be provided to the Deciding Official, who will involve the senior university official or unit that oversees the individual faculty member, as appropriate. In the case of non-credit-bearing research misconduct, however (e.g., student hourly employees), the allegation will be referred to the Dean of Students for inquiry and adjudication. The allegation will be referred to the Student Conduct process through the Office of the Dean of Students for inquiry and adjudication.

- 2.—After determining that an allegation falls within the definition of research misconduct, the Research Integrity Officer shall give notice to the individual who is alleged to have engaged in research misconduct and initiate steps to immediately secure all original research records and materials relevant to the allegation.
- 3.—If the Research Integrity Officer determines that the allegation provides sufficient information to allow and warrant specific follow-up, s/he will initiate the inquiry process, including the appointment of an inquiry committee. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation. Upon completion of the inquiry, the Deciding Official will determine whether or not an investigation should be conducted. If so, an investigation committee will explore the allegations and the evidence in depth, and determine specifically whether misconduct has been committed, by whom, and to what extent.
- 4.—The inquiry and investigative committees, when dealing with faculty misconduct, shall consist of tenured faculty, whether internal or external to the University, and such tenured faculty shall not have an administrative role in the University.
- 5.—In the event the investigation determines that misconduct has occurred, the Deciding Official will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which research reports have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The Research Integrity Officer is responsible for the University's compliance with all notification requirements of funding or sponsoring agencies.
- 6.—Each inquiry and investigation will be conducted in a manner that will provide fair treatment to the respondent(s), protection for the complainant, and confidentiality for all involved parties to the extent possible consistent with appropriate laws and agency requirements, and without compromising public health and safety, or the inquiry or investigation.

#### Definitions

- The University's **Deciding Official** in regard to research misconduct is the institutional official who oversees the process described in this policy and makes the final determination on allegations of research misconduct and any responsive institutional actions, except on those delegated to other institutional officials. The

Deciding Official at the University of Northern Iowa is the Executive Vice President and Provost or the Provost's designee:

- The **Research Integrity Officer** (RIO) is the institutional official responsible for assessing allegations of research misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations. The RIO is appointed by the Provost and is responsible for maintaining and disseminating detailed procedures necessary to effectively administer this policy. The RIO will receive allegations and facilitate the inquiry, investigation, and administrative processes, and will attempt to ensure that appropriate documentation and communications take place.

## Roles, Rights, and Responsibilities

### Institution

#### UNI's General Responsibilities

To the extent possible, the institution will limit disclosure of the identity of respondents, complainants, and witnesses while conducting the research misconduct proceedings to those who need to know, inform all institutional members about these policies and procedures, and make these policies and procedures publicly available. This limitation on disclosure no longer applies once the institution has made a final determination of research misconduct findings. The institution will respond to each allegation of research misconduct under 42 CFR Part 93 in a thorough, competent, objective, and fair manner. The institution will take all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records, and other evidence. The institution agrees to cooperate with ORI during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations in the institutional record if directed by ORI and to assist in administering and enforcing any HHS or other federal agency administrative actions imposed on institutional members. The institution may also take steps to manage published data or acknowledge that data may be unreliable.

#### UNI's Responsibilities During and After a Research Misconduct Proceeding

Except as may otherwise be prescribed by applicable law, UNI will maintain confidentiality for any records or evidence from which research subjects might be identified and will limit disclosure to those who need to know to carry out a research misconduct proceeding. Before or at the time of notifying the respondent of the allegation(s) and whenever

additional items become known or relevant, the institution will promptly take all reasonable and practical steps to obtain all research records and other evidence and sequester them securely. UNI will ensure that the institutional record contains all required elements, i.e., research records that were compiled and considered during the proceedings, assessment documentation, and inquiry and/or investigation reports. Upon completion of the inquiry, the institution will provide ORI with the complete inquiry report and add it to the institutional record. UNI will maintain the institutional record and all sequestered research records and other evidence in a secure manner for seven years after completion of the institutional and/or HHS proceeding.

UNI will provide information related to the alleged research misconduct and proceedings to ORI upon request and transfer custody or provide copies of the institutional record or any component of it and any sequestered evidence to HHS, regardless of whether the evidence is included in the institutional record. Additionally, the institution will promptly notify ORI of any special circumstances that may arise.

Disclosure of the identity of respondents, complainants, and witnesses while UNI is conducting the research misconduct proceedings is limited to those who need to know, which the institution will determine consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions.

*UNI's Responsibilities to the Complainant(s)*

UNI will provide confidentiality consistent with [federal codes and the university's official procedures 42 CFR Part 93](#) for all complainants in a research misconduct proceeding. The institution will also take precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have potential, perceived, or actual personal, professional, or financial conflicts of interest with the complainant(s). UNI agrees to take all reasonable and practical steps to protect the positions and reputations of complainants and to protect these individuals from retaliation by respondents and/or other institutional members. If UNI chooses to notify one complainant of the inquiry results in a case, all complainants will be notified by the institution, to the extent possible.

*UNI's Responsibilities to the Respondent(s)*

As with complainants, UNI will provide confidentiality consistent with [federal codes and the university's official procedures 42 CFR Part 93](#) to all respondents in a research misconduct proceeding. The institution will make a good-faith effort to notify the respondent(s) in writing of the allegations being made against them. UNI will take precautions to ensure that individuals responsible for carrying out any part of the research

misconduct proceeding do not have unresolved personal, professional, or financial conflicts of interest with the respondent. The institution is responsible for giving the respondent(s) copies of or supervised access to the sequestered research records. The university will notify the respondent whether the inquiry found that an investigation is warranted, provide the respondent an opportunity to review and comment on the inquiry report, and attach their comments to the inquiry report. If an investigation is commenced, the institution must notify the respondent in a timely manner, give written notice of any additional allegations raised against them not previously addressed by the inquiry report, and allow the respondent(s) an reasonable opportunity to review the witness transcripts. The university will give the respondent(s) an opportunity to read and comment on the draft investigation report and any information or allegations added to the institutional record. The institution will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent. UNI will follow timelines and processes identified in the official procedures associated with this policy.

UNI will bear the burden of proof, by a preponderance of the evidence, for making a finding of research misconduct. The university will make all reasonable, practical efforts, if requested and as appropriate, to protect or restore the reputation of respondents against whom no finding of research misconduct is made.

#### *UNI's Responsibilities to Committee Members*

The university will ensure that a committee, consortium, or person acting on the institution's behalf conducts research misconduct proceedings in compliance with the federal regulation. The university will take all reasonable and practical steps to protect the positions and reputations of good-faith committee members and to protect these individuals from retaliation.

#### *UNI's Responsibilities to the Witness[es]*

The university will provide confidentiality consistent with federal and state law for all witnesses. The institutions will take precautions to ensure that individuals responsible for carrying out any part of the proceedings do not have unresolved personal, professional, or financial conflicts of interest with the witnesses. The university will also take all reasonable and practical steps to protect the positions and reputations of witnesses and to protect these individuals from retaliation.

## Research Integrity Officer

The Research Integrity Officer (RIO) is the institutional official responsible for administering UNI's written policies and procedures for addressing allegations of research

**Commented [5]:** What are the constraints for notifying? For example, "within two weeks?" "as soon as practicable?" something else?

**Commented [6]:** I added some language, but I don't think we should lock ourselves into anything too specific. There are timelines established by PHS, but those are in our procedures.

misconduct. The same individual will not serve as both the Institutional Deciding Official and the RIO. The institution may choose to have the RIO or another designated institutional official conduct the inquiry in lieu of a committee, and, if needed, this individual may utilize one or more subject matter experts to assist them in the inquiry.

Upon receiving an allegation of research misconduct, the RIO or another designated institutional official will promptly assess the allegation to determine whether the allegation (a) is within the definition of research misconduct, (b) is within the applicability criteria of the regulation at § 93.102 or otherwise established in this policy, and (c) is sufficiently credible and specific so that potential evidence of research misconduct may be identified. If the RIO or another designated institutional official determines that the requirements for an inquiry are met, they shall document the assessment, promptly sequester all research records and other evidence, and promptly initiate the inquiry. If the RIO or another designated institutional official determines that requirements for an inquiry are not met, they will keep sufficiently detailed documentation of the assessment to permit a later review by ORI of the reasons why UNI did not conduct an inquiry. The university will keep this documentation and related records in a secure manner for seven years and provide them to ORI upon request.

## Complainant

The complainant is the person who, in good faith, makes an allegation of research misconduct. The complainant brings research misconduct allegations directly to the attention of an institutional, federal, or state or HHS official through any means of communication.

The complainant will make allegations in good faith, as it is defined in the federal regulation, as having a reasonable belief in the truth of one's allegation or testimony, based on the information known to the complainant at the time.

## Respondent

The respondent is the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding. The respondent has the burden of going forward with and proving, by a preponderance of evidence, affirmative defenses raised. The respondent's destruction of research records documenting the questioned research is evidence of research misconduct where a preponderance of evidence establishes that the respondent intentionally or knowingly destroyed records

after being informed of the research misconduct allegations. The respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the respondent claims to possess the records but refuses to provide them upon request. However, an absence of records is not, in itself, evidence of research misconduct.

The respondent will not be present during the witnesses' interviews but will be provided a transcript of the interview after it takes place. The respondent will have opportunities to (a) view and comment on the inquiry report, (b) view and comment on the investigation report, and (c) submit any comments on the draft investigation report to the RIO within 30 days of receiving it.

If admitting to research misconduct, the respondent will sign a written statement specifying the affected research records and confirming the misconduct was falsification, fabrication, and/or plagiarism; committed intentionally, knowingly, or recklessly; and a significant departure from accepted practices of the relevant research community.

## Committee and Consortium Members

Committee members (and consortium members where applicable) are experts who act in good faith to cooperate with the research misconduct proceedings by impartially carrying out their assigned duties for the purpose of helping UNI meet its responsibilities under federal law. Committee and consortium members will have relevant scientific expertise and be free of real or perceived conflicts of interest with any of the involved parties. Committee members must be tenured faculty members who do not hold administrative appointments at any point during their service on either an inquiry or an investigation committee.

Committee or consortium members or anyone acting on behalf of UNI will determine whether an investigation is warranted, documenting the decision in an inquiry report. During an investigation, committee or consortium members participate in recorded interviews of 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(s). They will also determine whether or not the respondent(s) engaged in research misconduct and document the decision in the investigation report. They consider respondent and/or complainant comments on the inquiry/investigation report(s) and document that consideration in the investigation report.

An investigation into multiple respondents may convene with the same investigation committee or consortium members or anyone acting on behalf of UNI, but there will be separate investigation reports and separate research misconduct determinations for each respondent. Committee or consortium members may serve for more than one investigation, in cases when there are multiple respondents. Committee members may also serve for both the inquiry and the investigation.

## Witnesses

Witnesses are people whom UNI has reasonably identified as having information regarding any relevant aspects of the investigation. Witnesses provide information for review during research misconduct proceedings. Witnesses will cooperate with the research misconduct proceedings in good faith and have a reasonable belief in the truth of their testimony, based on the information known to them at the time.

## Institutional Deciding Official

The Institutional Deciding Official (IDO) makes the final determination of research misconduct findings. The IDO cannot serve as the RIO. The IDO documents their determination in a written decision that includes whether research misconduct occurred, and if so, what kind and who committed it, and a description of the relevant actions UNI has taken or will take. The IDO's written decision becomes part of the institutional record.

## Definitions

**Accepted practices of the relevant research community.** This term means those practices established by 42 CFR Part 93 and by federal funders, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions.

**Administrative record.** The administrative record comprises: the institutional record; any information provided by the respondent to ORI, including but not limited to the transcript of any virtual or in-person meetings under § 93.403(b) between the respondent and ORI, and correspondence between the respondent and ORI; any additional information provided to ORI while the case is pending before ORI; and any analysis or additional information generated or obtained by ORI. Any analysis or additional information generated or obtained by ORI will also be made available to the respondent.

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

**Assessment.** Assessment means a consideration of whether an allegation of research misconduct 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. The assessment only involves the review of readily accessible information relevant to the allegation.

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

**Evidence.** 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.

**Fabrication.** Fabrication means making up data or results and recording or reporting them.

**Falsification.** Falsification means 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.

**Good faith.** (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 knowledge of 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 for the purpose of helping an institution meet its responsibilities under 42 CFR Part 93. 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.

**Inquiry.** Inquiry means preliminary information-gathering and preliminary fact-finding that meets the criteria established in this policy and follows the associated procedures, and as described in § 93.307 through § 93.309.

**Institutional Deciding Official.** Institutional Deciding Official means the institutional official who makes final determinations on allegations of research misconduct and any

institutional actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer.

Institutional member. Institutional member and members means an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with UNI. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, or attorneys, or employees or agents of contractors, subcontractors, or sub-awardees.

**Institutional record.** The institutional record comprises: (a) The records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records include but are not limited to (1) documentation of the assessment as required by § 93.306(c); (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the institution, and the documentation of any decision not to investigate as required by § 93.309(c); (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to § 93.310(g), and information the respondent provided to the institution; (4) decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under § 93.314; (5) the complete record of any institutional appeal consistent with § 93.315; (b) a single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.

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

**Investigation.** Investigation means the formal development of a factual record and the examination of that record that meets the criteria established in this policy and follows the associated procedures, and as described in §§ 93.310 through 93.317.

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

**Plagiarism.** Plagiarism means the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit. (a) 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. (b) Plagiarism 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.** 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.

**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 Integrity Officer.** The 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 42 CFR Part 93.

**Research misconduct.** Research misconduct means 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 misconduct proceeding.** Research misconduct proceeding means any actions related to alleged research misconduct taken according to university policy or under 42 CFR Part 93, including allegation assessments, inquiries, investigations, ORI oversight reviews, and appeals.

**Research record.** Research record means the record of data or results that embody the facts resulting from scientific inquiry. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the research record include, but are not limited to, research proposals, raw data, processed data, clinical research records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

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

**Retaliation.** Retaliation means an adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to (a) a good faith

allegation of research misconduct or (b) good faith cooperation with a research misconduct proceeding.

**Suspension and Debarment Official.** Suspension and Debarment Official or SDO means the HHS official authorized to impose suspension and debarment, which are the actions that Federal agencies take to disqualify persons deemed not presently responsible from doing business with the Federal Government.

In case you want to reference other federal policies that deal with research misconduct:

**HHS / PHS (includes NIH) Public Health Service Policies on Research Misconduct 42 CFR Part 93**

**NSF Research Misconduct Regulation 45 CFR Part 689**

**DOE Allegations of Research Misconduct 10 CFR Part 733**

**DOE (financial assistance) Research Misconduct 2 CFR § 910.132**

**DOE (contracts) Research Misconduct Clause (DEAR) DEAR 952.235-71**

**NASA Research Misconduct 14 CFR Part 1275**

**USDA Research Institutions Conducting USDA-Funded Extramural Research; Research Misconduct 2 CFR Part 422**