Policy on Misconduct in Research

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Affected Parties:
Undergraduate Graduate Faculty
Staff Other

1.0 Purpose
2.0 Policy
3.0 Applicability
4.0 Research Misconduct Review
5.0 Completion of the Research Misconduct Process
6.0 Definitions
7.0 References
8.0 Approval and Revisions

1.0 Purpose

The university endorses high ethical standards in conducting research to ensure public trust in the integrity of research results. The university recognizes that deception in research erodes the credibility of an institution and the confidence of those who might benefit from the research. The university will take all reasonable and practical steps to foster a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.

2.0 Policy

It is the responsibility of each institutional member to be diligent in conducting all research in a manner that is consistent with ethical standards and to avoid any activities that could lead to fabrication, falsification, or plagiarism in research. Any instance of observed, suspected, or apparent research misconduct should be reported to the university Research Integrity Officer (RIO), so that it may be thoroughly investigated and promptly resolved by the university.

This policy complies with federal regulations addressing research misconduct enforced by the U.S. Department of Health and Human Service's (HHS's) Office of Research Integrity (ORI) (42 CFR Part 93) and the National Science Foundation's (NSF) Office of the Inspector General (OIG) (45 CFR Part 689).

3.0 Applicability

The university officials responsible for implementation of this policy and their roles are described in section 6 of this document. These officials include the RIO, the Institutional Deciding Official (IDO), the Inquiry Committee, and the Investigation Committee. The RIO's contact information is posted on the website of the division of Scholarly Integrity and Research Compliance (SIRC), a component of the Office of Research and Innovation.

The university will follow this policy in addressing all allegations of misconduct in research. Misconduct in research (or research misconduct) means fabrication, falsification, or plagiarism whether committed by an individual directly or through the use or assistance of other persons, entities, or tools, including artificial intelligence (AI)-based tools, in proposing, performing, or reviewing research; or in reporting research results. (42 CFR 93.234 and 45 CFR 689.1, PAPPG-24-1 Supplement 1)

Fabrication is making up data or results and recording or reporting them. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record. Plagiarism is the appropriation of another person's ideas, processes, results, or words, including those of a student, colleague or mentor, without giving appropriate credit. It does not include authorship or credit disputes.

At Virginia Tech, self-plagiarism is considered unethical behavior. However, it is not covered by this policy rather is addressed in the Faculty Handbook and Graduate Catalog.

The definition of research misconduct for the purposes of this policy does not include honest error or differences in opinion or disputes about authorship except those involving plagiarism. It does not include other detrimental research practices, including issues relating to sexual harassment, personnel management, fiscal errors, or the reporting of poor effort. It also does not include abuse or improper procedures with laboratory animals or human subjects. These detrimental practices are covered by other university policies and program standards.

This policy applies only to allegations of research misconduct that occurred within six years of the date the university, or research funding agency, received the allegation, subject to exemption clauses and exceptions in applicable federal regulations.

Misconduct in non-research activities and other ethical violations are not included in this policy and are covered by separate policies. Ethical misconduct of faculty is covered in the Virginia Tech Faculty Handbook. Such violations of ethical conduct by graduate students are guided by the constitution of the Graduate Honor System available through the Virginia Tech Graduate School. Violations of ethical conduct by undergraduates are guided by the university's Undergraduate Honor System as outlined in their constitution. Standards of conduct and performance, as well as procedures for dealing with alleged violations of unacceptable conduct and grievance procedures for classified or university staff, are detailed in the Commonwealth of Virginia Employee Handbook, available at the Virginia Tech Office of Human Resources.

Training in research misconduct and this policy is provided through various scientific integrity and ethics courses, through university-sponsored responsible conduct of research (RCR) training, and upon request to departments and research groups.

3.1 Persons Covered

This policy applies to allegations of research misconduct (fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results) involving a person who, at the time of the alleged research misconduct, was employed by, was enrolled as a student at, was an agent of, or was affiliated by contract or agreement with the university and was engaged in research under the auspices of the university at the time of the occurrence of misconduct.

3.2 Responsibility to Report Misconduct

All institutional members will report observed, suspected, or apparent research misconduct to the university RIO in accordance with this policy and related standards and procedures. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, they may meet with or contact a designated university official to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual are determined not to meet the definition of research misconduct by the university RIO, an inquiry will not be initiated, and the individual or allegation will be referred to other offices or officials with responsibility for addressing the problem. At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the designated official(s) and will be counseled about appropriate procedures for reporting allegations. An allegation is defined as disclosure of potential research misconduct by any of several means of communication, including a written or oral statement, or other means to a university official or a government funding agency.

Anonymous allegations will be accepted provided that they are deemed credible and are adequately specific so as to be supported by the available evidence.

3.3 Cooperation with Research Misconduct Proceedings

Institutional members will cooperate with the university in the review of allegations and the conduct of inquiries and investigations. Institutional members have an obligation to provide evidence relevant to research misconduct allegations.

3.4 Confidentiality

Procedures implementing this policy shall limit disclosure of identities and information regarding misconduct allegations and proceedings to those with a need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and in accordance with applicable law. Although every effort will be made to maintain confidentiality for those requesting to remain anonymous during research misconduct proceedings, confidentiality cannot be guaranteed.

3.5 Protecting the Persons Involved

Institutional members may not retaliate against complainants, witnesses, or committee members. Institutional members should immediately report any potential or actual retaliation against complainants, witnesses, or committee members to an appropriate university official. Institutional officials will take all reasonable and practical steps to protect the positions and reputations of good faith complainants, witnesses, and committee members and protect them from retaliation by respondents and other institutional members.

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 finding of research misconduct is made.

4.0 Research Misconduct Review

The institution will conduct a research misconduct review process which consists of five parts: (1) assessment, (2) inquiry, (3) investigation, (4) final decision, and (5) appeal. Because legal requirements of research funding agencies are varied and subject to change, it is the intent of this policy to establish basic principles that will apply to all research misconduct. The procedures shall be consistent with this policy and shall allow flexibility in complying with reporting, time, and other specific requirements imposed by differing laws or regulations.

4.1 Assessment

Allegations of research misconduct will be assessed by the RIO or other designated official to determine whether they fall within the definition of research misconduct and are sufficiently credible and specific so that potential evidence of research misconduct may be identified. An inquiry must be conducted if these criteria are met. Allegations that do not proceed to inquiry, but which indicate that other university policies might be violated shall be reported to the appropriate university officials or units for further review and/or action. The assessment must be documented and retained for seven years in accordance with the regulations. If the criteria for an inquiry are met, research records and other evidence must be sequestered.

4.2 Inquiry

The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. The RIO alone, the RIO along with other designated institutional official(s), other designated institutional official(s), or an Inquiry Committee will serve as reviewers during the inquiry process. A determination of how the inquiry will be conducted will be determined by the RIO based on the case specifics and expertise required for review of the case. At the time of or before beginning the inquiry a good faith effort must be made to notify the Respondent in writing. The inquiry must be completed within 90 days.

Sequestration of Research Records

The RIO has the authority to secure and/or copy data, research records and other evidence related to the allegation(s) in order to fulfill obligations under federal, state, and/or local regulations, funder-specific requirements, and university policy to thoroughly review and resolve allegations of research misconduct. On or before the date on which the Respondent is notified, or the inquiry review begins (whichever is later), the RIO shall take all reasonable and practical steps to obtain custody of all the original research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner. If deemed

appropriate, sequestration may be limited to copies of the data or evidence, so long as those copies have substantially equivalent evidentiary value. When appropriate, additional, or new evidence discovered after the initial sequestration should be sequestered as soon as practicable after it is identified.

Inquiry Committee Composition

If an inquiry is conducted by an Inquiry Committee, it will be composed of a minimum of three voting members, consisting of a standing member as appointed by the RIO from the Standing Member Committee, a member appointed by the Committee on Faculty Ethics, and additional experts to be appointed by the RIO as necessary to evaluate specific allegations. The Inquiry Committee shall consist of an odd number of voting members. The standing member shall serve as the chair of the Inquiry Committee.

The RIO shall notify the Respondent in writing of the proposed inquiry committee membership. The Respondent shall be given an opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. The RIO shall make the final determination of whether a conflict exists and shall reappoint members to the Inquiry Committee as necessary to mitigate the identified conflicts of interest.

Inquiry Report

A written inquiry report must be prepared to document the outcome of the inquiry. The findings of the inquiry as contained in the final report constitute the final decision of the institution, given available information as to whether an investigation is warranted. The inquiry process, including preparation of the final inquiry report and the decision on whether an investigation is warranted, must be completed within 90 calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the inquiry takes longer than 90 days to complete, the reasons for exceeding the 90-day period must be documented in the inquiry report.

Notifications

The Respondent must be notified of the outcome of the inquiry and whether an investigation is warranted. The institution may notify the Complainant, but notification is not required. Within 30 calendar days of the decision by the Inquiry Committee that an investigation is warranted, the RIO will, as required by applicable law, notify the funding agency that the decision has been made to begin an investigation and provide the funding agency with a copy of the inquiry report. The RIO will also notify institutional officials of the decision on a need-to-know basis.

4.3. Investigation

The investigation must begin within 30 calendar days after the determination that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will be conducted by an Investigation Committee.

Investigation Committee Composition

The Investigation Committee is composed of a minimum of five voting members, consisting of two (2) standing members appointed by the RIO from the Standing Member Committee, a member appointed by the Committee on Faculty Ethics, and additional experts to be appointed by the RIO who have the appropriate expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the investigation. The Investigation Committee shall consist of an odd number of voting members. The RIO shall appoint one of the standing members to serve as the chair of the Investigation Committee.

The RIO shall notify the Respondent in writing of the proposed committee membership. The Respondent shall be given an opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. The RIO shall make the final determination of whether a conflict exists and shall reappoint members to the Investigation Committee as necessary to mitigate the identified conflicts of interest.

Investigation Committee Timeline

Virginia Tech will complete all aspects of the investigation within 180 days. If the investigation takes more than 180 days to complete, the institution will ask the funding agency in writing for an extension and document the reasons for exceeding the 180-day period in the investigation report. The RIO will ensure that periodic progress reports are filed with the research funder as required by applicable law, if the research funder grants the request for an extension and directs the filing of such reports.

Investigation Committee Report

The Investigation Committee and the RIO are responsible for preparing a written draft report of the investigation that includes the nature of the allegation(s), individuals involved, description of all documentation relevant to the investigation, findings and recommendations, and impacted funding and publications.

The RIO must give each Respondent a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to the research records and other evidence the Investigation Committee considered or relied on including transcripts of all interviews conducted by the Investigation Committee. The Respondent must submit any comments on the draft report to the institution within 30 calendar days from the date of receiving the draft report. The Respondent's comments must be attached to and considered in the final report.

The Investigation Committee will discuss the comments provided by the Respondent(s) and, as necessary, consult with the RIO and the IDO. If necessary, the draft report will be modified considering the comments and discussions. The RIO will assist the Investigation Committee in finalizing the investigation report, including ensuring that the Respondent’s comments are considered by the committee and included as attachments to the report. The final report will include the committee’s positive or negative findings of research misconduct determined by a majority vote of the Investigation Committee.

Investigations by Funding Organizations

To prevent duplication of efforts, the university shall defer to the jurisdiction of a funding organization when they elect to initiate an investigation. In such circumstances and absent extenuating circumstances, the university will not conduct a concurrent investigation but shall cede authority to the funding organization’s investigative process. If ceded, the university shall accept the final determinations of the funding organization. Upon conclusion of the investigation, the findings and final report issued by the funding organization will be shared with and transmitted to the appropriate officials as required.

4.4 Final Decision

The RIO will transmit the final investigation report to the IDO who will consult with the Investigation Committee on any questions they have regarding the committee's findings. The IDO may return the report to the Investigation Committee with a request for further fact-finding or analysis. Based on the findings in the Investigation Report, the IDO will determine in writing the final disposition of the case including the recommended administrative actions. The institution will document the IDO’s final decision and transmit the institutional record to the funding agency as outlined in section 4.4.1, if applicable.

4.4.1 Notice to Federal Funding Agency and Research Sponsor of Institutional Findings and Actions

The RIO must, if required by applicable law, submit the following to the federal funder and to the sponsor: (1) a copy of the final investigation report with all attachments and any appeal (see 4.5 below); (2) a statement of whether the institution accepts the findings of the investigation report or the outcome of the appeal; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the Respondent.

Based on the findings, the RIO will work with journal editors on retractions of manuscripts affected by the research misconduct.

4.5 Appeal

A person found to have engaged in research misconduct may initiate an appeal process within 10 calendar days of his/her receipt of the Final Decision. An appeal may be either based upon noncompliance with the procedures or upon the findings or administrative actions. An appeal shall be in writing to the university president and shall specifically identify the subject matter of the appeal and provide basis or evidence to support the appeal. The president will consult with the IDO, the RIO, the Investigation Committee, and others as necessary in reviewing the Respondent's basis for appeal. The president shall provide the Respondent a written decision on the appeal and the actions to be taken. The decision of the president is the final resolution of the appeal. If the RIO has already transmitted the record to ORI, a complete record of the appeal must be provided to ORI at the conclusion of the appeal process.

5.0 Completion of the Research Misconduct Process

The RIO will notify the federal research funding agency in advance if the institution plans to close a research misconduct proceeding at the inquiry, investigation, or appeal stage on the basis that the Respondent has admitted to committing research misconduct, or a settlement with the Respondent has been reached.

A Respondent's admission of research misconduct must be made in writing and signed by the Respondent. Admission must specify the falsification, fabrication, and/or plagiarism that occurred and which research records were affected. It is understood that the federal research funding agency may conduct an oversight review of the case and, if warranted, take appropriate action that may include:

- Approving or conditionally approving closure of the case;
- Directing completion of the investigation process;
- Directing the institution to address deficiencies in the institutional record;
- Referring the matter for further investigation by the federal research funder;
- Taking any necessary compliance action.

All reasonable and practical steps will be taken to protect the positions and reputations of good faith complainants, witnesses, and committee members and protect them from retaliation by respondents and other institutional members. The RIO will notify the federal research funder of any facts that may be relevant to protect public health, federal funds and equipment, and the integrity of the supported research process.

5.1 Records Retention

Institutional records and sequestered evidence, including physical objects (regardless of whether the evidence is part of the institutional record), must be maintained in a secure manner for seven years after the completion of the proceeding or completion of any federal agency's proceeding, whichever is later, unless custody has been transferred to the federal agency.

6.0 Definitions

Accepted practices of the relevant research community. This term means those practices established by 42 CFR Part 93 and by PHS funding components, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions that apply for and receive PHS awards.[i]

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. [ii]

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.[iii]

Assessment. Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; 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.[iv]

Complainant. Complainant means an individual who in good faith makes an allegation of research misconduct.[v]

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.[vi]

Fabrication. Fabrication means making up data or results and recording or reporting them.[vii]

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.[viii]

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. [ix]

Inquiry. Inquiry means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of § 93.307 through § 93.309.[x]

Institution. Institution means any person who applies for or receives PHS support for any activity or program that involves the conduct of biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training. This includes, but is not limited to, colleges and universities, PHS intramural biomedical or behavioral research laboratories, research and development centers, national user facilities, industrial laboratories or other research institutes, research institutions, and independent researchers.[xi]

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.[xii]

Institutional member. Institutional member and members mean an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with an institution. 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, attorneys, or employees or agents of contractors, subcontractors, or sub-awardees.[xiii]

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 Deciding Official, such as the written decision from the 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.[xiv]

Intentionally. To act intentionally means to act with the aim of carrying out the act.[xv]

Investigation. Investigation means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.[xvi]

Knowingly. To act knowingly means to act with awareness of the act.[xvii]

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.[xviii]

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.[xix]

Public Health Service (PHS) support. PHS support means PHS funding, or applications or proposals for PHS funding, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through funding for PHS intramural research; PHS grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.[xx]

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.[xxi]

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.[xxii]

Research misconduct. Research misconduct means fabrication, falsification, or plagiarism, whether committed by an individual directly or through the use of assistance of other persons, entities, or tools, including artificial intelligence (AI)-based tools, in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.[xxiii] [xxiv]

Research misconduct proceeding. Research misconduct proceeding means any actions related to alleged research misconduct taken under 42 CFR Part 93, including allegation assessments, inquiries, investigations, ORI oversight reviews, and appeals under subpart E of 42 CFR Part 93.[xxv]

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.[xxvi]

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

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.[xxviii]

7.0 References

Department of Health and Human Services, Public Health Service Policies on Research Misconduct: 42 CFR Parts 50 and 93

Faculty Handbook

Graduate Catalog

National Science Foundation, Research Misconduct: 45 CFR Part 689.

8.0 Approval and Revisions

The Vice President for Research and Innovation is charged with the responsibility to periodically review the policy and procedures and propose changes as needed for consideration by university governance.

Approved by the University Council on May 7, 2007
Approved by the President, Charles W. Steger, on May 7, 2007
Approved by the Board of Visitors on August 27, 2007

- Revision 1
  - Updated text to reference required training in responsible conduct of research for research projects sponsored by the Public Health Service.
  - Updated to identify the Research Integrity Officer (RIO) and Deciding Official (DO) byname.
  - Added reference to retaliation protection.
  - Added references to reporting requirements for the Office of Research Integrity, in the National Institutes of Health.
  - Expanded the definition of "allegation" to include verbal as well as written communication.
  - Added reference to procedures for anonymous allegations.
  - Added reference to the RIO's responsibility for determining if evidence meets the criteria for an inquiry.
  - Added references regarding the procedures for conducting inquiries, investigations, and post case responsibilities.
  - Added verbiage regarding length of time an investigative report should be retained and by which university office (Section 3.2.6).

  Approved July 30, 2014 by Vice President for Research, Robert W. Walters.

- Revision 2
  - Updated to recognize self-plagiarism as unethical behavior.
  - This revision is consistent with the definition of self-plagiarism identified by the Federal Office of Research and Integrity as of April, 2015.

  Approved by the Commission on Research on April 8, 2015

Approved by University Council on May 4, 2015
Approved August 16, 2015 by Interim Vice President for Research, Dennis R. Dean

- Revision 3
  - Revised to reflect changes in names of Office of the Vice President of Research and Innovation and the division of Scholarly Integrity and Research Compliance.
  - Added research misconduct requirements of the National Science Foundation as outlined at 45 CFR Part 689.

  Approved November 8, 2018 by Vice President for Research and Innovation, Theresa Mayer

- Revision 4
  - Revised to align with the revised Public Health Service Policies on Research Misconduct outlined at 42 CFR 93.
  - Reorganized policy sections to enhance document flow and ensure consistency with the process.
  - Extended the timelines for the inquiry and investigation.
  - Expanded the documentation requirements.
  - Added additional safeguards and protections for the respondent and complainant.
  - Expanded definitions section.

  Approved September 29, 2025 by Senior Vice President for Research and Innovation, Dan Sui.

- Revision 5
  Updated definition of "research misconduct" to align with the updated National Science Foundation (NSF) definition outlined in NSF "Policy Notice: Implementation of Policy Changes to Proposal and Award Policies and Procedures Guide (PAPPG) 24-1, Supplement 1 issued on December 8, 2025.

  Approved January 28, 2026 by Senior Vice President for Research and Innovation, Dan Sui.

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[i] § 93.200.
[ii] § 93.202.
[iii] § 93.203.
[iv] § 93.204.
[v] § 93.206.
[vi] § 93.210.
[vii] § 93.211.
[viii] § 93.212.
[ix] § 93.214.
[x] § 93.215.
[xi] § 93.216.
[xii] § 93.218.
[xiii] § 93.219.
[xiv] § 93.220.
[xv] § 93.221.
[xvi] § 93.222.
[xvii] § 93.223.
[xviii] § 93.227.
[xix] § 93.228.
[xx] § 93.230.
[xxi] § 93.231.
[xxii] § 93.233.
[xxiii] § 93.234
[xxiv] § 689.1. PAPPG 24-1, Supplement 1
[xxv] § 93.235
[xxvi] § 93.236
[xxvii] § 93.237
[xxviii] § 93.238