POLICY

✓USF System ☐USF ☐USFSP ☐USFSM

Number: 0-301
Subject: Misconduct in Research

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I. INTRODUCTION

A. Statement of Purpose

The purpose of research within the University of South Florida System (USF System) is to create and disseminate, in the appropriate forum, knowledge from all disciplines represented within the USF System and to foster an active learning environment for students. Society expects academic research to reflect an honest attempt to describe research results accurately and without bias. Validity and accuracy in the proposing, collecting, and reporting of data are essential to the scientific process. Dishonesty in these endeavors is contrary to the very nature of research, that is, the pursuit of truth.

Creating and preserving an environment in which activities that interfere with an honest search for truth are not tolerated is the shared responsibility of every member of the USF System community. Each member must be dedicated to maintaining the highest standards in the conduct of research. It is the responsibility of each researcher to become informed of the ethical principles in effect in the research community and to behave in accord with them. To this end, the Division of Research Integrity & Compliance provides educational and outreach programs to advance knowledge on the safe, ethical, and responsible conduct of research. Program resources are available at http://www3.research.usf.edu/dric/education-program/.

Misconduct in scholarly research cannot be prevented by regulation, policy, or law, but rather only by each individual's firm commitment to academic ideals and integrity.

Mentors, project directors, and department and unit heads must impress the importance of such a commitment upon faculty, students, staff, research assistants, and collaborators.

The USF System recognizes that researchers and scholars typically are highly principled. Misconduct in research is an infrequent occurrence, but, when it does occur, it has the potential to impugn the integrity of the USF System and the individual researcher and to jeopardize access to external funding for research. Federal agencies require that institutions engaged in federally sponsored research implement formal policies and procedures for handling allegations of misconduct and advise members of the research community of their responsibility to maintain the highest standards of academic integrity.

The procedures set forth herein are consistent with federal regulation 42 CFR Part 93 and are to be followed in cases of allegations of Research Misconduct in the USF System. Their purpose is to protect the safety, welfare, and rights of the USF System's faculty, staff, and students, and the integrity of the USF System itself, so that public confidence in the USF System's research activities is assured. They provide a guide for investigating allegations of Research Misconduct and for reporting results to federal agencies and Research Sponsors that is prompt, impartial, and confidential. These procedures describe protections from malicious or unsupported claims, but do not create any substantive or procedural rights or benefits enforceable as law by a party against the USF System, its agencies, officers, or employees.

B. Scope

This USF System policy applies to any person paid by, under the control of, or affiliated with the USF System (such as, but not limited to, scientists, trainees, technicians and other staff members, students, fellows, guest researchers, or collaborators) who are engaged in research conducted in the USF System, regardless of the funding source.

These procedures will normally be followed when an allegation of Research Misconduct is received by a USF System official. Particular circumstances in an individual case may dictate variation from the normal procedure when deemed in the best interests of the

USF System. However, any change from normal procedures must ensure fair treatment to the subject of the Inquiry or Investigation. Any significant variation should be approved in advance by the Vice President for Research & Innovation and, if applicable, the highest ranking research administrator at the respective regional campus or separately accredited institution where the alleged Research Misconduct occurred, and must comply with 42 CFR Part 93, if the underlying research is supported by U.S. Public Health Service (PHS) funds. Justification for the departure from this process must be documented in the Research Misconduct case file.

II. DEFINITIONS

A. "Allegation" means any written or oral statement or other indication of possible Research Misconduct made to a USF System official.

B. "Complainant" means a person (or persons) making an allegation of Research Misconduct

C. "Fabrication" is making up data or results and recording or reporting them.

D. "Falsification" is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research method or result is not accurately represented in the research record.

E. "Inquiry" means information-gathering and initial fact-finding to determine whether an allegation or apparent instance of Research Misconduct warrants an Investigation.

F. "Investigation" means the formal examination and evaluation of all relevant facts by an Investigation Panel to determine if Research Misconduct has occurred and, if so, to determine the responsible person and the seriousness of the misconduct.

G. "Plagiarism" is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Plagiarism does not encompass disagreements over order of authorship, rights to publish, or the use of ideas among collaborators.

H. "Preponderance of the Evidence" means the reviewer believes it more likely than not that, based on the information presented to the reviewer, the allegation is true. If the information presented on a particular issue is, in the opinion of the reviewer, equally balanced, that issue does not represent a preponderance of the evidence.

I. "Questionable Research Practices" means practices that do not constitute Research Misconduct or unacceptable research practices, but that require attention because they could erode confidence in the integrity of research conducted within the USF System.

J. "Research," as used herein, includes all basic, applied, and demonstration research in all fields including, but not limited to, science, medicine, education, engineering, mathematics, statistics, and humanities. This includes research involving human subjects or animals.

K. "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. In any Inquiry or Investigation that involves research sponsored by a federal agency that uses a definition of Research Misconduct that is different from the one in this Section II.K., the USF System will be obligated to use that agency's definition for purposes of the USF System's responsibilities to that agency, as directed by the USF System Research Integrity Officer.

L. "Research Record" means any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of Research Misconduct. A research record includes, but is not limited to; grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; x-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.

M. "Research Sponsor" means the agency, institution, or organization, if any, that sponsored the research that is at issue in an Inquiry or Investigation.

N. "Respondent" means a person (or persons) accused of Research Misconduct.

O. "Retaliation" means an adverse action taken against a Complainant, witness, or committee member by USF System or one of its USF System officials in response to (1) a good faith allegation of Research Misconduct, or (2) good faith cooperation with a Research Misconduct proceeding.

P. "Standing Committee for Research Misconduct" means the faculty committee, whose membership is endorsed by the USF Faculty Senate Committee on Committees and appointed by the Vice President for Research & Innovation that oversees the Investigation portion of the Research Misconduct process. The duties of the Standing Committee include appointing the Investigation Panel; orienting the Investigation Panel to the Investigation process; delivering the charge to the Investigation Panel to investigate the allegations; reviewing the Investigation Panel's work; accepting (or rejecting) the Investigation Panel Report; requesting follow-up from the Investigation Panel; convening a new Investigation Panel, when necessary; summarizing and commenting on the Investigation Panels' findings and procedures in a separate report; and communicating all findings and recommendations to the Vice President for Research & Innovation.

Q. "Sufficient" means that there is some substance to the allegation. The use of this term is intended to separate serious allegations deserving further evaluation through this process from frivolous, unjustified, or clearly mistaken allegations.

R. "Unacceptable Research Practices" means practices that do not constitute Research Misconduct, but do violate applicable laws, regulations, or other governmental requirements or USF System regulations and policies, of which the Respondent has received notice or of which the Respondent reasonably should have been aware.

III. RIGHTS AND RESPONSIBILITIES

A. Complainant

The Complainant will have an opportunity to be interviewed by and present information to the individual or committee conducting the Inquiry and the Investigation Panel, to

review portions of the Inquiry and Investigation Reports pertinent to his or her allegations or statements, and to be informed of the initiation and results of the Inquiry and Investigation.

The Complainant is responsible for making allegations in "good faith," maintaining confidentiality, and cooperating with an Inquiry or Investigation. A good-faith allegation means that the Complainant made the allegation with a belief in the truth of the allegation (which a reasonable person in the Complainant's position would have done) based upon the information known to the Complainant at the time the allegation was made. Good faith encompasses, among other things, an honest belief, the absence of malice and the absence of design to defraud or to seek an unconscionable advantage. The USF System prohibits retaliation against a Complainant who has made an allegation of Research Misconduct in good faith.

A Complainant who makes an allegation in "bad faith" may be vulnerable to individually pursued legal claims by the Respondent, as well as subject to disciplinary or other sanctions as provided by this policy. A bad faith allegation means that the Complainant has made an allegation that is known to be false, or the Complainant is reckless as to the truth of the allegation, as in where the allegation is so completely unsupported by any detectible amount of credible information such as to be considered frivolous in nature. Bad faith encompasses, among other things, malicious intent or a lack of respect for the confidentiality of the proceedings, such as where disclosure is made to a person or persons not reasonably believed to be necessary to the resolution of the allegation. A Complainant who brings an allegation later determined to be in bad faith will not be entitled to anonymity to the extent provided by this policy and will not enjoy "whistleblower" status for purpose of the protections afforded by law for persons who bring allegations in good faith.

Once a Complainant has made a formal allegation of Research Misconduct, the Complainant must be treated as any other witness in the proceeding. The Complainant is not a "party," does not control or direct the process, does not act as a decision maker, and does not have unqualified access to the available documents or research records.

B. Respondent

The Respondent will be informed of the allegations when an Inquiry is opened and notified in writing of the final determination and resulting action. The Respondent will also have the opportunity to be interviewed by and present information to the individual or committee conducting the Inquiry and/or Investigation Panel, to review the draft Inquiry and Investigation Reports, and to be accompanied by a lawyer or any other person when appearing at a meeting of the Investigation Panel. The role of such lawyer or other person is as an advisor only, and the advisor may speak to and consult with the Respondent, but may not serve as an advocate or question witnesses, Inquiry Committee members, or Investigation Panel members, or otherwise participate in the proceedings. If the Respondent wishes to have a lawyer present, he or she shall give the Investigation Panel advance notice in writing. If the Respondent chooses to have a lawyer as personal advisor, the Respondent shall bear the burden of any associated expense.

If the Respondent does not wish to have a lawyer or advisor, it is important to note that the USF System Research Integrity Officer is a trained administrator who is available to guide the Respondent through the Inquiry and Investigation processes, answer questions about this policy, and to ensure that the Respondent is aware of his or her rights.

The Respondent is responsible for maintaining confidentiality and cooperating with the conduct of an Inquiry or Investigation. If the Respondent is not found guilty of Research Misconduct, the USF System may assist the Respondent in mitigating any actual or perceived damage to the Respondent's reputation in the research community, depending on the circumstances.

C. Research Integrity Officer

The USF System Research Integrity Officer has responsibility for implementing institutional policies and procedures governing Research Misconduct allegations. The Research Integrity Officer is a USF System administrator who is well qualified to handle the procedural requirements involved and who is sensitive to the varied demands made on those who conduct research, those who are accused of Research Misconduct and

those who report apparent Research Misconduct in good faith.

The Research Integrity Officer will assist the Vice President for Research & Innovation, the individual conducting the initial Inquiry, the Standing Committee for Research Misconduct, the Investigation Panel, the Complainant, the Respondent, and any other individuals or USF System personnel involved in the Research Misconduct process, in complying with this policy, the procedures, and the applicable standards imposed by government or external Research Sponsors. The Research Integrity Officer will organize and manage the Inquiry and Investigation processes and will attempt to ensure that confidentiality is maintained to the extent permissible by law during and after the Inquiry and Investigation process. The Research Integrity Officer is also responsible for maintaining files of all documents and research records and for the confidentiality and the security of the files.

If allegations involve research that is funded by the U.S. PHS, the Research Integrity Officer will inform the Vice President for Research & Innovation and assist with required notifications to the Office of Research Integrity, as required by PHS Regulation 42 CFR Part 93. The Research Integrity Officer will also inform the Vice President for Research & Innovation about required notification to Research Sponsors upon substantiation of an allegation of Research Misconduct pursuant to this policy, or at any other point in the Investigation process, if the Vice President for Research & Innovation determines that the Research Sponsor needs to know in order to ensure the appropriate use of federal funds and to otherwise protect the public interest.

D. Standing Committee for Research Misconduct

The Standing Committee for Research Misconduct is a USF System committee that is appointed by the Vice President for Research & Innovation and is comprised of six faculty members from different colleges or areas within the USF System. The members of the Standing Committee serve staggered three-year terms. Membership terms are renewable. The Vice President for Research & Innovation designates the Chair of the Committee.

The Standing Committee is responsible for appointing the Investigation Panel when an Inquiry proceeds to an Investigation, for charging the Investigation Panel with investigating the allegation(s), and for reviewing the Investigation Panel's report. The Investigation Panel will include a specialist in the Respondent's area of specialization and if the alleged Research Misconduct took place at a regional campus or separately accredited institution, a faculty representative from the Respondent's regional campus or separately accredited institution. The Standing Committee will hear the Respondent's response to the Investigation Panel's Report and is responsible for accepting or rejecting findings. The Standing Committee may remand the case to the original Investigation Panel with instructions for further consideration or investigation, or may appoint new Investigation Panel members for a de novo review.

The Standing Committee issues its own Report summarizing the review of the Investigation Panel Report, describing how and from whom relevant information was obtained, the findings, and an accurate summary of the views of the Respondent; recommendations for corrective or disciplinary action may be included, but are not binding. The Standing Committee Report is transmitted by the Standing Committee Chair to the Vice President for Research & Innovation for review and referral to the Provost, appropriate Vice President, or other appropriate USF System official(s) for review and action.

E. Vice President for Research & Innovation

The Vice President for Research & Innovation is the Authorized Institutional Official recognized by Research Sponsors and registered with the U.S. PHS as the USF System individual responsible for reporting matters of Research Misconduct to Research Sponsors and oversight agencies, such as the federal Office of Research Integrity. The Vice President for Research & Innovation may take interim administrative actions, as appropriate, to protect federal funds and to ensure that the purposes of the federal financial assistance are carried out.

The Vice President for Research & Innovation serves as an advisor and facilitator in the Research Misconduct process, but is not responsible for determining if facts found during

the course of the Inquiry or Investigation constitute Research Misconduct or for determining what, if any, disciplinary action may be taken.

The Vice President for Research & Innovation, in consultation with the Research Integrity Officer and other appropriate persons, including the highest ranking research administrator at the respective regional campus or separately accredited institution if the allegation of Research Misconduct takes place at a regional campus or separately accredited institution, determines who will conduct the initial Inquiry; charges that person with the Inquiry; receives the Inquiry Report; and at the close of the Inquiry process, if deemed necessary, charges the Standing Committee with overseeing the Investigation; receives and reviews the Standing Committee's Investigation Report to make certain that proper procedure has been followed; forwards the Inquiry Report and/or Investigation Report to the Provost, appropriate Vice President, or other appropriate USF System official(s); and recommends administrative sanctions or actions relating to the research activities of the Respondent or other USF System employee(s) as a result of the Investigation.

The Vice President for Research & Innovation consults with the Research Integrity Officer on matters of procedure and with other individuals familiar with the practices and standards in the relevant field of the research on matters concerning the substance of the Inquiry or Investigation.

IV. GENERAL POLICIES AND PRINCIPLES

A. Responsibility to Report Misconduct

Any person suspecting or observing apparent Research Misconduct should report such to the USF System Research Integrity Officer or to the administrator responsible for research programs within the college, school or unit where the Respondent is employed/appointed/affiliated. Any administrator who receives a report of possible Research Misconduct is responsible for forwarding such report to the Research Integrity Officer, Division of Research Integrity & Compliance, Office of the Vice President for Research & Innovation.

At any time, an individual may discuss concerns of possible misconduct with the Research Integrity Officer and will be counseled about appropriate procedures for reporting allegations. If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, he or she may contact the Research Integrity Officer to discuss the suspected misconduct informally. If the circumstances described by the individual do not meet the definition of Research Misconduct, the Research Integrity Officer will refer the individual or allegation to the USF System Office of Audit and Compliance, the office responsible for identifying the nature of the allegation and referring the matter in whole or in part to other offices or officials to assess and address the allegation. However, once an allegation of Research Misconduct is reported, even anonymously, the USF System has a responsibility to evaluate the merits of the allegation. Therefore, if the circumstances described meet the definition of Research Misconduct, the Research Integrity Officer will be obligated to follow-up, based on the information provided, and to request an Inquiry into the matter, with or without the cooperation of the individual reporting the alleged Research Misconduct.

B. Protecting the Complainant

Regardless of whether the USF System, through the application of the process set forth in this policy, or the Research Sponsor determine that Research Misconduct occurred, the Research Integrity Officer will undertake reasonable steps to protect individuals who make allegations of Research Misconduct in good faith (honestly and without intent to defraud, seek a competitive or other unfair advantage, and without deception or malicious intent) and others who cooperate with Inquiries and Investigations of such allegations, including monitoring the treatment of such individuals throughout the process. At a minimum, the Research Integrity Officer will ensure that these persons will not be retaliated against in the terms and conditions of their employment or other status in the USF System and will refer any instances of alleged retaliation to the appropriate USF System official for evaluation and action.

Employees should immediately report any alleged or apparent retaliation to their immediate or next-level supervisor, if feasible, or to the USF System Office of Audit and Compliance (see USF Policy 0-020 Retaliation, Retribution, or Reprisals Prohibited).

The USF System will also protect the privacy of those who report misconduct in good faith to the extent possible without compromising the Investigation. For example, if the Complainant requests anonymity, an effort will be made to honor the request during the allegation assessment or Inquiry within applicable policies and regulations and state and local laws. However, anonymity may not always be able to be preserved. The Complainant will be advised that, if the matter is referred to the Investigation stage of the process and the Complainant's statement is required, anonymity may no longer be guaranteed. If it is determined that an allegation has been brought in bad faith, anonymity will not be preserved.

Upon completion of an Investigation, the appropriate USF System officials may consult with the Complainant to determine what steps, if any, are needed to restore the Complainant's position or reputation. Any institutional actions to restore the Complainant's reputation must be approved by the appropriate USF System officials.

C. Protecting the Respondent

Inquiries and Investigations will be conducted in a manner that will ensure fair treatment of the Respondent in the Inquiry and/or Investigation. Participants will treat the Respondent with respect and will protect the Respondent's confidentiality to the extent possible without compromising public health and safety or the thoroughness of the Inquiry or Investigation. The USF System will not comment publicly on an Inquiry or Investigation in progress. Any deviation from these procedures or breaches of confidentiality should be reported to the Research Integrity Officer immediately.

Individuals accused of Research Misconduct may consult with legal counsel or a non-lawyer personal advisor (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal advisor to interviews or meetings on the case. If the Respondent does not wish to have a lawyer or personal advisor, it is important to note that the Research Integrity Officer is a trained administrator who is available to guide the Respondent through the Inquiry and Investigation processes, to answer questions about this policy, and to ensure that the Respondent is aware of his or her rights.

If the allegation is not substantiated, the USF System may consult with the Respondent to identify reasonable steps that may be taken to restore the Respondent's reputation. Depending on the particular circumstances, reasonable steps may include notifying those individuals aware of or involved in the Investigation of the final outcome, publicizing the final outcome in forums in which the allegation of Research Misconduct was previously publicized, or giving extra publicity to the Respondent's research. Any USF System actions to restore the Respondent's reputation must be approved by the appropriate USF System officials, including, if applicable, the highest ranking research administrator at the respective regional campus or separately accredited institution. In the event that a determination of questionable or unacceptable research practices or other misconduct has been found that does not meet the definition of Research Misconduct, the USF System shall consider the circumstances in determining whether any action to restore the Respondent's reputation would be advisable.

This process is designed to provide protection against false claims by including an initial Inquiry process to ensure that the information presented to indicate Research Misconduct is substantial prior to proceeding with an Investigation. Further, Complainants who make allegations in bad faith will be subject to disciplinary action and other sanctions.

D. Cooperation with Inquiries and Investigations

Employees are required, as a condition of employment, to cooperate with the processes and procedures of the USF System, including the Research Misconduct process. Therefore, employees have an obligation to cooperate with and provide relevant information to the Research Integrity Officer and other USF System officials in the review of allegations and the conduct of Inquiries and Investigations. Employees also have an obligation to cooperate with Research Sponsors and federal or state agencies in the conduct of Inquiries and Investigations, the oversight of the Research Misconduct process, and any follow-up actions. All other individuals who are affiliated with the USF System, including students, fellows, guest researchers, and others, are expected to cooperate with these processes and procedures as a condition of their affiliation and as a professional responsibility associated with the privilege of conducting research in the USF System.

E. Integrity of Proceedings

In responding to allegations of Research Misconduct, the Research Integrity Officer and any other USF System official with an assigned responsibility for handling such allegations will make diligent efforts to ensure that the following functions are performed.

1. Any allegation assessment, Inquiry, or Investigation is conducted in a timely, objective, thorough, and competent manner.

2. Reasonable precautions are taken to avoid bias and real or apparent conflicts of interest on the part of those involved in conducting the Inquiry or Investigation.

3. Interim administrative actions are taken, as appropriate, to protect federal funds and the public health, and to ensure that the purposes of the federal financial assistance are carried out.

F. Notifying the Federal Office of Research Integrity (ORI)

The Vice President for Research & Innovation is registered with and recognized by the U.S. PHS as the Institutional Official for matters of Research Misconduct. As such, the Vice President for Research & Innovation is the only individual in the USF System authorized to submit official reports to ORI. If an allegation of Research Misconduct involves PHS funding, pursuant to 42 CFR Part 93, the following requirements apply.

1. **Notification of Investigation.** In the event that an Investigation of Research Misconduct is deemed warranted, the Vice President for Research & Innovation will provide written notification of such Investigation, including the name of the Respondent, the general nature of the allegation, and the PHS applications or grant number(s) involved to ORI prior to initiating the Investigation. ORI must also be notified of the final outcome of the Investigation and must be provided with a copy of the Investigation Report. Any significant variations from the provisions of this policy should be explained in any reports submitted to ORI, including any variances in deadlines.

2. **Notification of Early Termination of Investigation.** If the USF System plans to terminate an Inquiry or Investigation for any reason without completing all relevant requirements of the PHS regulation, the Vice President for Research & Innovation will submit a report of the planned termination to ORI, including a description of the reasons for the proposed termination.

3. **Delay in Completion of Investigation**. If the USF System determines that it will not be able to complete the Investigation in 120 days, the Vice President for Research & Innovation will submit to ORI a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the Report, and describes other necessary steps to be taken. If the request is granted, the Vice President for Research & Innovation will file periodic progress reports as requested by the ORI.

4. **Developments Affecting Funding**. The Vice President for Research & Innovation will keep ORI apprised of any developments during the course of the Investigation for which facts are disclosed that may affect current or potential PHS funding for the individual(s) under investigation or for which the PHS needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.

5. **Admission of Misconduct**. If an admission of Research Misconduct is made, the Vice President for Research & Innovation will consult with ORI. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of Research Misconduct. When the case involves PHS funds, the USF System cannot accept an admission of Research Misconduct as a basis for closing a case or not undertaking an Investigation without prior approval from ORI.

6. **Immediate Notification Required.** The Vice President for Research & Innovation will notify ORI and, if appropriate, the Research Sponsor at any stage of the Inquiry or Investigation if any of the following conditions exist:

a. There is an immediate health hazard involved.

b. There is an immediate need to protect federal funds or equipment.

c. There is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his or her co-investigators and associates, if any.

d. It is probable that the alleged incident is going to be reported publicly.

e. The allegation involves a public health sensitive issue, e.g., a clinical trial.

f. There is a reasonable indication of possible criminal violation. In this instance, the Vice President for Research & Innovation must inform ORI within 24 hours of obtaining that information.

G. Notification of Non-PHS Research Sponsors

For allegations of Research Misconduct involving research that is not supported by PHS funds, the Vice President for Research & Innovation will provide written notification to the Research Sponsor at the conclusion of a Research Misconduct Investigation where Research Misconduct has been substantiated or at any other point in the Investigation, if a determination is made that the Research Sponsor needs to know about the allegations to ensure the appropriate use of funds and otherwise protect the public interest.

H. Evidentiary Standards

The following standards will apply where pertinent in the implementation of this policy:

1. **Burden of proof.**

   a. The USF System has the burden to substantiate a finding of Research Misconduct. The absence of, or Respondent's failure to provide, research records adequately documenting the questioned research establishes a rebuttable presumption of Research Misconduct that may be relied upon by the USF System in proving Research Misconduct.

Credible information provided corroborating the research or providing a reasonable explanation for the absence of, or Respondent's failure to provide, the research records may be used by the Respondent to rebut this presumption.

b. Once the USF System makes an initial showing of Research Misconduct, the Respondent has the burden of providing any affirmative defenses raised, including any honest error or differences of opinion, and of presenting any mitigating factors that the Respondent wants the USF System to consider in imposing administrative or disciplinary actions following the Research Misconduct proceedings.

2. **Standard of proof.**

An institutional finding of Research Misconduct must be established by a preponderance of the evidence.

I. Termination of USF System Employment or Resignation Prior to Completing Inquiry or Investigation

The termination of the Respondent's employment with the USF System, by resignation or otherwise, before or after an allegation of possible Research Misconduct has been reported, will not preclude or terminate the Research Misconduct process. If the Respondent, without admitting to the Research Misconduct, elects to resign his or her position prior to the initiation of an Inquiry, but after an allegation has been reported, or during an Inquiry or Investigation, the Inquiry or Investigation will proceed. If the Respondent refuses to participate in the process after resignation, the Inquiry Chair or Investigation Panel will use best efforts to reach a conclusion concerning the allegations, noting in the Inquiry/Investigation Report the Respondent's failure to cooperate and its effect on the review of all the information presented. Where Research Misconduct is substantiated following a complete Investigation, notification of results will be made to the Respondent, the Complainant, any federal agency as required, and other appropriate parties at the discretion of USF System officials.

J. Non-Research Misconduct Issues and Violations

When issues of concern not related to Research Misconduct are discovered during the review, Inquiry, or Investigation of an allegation, the Research Integrity Officer should refer such matters to the USF System Office of Audit and Compliance, which is the office responsible for identifying the nature of the allegation and referring the matter in whole or in part to other offices or officials to access and address the allegation. The following are examples of issues requiring referral:

1. **General Misconduct**. Inappropriate conduct, such as falsifying medical or billing records, false testimony, noncompliance with official procedures, failure to report or attempting to conceal Research Misconduct, etc., or other misconduct that does not affect the integrity of the research process should be reported to the USF System Office of Audit and Compliance for possible referral or action.

2. **Criminal Violations.** Potential theft or other criminal violations should be referred to the USF System Office of Audit and Compliance. If the possible criminal violation is identical to the alleged Research Misconduct (e.g., alleged false statements in a PHS grant application), the criminal charge should be reported to ORI. ORI will then refer it to the Office of the Inspector General (OIG), Department of Health and Human Services (DHHS).

3. **Violation of Human Subject or Animal Subject Regulations**. Potential violations of human subject or animal subject regulations, including non-compliance with Food and Drug Administration (FDA) regulated research requirements, should be referred to the Division of Research Integrity & Compliance for referral to the USF Institutional Review Board (IRB) or the Institutional Animal Care and Use Committee (IACUC).

4. **Fiscal Irregularities or Misconduct.** Potential violations of cost principles or other fiscal irregularities, such as mismanagement of research monies and personnel by contract and/or grant recipients, employees, or other related persons, should be reported to the USF System Office of Audit and Compliance

for appropriate review and follow-up with the Vice President for Research & Innovation, USF Controller's Office, federal agencies, and Research Sponsors, as appropriate.

5. **Unacceptable or Questionable Research Practices.** The Research Integrity Officer, the USF System Office of Audit and Compliance, an Inquiry or Investigation Panel, or other individual or entity involved in the Research Misconduct review process may find that while a Respondent's conduct does not warrant an Inquiry or an Investigation, it may nevertheless constitute an unacceptable or questionable research practice. Any such finding should be referred to the Vice President for Research & Innovation, who will communicate this information to the appropriate USF System official(s), including the highest ranking research administrator at the respective regional campus or separately accredited institution if the practice takes place at a regional campus or separately accredited institution, for review and further appropriate action.

V. PROCEDURES UPON RECEIVING AN ALLEGATION OF RESEARCH MISCONDUCT

A. Preliminary Assessment of Allegations

Upon receiving an allegation of Research Misconduct, the Research Integrity Officer will notify the Chair of the USF Research Council and request a consultation with the Council's Ad Hoc Review Committee to review the allegation. If the alleged Research Misconduct took place at a regional campus or separately accredited institution, the highest ranking research administrator of the respective regional campus or separately accredited institution will be consulted, and a faculty member of that regional campus or separately accredited institution will be included on the Ad Hoc Review Committee.

The Ad Hoc Review Committee will review and assess the allegation to determine whether there is sufficient information to proceed with an Inquiry, whether federal or other outside support or applications for funding are involved, whether the allegation falls under the definition of Research Misconduct as stated in this policy or other applicable federal agency definition, and whether other issues are involved that need to be referred to the

USF System Office of Audit and Compliance or other USF System office(s).

If the USF Research Council Ad Hoc Committee is not readily available to meet, then the allegations may be reviewed with other individuals deemed appropriate by the Research Integrity Officer and the Vice President for Research & Innovation. In this case, the Research Integrity Officer, in consultation with the Vice President for Research & Innovation and other appropriate individuals, as needed, will determine whether the allegation falls under the USF System definition of Research Misconduct and whether there is sufficient information to initiate an Inquiry.

The Research Integrity Officer will alert the Vice President for Research & Innovation if any of the following conditions exist:

1. There is an immediate health hazard involved.

2. There is an immediate need to protect federal funds or equipment.

3. There is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his or her co-investigators and associates, if any.

4. It is probable that the alleged incident is going to be reported publicly.

5. The allegation involves a public health sensitive issue, e.g., a clinical trial.

6. There is a reasonable indication of possible criminal violation. In this instance, the USF System must inform ORI within 24 hours of obtaining that information.

   The Vice President for Research & Innovation is responsible for reporting to Research Sponsors and federal oversight agencies.

B. Initiation and Purpose of the Inquiry

If a determination is made following the preliminary assessment that the allegation provides sufficient information and falls under the applicable definition of Research Misconduct, the Research Integrity Officer will immediately consult with the Vice President for Research & Innovation to determine the need to inform appropriate USF System officials of the allegations and to identify an appropriate individual to serve as Inquiry Chair. The Inquiry Chair shall have no real or apparent conflicts of interest in the case, be unbiased, and shall have the necessary expertise and resources to conduct the Inquiry, which involves evaluating the allegation issues and related information, interviewing the principals and key witnesses, and preparing an Inquiry Report. This individual may be a scientist, subject matter expert, administrator, lawyer, or other qualified person from inside or outside the USF System. In the absence of any actual or perceived conflict of interest, the Inquiry Chair may also, but is not required to, be an individual who has some level of supervisory responsibility over the Respondent.

Note: If the alleged Research Misconduct took place at a regional campus or separately accredited institution, the highest-ranking research administrator of the respective regional campus or separately accredited institution will be consulted in all phases of the process.

The Vice President for Research & Innovation will charge the Inquiry Chair in writing with the conduct of the Inquiry, restating the original allegation and any apparent related issues that should be evaluated. The charge should state that the Inquiry Chair may consult with or delegate duties to any other appropriate person or may form an Inquiry Committee (see Section V.D. below). The charge should also state that the purpose of the Inquiry is to make an expeditious and confidential evaluation of the available research records and statements of the Respondent, Complainant, and key witnesses and to determine whether an Investigation is warranted. The charge letter should clarify that the purpose of the Inquiry is ***not*** to reach a conclusion about whether Research Misconduct definitely occurred.

C. Sequestration of the Research Records

After a determination is made that an allegation falls within the definition of Research Misconduct, the Research Integrity Officer must ensure that all original research records and materials relevant to the allegation are immediately secured and sequestered. Records or equipment that are clearly identifiable as personal and not the property of the USF System will not be made a part of the Inquiry record. The sequestration of research records should take place before or concurrently with notification to the Respondent that an Inquiry will be initiated. The Research Integrity Officer may consult with any appropriate USF System administrators or agencies for advice and assistance in this regard. Where feasible and appropriate, the Research Integrity Officer will work with the affected laboratories and researcher to provide copies of records to the Respondent and other research personnel to facilitate the continuation of the research pending completion of the Inquiry.

D. Notification and Conduct of the Inquiry

Upon receiving the charge to conduct the Inquiry from the Vice President for Research & Innovation, the Inquiry Chair will consult with the Research Integrity Officer to determine whether sequestration of research records is necessary prior to notification of the Respondent (see Section V.C. above). If not, the Inquiry Chair will notify the Respondent in writing of the Inquiry, with a copy of the letter to the Vice President for Research & Innovation, the Research Integrity Officer, and other USF System administrative officials, as appropriate. The notification will include a summary of the allegations and a copy of the USF Research Misconduct Policy and will invite a response to the allegations. If there is a need to sequester relevant research records, the notification should be delivered in person by the Inquiry Chair or designee and the Research Integrity Officer, and the relevant records should be sequestered at that time. If there are no research records relevant to the Inquiry, the notification may be sent to the Respondent by courier or by certified mail, return receipt requested, in an envelope marked "Confidential." The Inquiry Chair should also notify the Complainant that the allegation has been received and an Inquiry initiated.

The Inquiry Chair and/or any other individuals who have been appointed to assist with the Inquiry (Inquiry Committee) will normally interview the Complainant, the Respondent, and key witnesses and will examine relevant research records and materials. However, if the allegation is clear and no additional information is needed from the Complainant, the Complainant need not be interviewed. Then, the Inquiry Chair/Committee will evaluate the research records and statements obtained during the Inquiry. After consultation with the Research Integrity Officer, the Inquiry Chair will decide whether there is sufficient information presented indicating possible Research Misconduct to warrant further investigation. The scope of the Inquiry does not include deciding whether Research Misconduct occurred or conducting exhaustive interviews and analyses.

The Inquiry Report should be completed as soon as practicable, but not longer than 60 days from the date of the charge letter. The 60-day period includes the 14-day period for receiving comments from the Respondent and Complainant, as well as subsequent review by the Research Integrity Officer. If an extension of time is required, an extension may be requested in writing from the Vice President for Research & Innovation. The anticipated completion date and reason for the request should be clearly stated. This information should also be documented in the Inquiry Report.

E. Elements of the Inquiry Report

The findings of the Inquiry must be set forth in an Inquiry Report, which will be submitted to the Vice President for Research & Innovation (with a copy to the Research Integrity Officer), who will consider the Inquiry Chair's recommendation and, in consultation with other appropriate USF System officials, determine whether an Investigation is warranted.

The Inquiry Report shall include the following elements, if applicable, as well as any relevant dates:

1. **Introduction**

    a. Background information, sufficient to ensure a full understanding of the issues as they relate to the definition of Research Misconduct.

    b. Summary of allegations.
    c. Facts leading to Inquiry.
    d. Description of the research study involved.
    e. Relationship of Complainant to Respondent (if known).
    f. Other relevant facts.

2. **Formal Statement of Allegations**

    a. Allegations raised by the Complainant, including the basis (grounds) for the allegation, except where anonymity would be compromised or where the source is irrelevant.

    b. Additional allegations arising during the Inquiry.

3. **Any Funding Agencies Providing Support for the Research Summary of the Inquiry Process**

    a. Composition of Inquiry Committee, if any (names, degrees, departmental affiliation, and expertise).

    b. Charge to the Inquiry Chair.

    c. Persons interviewed.

    d. Evidence secured, reviewed, and described in sufficient detail to demonstrate whether investigation is warranted.

e. Security measures to protect evidence obtained.

f. Other relevant factors that influenced proceedings.

4. **<u>Analysis of Each Allegation</u>**

For each allegation:

a. Describe the matter at issue and how it came to be under investigation.

b. Describe all information reviewed, including summaries of relevant interviews, and the source of the information and how it factors into the conclusion.

c. Whether any outside experts were consulted.

d. Describe any defenses raised to the allegation and any inconsistencies among the defenses.

e. Describe the weight given to various pieces of evidence, credibility, and persuasiveness.

f. Describe any information reviewed indicating that the Respondent acted intentionally in engaging in the alleged misconduct.

g. Describe any information reviewed that would support the conclusion that this was honest error or that there may be differences of scientific opinion.

h. <u>Conclusion</u>

- Describe whether the Inquiry found sufficient information indicating possible Research Misconduct to warrant investigation. If not, describe why the information presented was insufficient.

- Describe any other institutional actions that should be taken, if investigation is not warranted.

F. Distribution and Disposition of the Inquiry Report

The Inquiry Chair shall submit the Draft Report to the Research Integrity Officer, who will distribute the Draft Report to the Respondent for comment and will distribute a summary of the Inquiry findings and/or relevant portions of the Report to the Complainant for comment. Within 14 days of receipt of the Draft Report, or portions thereof, the Complainant and the Respondent will provide their comments, if any, to the Inquiry Chair. Any comments that the Complainant or Respondent submit on the Draft Report will become part of the record, whether or not the comments are incorporated into the Final Report. The Inquiry Chair may revise the Report based on the responses, if appropriate. The Inquiry Chair shall provide the revised draft of the Inquiry Report to the Research Integrity Officer for review prior to finalizing.

Once the Inquiry Report has been finalized, the Inquiry Chair shall submit the Report to the Vice President for Research & Innovation. The Vice President for Research & Innovation, in consultation with appropriate USF System officials, including the highest ranking research administrator at the respective regional campus or separately accredited institution if the alleged Research Misconduct took place at a regional campus or separately accredited institution, will determine whether the findings as stated in the Inquiry Report indicate possible Research Misconduct and, thus, warrant an Investigation. If the findings of the Inquiry Report are not supported by the information presented or if the findings are inconsistent with the information presented, the Vice President for Research & Innovation may remand the Inquiry Report to the Inquiry Chair and request that additional support be provided for the findings.

Based on the outcome of the Inquiry, the following will occur:

1. **Determination of Insufficient Evidence to Warrant Investigation**. If there is not sufficient information presented indicating Research Misconduct to proceed with an Investigation, the Vice President will notify the Respondent of the dismissal of the matter, with a copy to the Complainant. The official record of the matter will be maintained by the Research Integrity Officer in accordance with Florida requirements for records retention, with disclosure of the documents governed by Florida Statute, §1012.91(1)(b), and federal requirements (seven years), if applicable. The determination of the Vice President for Research & Innovation regarding dismissal of the matter will be final, with no right of appeal or subsequent review.

2. **Determination of Sufficient Evidence to Warrant Investigation.** If there is sufficient information presented indicating Research Misconduct to proceed with an Investigation, the Vice President will refer the Inquiry Report and all supporting documentation to the Standing Committee on Research Misconduct with the charge to initiate an Investigation in accordance with the procedures herein.

VI. PROCEDURES UPON DETERMINING THAT AN INVESTIGATION IS WARRANTED

A. Purpose of the Investigation

The purpose of an Investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether Research Misconduct has been committed, by whom, and to what extent. The Investigation will also determine whether there are additional instances of possible Research Misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged Research Misconduct involves potential harm to human subjects or the general public, or if it affects research that forms the basis for public policy or public health practice.

B. Sequestration of the Research Records

The Research Integrity Officer will immediately sequester any additional pertinent research records that were not previously sequestered during the Inquiry. This sequestration should occur before or at the time the Respondent is notified that an Investigation has begun. The need for additional sequestration of records may occur for any number of reasons, including the USF System's decision to investigate additional allegations not considered during the Inquiry stage or the identification of records during the Inquiry process that had not been previously secured.

C. Referral to the Standing Committee on Research Misconduct and Nomination of Investigation Panel

The Vice President for Research & Innovation shall forward the Inquiry Report and all supporting documentation to the Chair of the Standing Committee on Research Misconduct, along with the charge to initiate an Investigation. The Standing Committee on Research Misconduct will meet within 14 days of receiving the charge.

The Standing Committee will appoint an Investigation Panel of no fewer than three individuals to investigate the allegation(s). Panel members and experts must be free from bias and have no real or apparent conflicts of interest, either with the parties involved or with the subject matter. Consequently, these individuals should be free of professional, financial, personal, or other substantial ties to the Respondent or Complainant. Panel members shall also have the necessary expertise to evaluate the evidence and issues related to the allegations and adequate time available to interview the principals and key witnesses and to conduct the Investigation. If experts are appointed to the Investigation Panel, the experts may be either outside researchers or the USF System's own experts. However, persons who are directly responsible for the laboratory or research project where the Research Misconduct is alleged to have occurred may have conflicts of interest as mentors, co-authors, and/or supervisors of the Respondent that would compromise their objectivity in reviewing the allegations; these persons would not be eligible for appointment to the Investigation Panel.

The Investigation Panel shall include at least one faculty member and at least one USF System employee in the same employee classification plan as the Respondent (if the Respondent is not a faculty member). The Investigation Panel will include a specialist in the Respondent's area of specialization and if the alleged Research Misconduct took place at a regional campus or separately accredited institution, a faculty representative from the Respondent's regional campus or separately accredited institution. No member of the Standing Committee shall be an Investigation Panel member. The Standing Committee Chair will notify the Respondent of the proposed Investigation Panel membership and the Respondent will have three (3) business days to object to the Investigation Panel's proposed membership based on grounds of bias or conflict of interest. The Standing Committee Chair will consider any objections and will make the determination whether to replace or retain the Investigation Panel member.

D. Charge to Panel and Orientation

Within 10 days of appointing an Investigation Panel, the Chair of the Standing Committee will charge the Investigation Panel with the Investigation of the allegation(s). The charge shall be in writing, delivered by the Chair of the Standing Committee or designee and shall be specific enough to be fair to the Respondent while leaving the Investigation Panel free to examine relevant related information that may emerge in the course of the process. The Research Integrity Officer or designee will meet with the Investigation Panel at the time the Investigation Panel receives the charge to explain the USF System's policy, the role of the Investigation Panel in the process, the conduct of the Investigation, and the importance of confidentiality. Panel members should be informed that their names will be available to the Respondent and Complainant, and that they may be interviewed by ORI during its oversight process.

At the time of its initial meeting, the Investigation Panel will elect a Panel Chair who will be responsible for coordinating Investigation Panel meetings and witness interviews, assigning tasks to Investigation Panel members, ensuring that the Investigation is completed within the designated timeframe, and preparing the Investigation Panel's Investigation Report. In the alternative, the Standing Committee may appoint the Panel Chair from among the Investigation Panel members.

The Research Integrity Officer, through staff and other resources available in the Division of Research Integrity & Compliance, will provide scheduling, copying, courier, and other such support for the Standing Committee and Investigative Panel, if needed.

E. Conduct of Investigation

The Investigation will normally involve an examination of all documentation including, but not necessarily limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls. The Investigation Panel should interview the Complainant(s), the Respondents(s), and other individuals who might have information regarding aspects of the allegations. All interviews should be transcribed or otherwise documented. Summaries of transcripts or details of the interviews should be provided to the interviewed party for comment or clarification and should be included as part of the Panel's Investigation File. The Investigation Panel will provide the Respondent with a copy of his or her interview transcript or notes, if requested.

During the Investigation, all documents related to the Investigation are treated as limited-access documents and may only be released pursuant to Florida Statutes, §1012.91(1)(b) and to the extent required by federal or state law or applicable federal regulation.

1. **Misconduct or Other Deviations Not Included in the Original Charge.** If in the course of investigating an allegation, the Investigation Panel becomes aware of additional matters of potential concern to the USF System, including Research Misconduct not included in the original charge to the Investigation Panel or other deviant conduct, the Investigation Panel shall immediately report these matters to the Standing Committee for evaluation and consideration of whether the new allegations should be included in the current Investigation. The Standing Committee shall confer with the Research Integrity Officer to determine whether to expand the charge to the existing Investigation Panel to include the new allegations or to handle the new allegations in another manner.

2. **<u>Panel Deliberations</u>.** Upon the conclusion of information gathering, the Investigation Panel shall deliberate to determine whether the information reviewed supports a finding of Research Misconduct. In reaching its conclusions, the Investigation Panel will use a Preponderance of the Evidence standard. The Investigation Panel may also provide recommendations for corrective action; however, such recommendations shall not be binding upon the Standing Committee or individuals responsible for implementing disciplinary or corrective action.

F. Panel Investigation Report

The Panel Chair will oversee the preparation of an Investigation Report to the Chair of the Standing Committee that will document the Investigation Panel's findings with respect to whether Research Misconduct has occurred and the Investigation Panel's recommendations for what, if any, actions should be taken.

The Panel's Investigation Report shall include the following elements, if applicable, as well as any relevant dates:

1. **<u>Introduction</u>**

    a. Background information, sufficient to ensure a full understanding of the issues as they relate to the definition of Research Misconduct.

    b. Summary of allegations.

    c. Facts leading to the Investigation.

    d. Description of the research study involved.

    e. Other relevant facts.

2.Formal Statement of Allegations

a. Allegations raised by the Complainant, including the basis (grounds) for the allegation, except where anonymity would be compromised, or where the source is irrelevant.

b. Additional allegations arising during the Investigation.

3.Any Funding Agencies Providing Support for the Research

4.Summary of the Investigation Process

a. Composition of the Investigation Panel (names, degrees, departmental affiliation, and expertise).

b. Charge to the Panel.

c. Persons interviewed.

d. Any additional evidence secured and reviewed.

e. Security measures to protect evidence obtained.

f. Other relevant factors that influenced proceedings.

5.Analysis of Each Allegation

For each allegation, if applicable:

a. Describe the matter at issue and how it came to be under investigation.

b. Describe all evidence reviewed, including summaries of relevant statements, and the source of the information and how it factors into the conclusion.

c. Note whether any outside experts were consulted and describe.

d. Describe any defenses raised to the allegation and any inconsistencies among the defenses.

e. Describe the weight given to various pieces of evidence, credibility, and persuasiveness.

f. Describe any evidence that the Respondent acted intentionally in engaging in the alleged Research Misconduct.

g. Describe any evidence information reviewed that would support the conclusion that this was honest error or that there may be differences of scientific opinion.

6.<u>Conclusion</u>

a. Concisely state the Investigation Panel's finding for each identified issue and whether Research Misconduct occurred for each individual issue.

b. For each issue where Research Misconduct is identified, state the type of Research Misconduct (fabrication, falsification, plagiarism) and the extent and seriousness of the misconduct (effect on research findings, publications, subjects, and on the laboratory or project).

c. If the Investigation Panel suspects malicious motivation on the part of the Complainant, state evidence to support such a finding.

d. Present recommendations for corrective or administrative action for consideration by the Standing Committee, Vice President for Research & Innovation and others, as appropriate. Recommendations that involve the retraction or correction of published data should identify the published reports or other source of scientific information (e.g., databases) that should be retracted or corrected.

G. Standing Committee Review and Action

Upon receipt of the Panel's Investigation Report, the Chair of the Standing Committee will distribute the Report to the Respondent and the members of the Standing Committee on Research Misconduct.

The Respondent will have 5 days from the date of receipt of the Report to notify the Standing Committee that the Respondent will respond to the Investigation Report either orally, at a meeting with the Standing Committee, or in writing. If a meeting is requested, the meeting shall be held no sooner than 10 days and no later than 20 days after the Respondent's notice to the committee. If the Respondent desires to submit a written response, such written response shall be provided to the Committee within 15 days of the Respondent's notice, and the Standing Committee will not meet prior to the expiration of the 15 days.

If the Respondent does not provide notice of a desire to present a response to the Investigation Report within 5 days, the Standing Committee may meet at any time thereafter to discuss the Investigation Panel's Report and to prepare its response to the Investigation Report. If the Respondent does respond, the Standing Committee may meet at any time after receipt of the Respondent's submission presentation.

After review of the Investigation Report and the Respondent's response, if any, the Standing Committee has the following options:

1. Accept the Report.

2. Reject the Report, and remand the case to the original Investigation Panel with instructions for further consideration or investigation.

3. Nominate new Investigation Panel members for de novo review.

If the case is remanded to the original Investigation Panel, the Investigation Panel shall follow the Standing Committee's instructions for further consideration and/or investigation and shall prepare a Supplemental Report to the Standing Committee within 20 days of receipt of the Standing Committee's charge. If a new Investigation Panel is convened, the new Investigation Panel shall follow the procedures as set forth in Sections VI. D.-F., herein.

Upon receipt of a Supplemental Report or a Report from a newly convened Investigation Panel, the Standing Committee will proceed as set forth in this Section VI.G., including providing the Respondent with the Supplemental Report or new Report and inviting a response for the consideration of the Standing Committee in its review of the matter.

H. Standing Committee Report

The Standing Committee's Report shall be issued within 20 days after receipt of the final response of the Respondent or within 20 days of the expiration of the response period, if no response is received.

The report shall include:

1. A summary of its review of the Investigation Panel Report.

2. An explanation of any rejection of findings or additional instructions to the Investigation Panel.

3. A summary of the views of the Respondent.

4. The Standing Committee's findings based on the information provided in the Investigation Panel Report.

5. Any recommendations for corrective or administrative action (optional and non-binding).

The Standing Committee will provide a copy of its Report, the Investigation Panel Report, and the comments of the Respondent within 120 days of initiation of the Investigation to the Vice President for Research & Innovation.

I. Determination of Misconduct

The Vice President for Research & Innovation, upon receipt of the Standing Committee's Report, will review the Report to make certain that proper procedure has been followed and refer it to the Provost, appropriate Vice President, or other appropriate USF System official(s) for review and action. The Vice President for Research & Innovation will notify the Standing Committee that the Report has been reviewed for proper procedure and appropriately referred.

The Vice President for Research & Innovation, shall be included in discussions about any restrictions or other sanctions relating to the Respondent's research activities within the USF System that may come about as a result of the Investigation.

When a final decision on the matter has been reached, the Provost, appropriate Vice President, or other appropriate USF System official, will notify the Respondent and the Complainant in writing. In addition, the appropriate USF System officials will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the case.

The Vice President for Research & Innovation is the Institutional Official responsible for notifying Research Sponsors or federal oversight agencies of the determination, when required.

VII. DISCIPLINARY ACTION AND SANCTIONS FOR RESEARCH MISCONDUCT AND BAD FAITH ALLEGATIONS

A. The USF System will take appropriate disciplinary action against individuals through the USF System's established disciplinary processes when an allegation of Research Misconduct has been substantiated in accordance with the policies and procedures set forth herein.

The USF System may impose restrictions or other sanctions relating to the Respondent's research activities within the USF System including, but not limited to:

1. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where Research Misconduct was found.

2. Removal of the responsible person from the particular project, letter of reprimand, or special monitoring of future work.

3. Restitution of funds.

The Vice President for Research & Innovation may take interim administrative action, when needed to protect federal funds or the welfare of research subjects, and to ensure that the purposes of the federal financial assistance are carried out.

Notification of any final disciplinary action or sanctions imposed shall be provided to the Vice President for Research & Innovation for inclusion in the official USF System file relating to the Research Misconduct Investigation.

B. If the evidence substantiates that a Complainant's allegations of Research Misconduct were not made in good faith, appropriate administrative or disciplinary action may be taken against the Complainant. If the Complainant is not a USF System employee, USF System officials may consider other appropriate notifications or actions.

VIII. RECORD MANAGEMENT AND RETENTION

Upon initiation of a Research Misconduct allegation, the Research Integrity Officer will prepare and maintain a file that will include the complete records of any Inquiry or Investigation and copies of all correspondence, documents, and other materials furnished to the Research Integrity Officer or other administrative officials or committees. The records relating to Research Misconduct Inquiries and Investigations are limited-access records and may be released in accordance with the provisions of Florida Statutes §1012.91(1)(b), which allows such records to be released upon conclusion of an Investigation and any disciplinary action that may be imposed in connection with a finding of employee misconduct. The Research Misconduct Investigation file will be maintained in accordance with the records retention requirements of the State of Florida. In compliance with 42 CFR Part 93.317, the complete records of any Inquiry and/or Investigation, which must be maintained for seven years, will be made available upon request to personnel of the U.S. Department of Health and Human Services (DHHS), including the Director of the Office of Research Integrity (ORI).

Authorized and signed by:

Karen A. Holbrook, Vice President for Research & Innovation
Judy Genshaft, President