Augusta University
Policy Library

Policy for Addressing Allegations of Research Misconduct

Policy Manager: Office of Research Integrity and Security

POLICY STATEMENT

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

All institutional members are expected to conduct research with honesty, rigor, and transparency. Each institutional member is responsible for contributing to an organizational culture that establishes, maintains, and promotes research integrity and the responsible conduct of research.

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

Research misconduct is contrary to the interests of AU, the health and safety of the public, the integrity of research, and the conservation of public funds. Both the institution and its institutional members have an affirmative duty to protect those funds from misuse by ensuring the integrity of all research conducted on behalf of AU.

Augusta University is responsible for ensuring that these policies and procedures for addressing allegations of research misconduct meet the requirements of the PHS (Public Health Service) Policies on Research Misconduct (42 CFR Part 93, "the PHS regulation"). The institution will establish and maintain these policies and procedures, inform all institutional members about these policies and procedures, and make these policies and procedures publicly available. Augusta University is committed to following these policies and procedures when responding to allegations of research misconduct

AFFECTED STAKEHOLDERS

Indicate all entities and persons within the Enterprise that are affected by this policy:

☐ Alumni ☒ Faculty ☒ Graduate Students ☒ Health Professional Students
☒ Staff ☒ Undergraduate Students ☐ Vendors/Contractors ☐ Visitors
☐ Other: Any other individuals proposing, conducting, or reporting research on behalf of AU.

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Executive Sponsor: Interim EVP, Research and Innovation
Next Review: 4/2031

DEFINITIONS

These definitions apply to these terms as they are used in this policy:

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.

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

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

Assessment. Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; 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.

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

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

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

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

Good faith. (a) Good faith as applied to a complainant or witness means having a reasonable belief in the truth of one's allegation or testimony, based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowledge of or reckless disregard for information that would negate the allegation or testimony. (b) Good faith as applied to an institutional or committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under 42 CFR Part 93. An institutional or committee member does not

act in good faith if their acts or omissions during the research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

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

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.

Institutional Deciding Official. Institutional Deciding Official means the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer.

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

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

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

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

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

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

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

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.

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

Research Integrity Officer. The Research Integrity Officer (RIO) refers to the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with 42 CFR Part 93.

Research misconduct. Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.38 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.

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

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

Retaliation. Retaliation means an adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to (a) a good faith allegation of research misconduct or (b) good faith cooperation with a research misconduct proceeding.

Small institution. Small institution means an institution that may be too small to conduct an inquiry or investigation into an allegation of research misconduct as required by 42 CFR Part 93 without actual or apparent conflicts of interest.

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

PROCESS & PROCEDURES

Scope and Applicability:

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

1. Applications or proposals for PHS support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training.
2. PHS-supported biomedical or behavioral research.
3. PHS-supported biomedical or behavioral research training programs.
4. PHS-supported activities that are related to biomedical or behavioral research or research training, such as, but not limited to, the operation of tissue and data banks or the dissemination of research information.
5. Research records produced during PHS-supported research, research training, or activities related to that research or research training.
6. Research proposed, performed, reviewed, or reported, as well as any research record generated from that research, regardless of whether an application or proposal for PHS funds resulted in an awarded grant, contract, cooperative agreement, subaward, or other form of PHS support.

This policy and associated procedures also apply to proposals, research, training programs, research related activities, and research records funded by other sources. In such cases, external reporting will be modified as appropriate for the funding source.

These policies and procedures apply only to research misconduct occurring within six years of the date HHS or AU receives an allegation of research misconduct, subject to the following exceptions:

- The six-year time limitation does not apply if the respondent continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of,

republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the respondent ("subsequent use exception"). For alleged research misconduct that appears subject to this subsequent use exception, but AU determines is not subject to the exception, the institution will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any HHS proceeding.

- The six-year time limitation also does not apply if ORI, or AU following consultation with ORI, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

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

Roles and Responsibilities:

Augusta University's General Responsibilities

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

Augusta University's Responsibilities During and After a Research Misconduct Proceeding

- Except as may otherwise be prescribed by applicable law, the institution will maintain confidentiality for any records or evidence from which research subjects might be identified and will limit disclosure to those who need to know to carry out a research misconduct proceeding.

- Before or at the time of notifying the respondent of the allegation(s) and whenever additional items become known or relevant, the institution will promptly take all reasonable and practical steps to obtain all research records and other evidence and sequester them securely.
- The institution will ensure that the institutional record contains all required elements, i.e., research records that were compiled and considered during the proceedings, assessment documentation, and inquiry and/or investigation reports. Upon completion of the inquiry, the institution will provide ORI with the complete inquiry report and add it to the institutional record.
- The institution will maintain the institutional record and all sequestered research records and other evidence in a secure manner for seven years after completion of the institutional and/or HHS proceeding.
- The institution will provide information related to the alleged research misconduct and proceedings to ORI upon request and transfer custody or provide copies of the institutional record or any component of it and any sequestered evidence to HHS, regardless of whether the evidence is included in the institutional record.
- Additionally, the institution will promptly notify ORI of any special circumstances that may arise.
- Disclosure of the identity of respondents, complainants, and witnesses while the institution is conducting the research misconduct proceedings is limited to those who need to know, which the institution will determine consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those persons at AU who need to know will include the President, the Provost, the Executive Vice President for Research, the General Counsel, and the Vice President for Audit, Compliance, Ethics and Risk Management. Other persons who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions.

Augusta University's Responsibilities to the Complainant(s)

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

Augusta University's Responsibilities to the Respondent(s)

- As with complainants, the institution will provide confidentiality consistent with 42 CFR Part 93 to all respondents in a research misconduct proceeding.
- The institution will make a good-faith effort to notify the respondent(s) in writing of the allegations being made against them.

- The institution will take precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved personal, professional, or financial conflicts of interest with the respondent.
- The institution is responsible for giving the respondent(s) copies of or supervised access to the sequestered research records.
- The institution will notify the respondent whether the inquiry found that an investigation is warranted, provide the respondent an opportunity to review and comment on the inquiry report, and attach their comments to the inquiry report.
- If an investigation is commenced, the institution must notify the respondent, give written notice of any additional allegations raised against them not previously addressed by the inquiry report, and allow the respondent(s) an opportunity to review the witness transcripts.
- The institution will give the respondent(s) an opportunity to read and comment on the draft investigation report and any information or allegations added to the institutional record.
- The institution will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent.
- The institution will bear the burden of proof, by a preponderance of the evidence, for making a finding of research misconduct.
- The institution will make all reasonable, practical efforts, if requested and as appropriate, to protect or restore the reputation of respondents against whom no finding of research misconduct is made.

Augusta University's Responsibilities to Committee Members

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

Augusta University's Responsibilities to the Witness[es]

- The institution will provide confidentiality consistent with 42 CFR Part 93 for all witnesses.
- The institution will take precautions to ensure that individuals responsible for carrying out any part of the proceedings do not have unresolved personal, professional, or financial conflicts of interest with the witnesses.
- The institution will also take all reasonable and practical steps to protect the positions and reputations of witnesses and to protect these individuals from retaliation.

Research Integrity Officer

The Research Integrity Officer (RIO) is the institutional official responsible for administering AU's written policies and procedures for addressing allegations of research misconduct in compliance with the PHS regulation.

Upon receiving an allegation of research misconduct, the RIO or their designee will first promptly notify the Executive Vice President for Research, the General Counsel, and the Vice President for Audit, Compliance, Ethics and Risk Management (VP of ACERM). The RIO or their designee will then promptly

assess the allegation to determine whether the allegation (a) is within the definition of research misconduct under the PHS regulation, (b) is within the applicability criteria of the regulation at § 93.102, and (c) is sufficiently credible and specific so that potential evidence of research misconduct may be identified. Additionally, the RIO will keep the General Counsel and the VP of ACERM apprised of the response.
If the RIO or their designee determines that the requirements for an inquiry are met, they shall document the assessment, promptly sequester all research records and other evidence per the PHS regulation, and promptly initiate the inquiry. The RIO or their designee may choose to conduct the inquiry in lieu of a committee, and, if needed, this individual may utilize one or more subject matter experts to assist them in the inquiry. If the RIO or their designee determines that requirements for an inquiry are not met, they will keep sufficiently detailed documentation of the assessment to permit a later review by ORI of the reasons AU did not conduct an inquiry. The institution will keep this documentation and related records in a secure manner for seven years and provide them to ORI upon request.

Complainant
The complainant is the person who in good faith makes an allegation of research misconduct. The complainant brings research misconduct allegations directly to the attention of an institutional or HHS official through any means of communication. The complainant will make allegations in good faith, as it is defined in the PHS regulation, as having a reasonable belief in the truth of one's allegation or testimony, based on the information known to the complainant at the time.

Respondent
The respondent is the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding. The respondent has the burden of going forward with and proving, by a preponderance of evidence, affirmative defenses raised.
The respondent's destruction of research records documenting the questioned research is evidence of research misconduct where a preponderance of evidence establishes that the respondent intentionally or knowingly destroyed records after being informed of the research misconduct allegations. The respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the respondent claims to possess the records but refuses to provide them upon request.

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

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

Committee Members
Committee members are experts who act in good faith to cooperate with the research misconduct proceedings by impartially carrying out their assigned duties for the purpose of helping AU meet its responsibilities under 42 CFR Part 93. Committee members will have relevant scientific expertise and be free of real or perceived conflicts of interest with any of the involved parties.

Committee members or anyone acting on behalf of will conduct research misconduct proceedings consistent with the PHS regulation. They will determine whether an investigation is warranted, documenting the decision in an inquiry report. During an investigation, committee members participate in recorded interviews of each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent(s). They will also determine whether or not the respondent(s) engaged in research misconduct and document the decision in the investigation report. They consider respondent and/or complainant comments on the inquiry/investigation report(s) and document that consideration in the investigation report.

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

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

Institutional Deciding Official
The Institutional Deciding Official (IDO) makes the final determination of research misconduct findings. The Provost serves as IDO for AU. The IDO documents their determination in a written decision that includes whether research misconduct occurred, and if so, what kind and who committed it, and a description of the relevant actions AU has taken or will take. The IDO's written decision becomes part of the institutional record.

REFERENCES & SUPPORTING DOCUMENTS
Procedure for Responding to Allegations of Research Misconduct is available on Tools for Researchers.

RELATED POLICIES
None.

APPROVED BY:
Executive Vice President for Academic Affairs and Provost, Augusta University
Date: 4/8/2026

President, Augusta University Date: 4/20/2026