DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

INSTITUTIONAL ASSURANCE AND ANNUAL REPORT ON POSSIBLE RESEARCH MISCONDUCT

FORM APPROVED: OMB No. 0937-0198; Expires: 05/31/2020
See Statement of Burden on Reverse

Period Covered by this Report

January 1, 2019 to December 31, 2019

Please make any mailing changes in the space to the right: (☛

Place mailing label here.

INSTITUTIONAL OFFICIAL'S NAME

INSTITUTIONAL OFFICIAL'S TITLE

NAME OF INSTITUTION

MAILING ADDRESS OF INSTITUTIONAL OFFICIAL

Section I. Administrative Policy

Each institution which receives or applies for a PHS research, research-training or research-related grant or cooperative agreement must have established an administrative policy for responding to allegations of research misconduct that complies with the PHS regulation (42 CFR Part 93) and certify that it will comply with that policy. This regulation does not cover regulated research under the jurisdiction of the Food and Drug Administration (FDA).

- Has your institution established the administrative policy for responding to allegations of research misconduct required by the PHS regulation?

☐ Yes (Please attach your institutional policy and procedures with this form.) ☐ No

Section II. Types of Misconduct Activity Related to PHS Applications and Awards

A. ☐ **PLEASE CHECK THE BOX** (to the left) if your institution has **NOT** received any allegations or conducted any inquiries or investigations of allegations during the reporting period that (1) fall under the PHS definition of research misconduct and (2) involve receipt of or requests for PHS funding, then complete Section III. Otherwise, please complete Section II.

B. Please provide the requested information for each incident of alleged misconduct that involved a request for or receipt of PHS funds that fell within the PHS definition of research misconduct. Please note that, in accordance with section 93.310(b), all investigations are to be reported to the Office of Research Integrity (ORI) before or immediately upon commencement of the investigation.

PLEASE NOTE: For each incident of alleged research misconduct resulting in an allegation, inquiry, and/or investigation at your institution: (1) provide the ORI case number, if assigned; (2) check the type of activity (allegation, inquiry, and/or investigation -- may include more than one activity type for each reported incident); and (3) check the type of misconduct involved with each activity (may include more than one type of misconduct). Attach a separate sheet if additional space or clarification is required.

Do **NOT** include any alleged fiscal misconduct, human or animal subject abuses, conflicts of interest, or violations of FDA regulated research.

1. **Activity continued into 2019:**

Incident Number	ORI Case Number, if assigned:	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism
1.	_____	☐ Inquiry	☐	☐	☐
		☐ Investigation	☐	☐	☐
2.	_____	☐ Inquiry	☐	☐	☐
		☐ Investigation	☐	☐	☐
3.	_____	☐ Inquiry	☐	☐	☐
		☐ Investigation	☐	☐	☐

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Section II. (Continued)

B. (Continued)

2. **Activity begun in 2019:**

Incident Number	ORI Case Number, if assigned:	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism
1.	_____	☐ Allegation	☐	☐	☐
		☐ Inquiry	☐	☐	☐
		☐ Investigation	☐	☐	☐
2.	_____	☐ Allegation	☐	☐	☐
		☐ Inquiry	☐	☐	☐
		☐ Investigation	☐	☐	☐
3.	_____	☐ Allegation	☐	☐	☐
		☐ Inquiry	☐	☐	☐
		☐ Investigation	☐	☐	☐

Section III: Who at your institution administers the written policies and procedures for addressing allegations of research misconduct that meet the requirements of this part (42 CFR 93.300)? At some institutions this person is known as the Research Integrity Officer (RIO).

NAME OF RESEARCH INTEGRITY OFFICER (RIO) (Please type):

TELEPHONE NUMBER:	FAX NUMBER:
( ) -	( ) -

E-MAIL ADDRESS OF RIO:

Section IV: Who is responsible for assuring that your institution fosters a research environment that promotes the responsible conduct of research and discourages research misconduct (93.300 (c))? At some institutions this is the person with overall responsibility for administering the Responsible Conduct of Research (RCR) program.

NAME OF RCR COORDINATOR (Please type):

TELEPHONE NUMBER:	FAX NUMBER:
( ) -	( ) -

E-MAIL ADDRESS OF RCR COORDINATOR:

Section V. Certification

Official Certifying for Institution:

NAME OF OFFICIAL (Please type)	TITLE
SIGNATURE	DATE
TELEPHONE NUMBER ( ) -	FAX NUMBER ( ) -

E-MAIL ADDRESS OF OFFICIAL:

STATEMENT OF BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Hubert H. Humphrey Building, Room 503-H, 200 Independence Avenue, S.W., Washington,D.C. 20201 (Attn: PRA) and to: Office of Management and Budget, Paperwork Reduction Project (0937-0198) Washington, D.C. 20502. *Please do not return this form to either of these addresses.*

RETURN THIS FORM TO:

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