



**INSTITUTIONAL ASSURANCE  
AND ANNUAL REPORT ON POSSIBLE  
RESEARCH MISCONDUCT**

**Form Approved**  
OMB No. 0937-0198; Expires: 08/31/2026  
See Statement of Burden on Reverse

**Period Covered by this Report**  
January 1, 2024 to December 31, 2024

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**

Has your institution established written policies and procedures for inquiring into and investigating allegations of research misconduct as required by the Public Health Service Policies on Research Misconduct (42 CFR Part 93)?

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. If there is a research misconduct case involving foreign influence please notify the NIH funding official.

**1. Activity continued into 2024:**

Your Institution's Unique Case Identifier: (if applicable)	Incident Number	ORI Case Number, if assigned:	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism	Misconduct activity in conjunction with another federal agency (if applicable)	
							Agency Name (e.g. NSF, DOD, VA, etc)	Agency's Unique Case Identifier
	1.		Inquiry					
			Investigation					
	2.		Inquiry					
			Investigation					
	3.		Inquiry					
			Investigation					

(continued on next page)

**SECTION II.B (CONTINUED)**

**2. Activity begun in 2024:**

Your Institution's Unique Case Identifier: (if applicable)	Incident Number	ORI Case Number, if assigned:	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism	Misconduct activity in conjunction with another federal agency (if applicable)	
							Agency Name (e.g. NSF, DOD, VA, etc)	Agency's Unique Case Identifier
	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).

PREFIX	NAME OF OFFICIAL	SUFFIX
TELEPHONE NUMBER ( ) -	FAX NUMBER ( ) -	E-MAIL ADDRESS OF OFFICIAL

**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.

PREFIX	NAME OF OFFICIAL	SUFFIX
TELEPHONE NUMBER ( ) -	FAX NUMBER ( ) -	E-MAIL ADDRESS OF OFFICIAL

**SECTION V. CERTIFICATION**

OFFICIAL CERTIFYING FOR INSTITUTION

PREFIX	NAME OF OFFICIAL	SUFFIX	TITLE
SIGNATURE			DATE (mm/dd/yyyy)
TELEPHONE NUMBER ( ) -	FAX NUMBER ( ) -	E-MAIL ADDRESS OF OFFICIAL	

**STATEMENT OF BURDEN**

**RETURN THIS FORM TO:**

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.*

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