GUIDANCE

for

Public Health Service Policies on Research Misconduct

42 CFR Part 93 (2024)

Institutional Committees

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
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This guidance document is provided by the Office of Research Integrity (ORI) to assist entities that apply for or receive Public Health Service (PHS) funding for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training. It addresses the topic of institutional committees according to the revised Public Health Service Policies on Research Misconduct regulation at 42 CFR Part 93 (2024). This guidance document does not create or confer rights for or on any person and does not operate to bind ORI, the Department of Health and Human Services, or the public. It also does not guarantee that ORI will find an institution compliant with 42 CFR Part 93. In case of any conflict between this document and 42 CFR Part 93, the regulation will prevail.

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Overview

In September 2024, the Department of Health and Human Services (HHS) updated its Public Health Service Policies on Research Misconduct regulation (42 CFR Part 93), including sections related to institutional committees convened during research misconduct proceedings. Committees play a vital role in ensuring fair, competent, thorough and objective handling of the allegations. By lending their expertise and experience in relevant research disciplines to the proceedings, committee members contribute to the analysis of the substance of the allegations.

This guidance document describes some considerations for institutions as they draw upon committee members' expertise to support research misconduct proceedings. While convening a committee of experts at the inquiry stage of proceedings is optional, an institution must convene a committee at the investigation stage. The updated regulation includes requirements relating to institutional committees, and this guidance highlights several of those requirements. This guidance also offers some considerations and best practices for convening a committee.

Convening an Institutional Committee

General Considerations and Best Practices

Institutions vary in how they establish committees for research misconduct proceedings. Some institutions have standing research integrity committees of members from various disciplines, while others utilize ad hoc committees of members with specific expertise relevant to each research misconduct proceeding. There can be advantages to either model. Members of either standing or ad hoc committees should be individuals who demonstrate a commitment to adhering to good research practice and upholding institutional policy. Institutions with standing committees may add subject matter experts as needed. For institutions that use standing committees, experienced committee members and leadership may help avoid delay in initiating proceedings and provide valuable assistance in describing the allegations, sequestering records, and conducting proceedings in accordance with 42 CFR Part 93. Institutions that use ad hoc committees may find it easier to populate committees with subject matter experts on a case-by-case basis. Ad hoc committees may also help reduce individual committee members' time and effort compared to attendance on standing committees. Regardless of the type of committee, institutions may consider incentives to acknowledge committee members' efforts, such as letters of acknowledgement to the committee member's department chair or recognition in promotion and tenure packets.

Regulatory Requirements

The updated regulation details requirements for institutions when addressing allegations of research misconduct. An institution must ensure that a committee acting on its behalf conducts research misconduct proceedings in compliance with the requirements of 42 CFR Part 93.[1] An institution also

[1] 42 CFR § 93.305(f)(2).

must address any potential, perceived, or actual personal, professional, or financial conflicts of interest between members of the committee and the complainant, respondent, or witnesses.[2] Accordingly, the institution should carefully select committee members. Optimal members include those with a demonstrated commitment to professional integrity, appropriate scientific expertise, and freedom from conflicts of interest. Institutions may, but are not required to, inform the respondent(s) of proposed committee members to allow respondent(s) to raise any conflict-of-interest concerns.[3] ORI recommends that institutions document their consideration of concerns raised by respondents.

Institutions must take reasonable steps to ensure impartial and unbiased investigations to the maximum extent practicable.[4] Additionally, institutions are required to take all reasonable and practical steps to protect the positions and reputations of good faith committee members and to protect them from retaliation by respondents and/or other institutional members.[5] Given the risk of retaliation against individuals involved in research misconduct proceedings, ORI recommends that institutions carefully consider the rank and position of potential committee members prior to selecting them. ORI also recommends that institutions encourage committee members to notify the RIO immediately if any form of retaliation occurs. Retaliation against committee members may be considered an aggravating factor in HHS administrative actions.[6]

The RIO's Role in Support of Committees

Research Integrity Officers (RIOs) provide indispensable support to institutional committees to help ensure that research misconduct allegations are addressed in accordance with 42 CFR Part 93.[7]

RIO support helps to facilitate the fair, competent, thorough, and objective handling of allegations. For example, the RIO and staff can assist with gathering and curating relevant documentation and other evidence, providing secure access to materials, and facilitating review by committee members. RIOs often help with scheduling meetings and interviews, arranging transcription services, and overseeing the sequestration of evidence. RIOs may help explain to committees the standards and thresholds for each stage of the proceeding and guide the committee through the proceeding with the support of institutional counsel. Additionally, RIOs may assist during interviews by facilitating introductions and providing relevant information such as interview date, case number, and name of witness, and identifying documents or exhibits shown to the witness so they are captured in an interview transcript.

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[2] § 93.305(f)(1).
[3] *See* guidance on Conflicts of Interest and guidance on Confidentiality at https://ori.hhs.gov/guidance-documents.
[4] § 93.310(f).
[5] 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 this part. 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. § 93.214(b). *See also* § 93.300(d).
[6] § 93.408(f).
[7] *See* guidance on Institutional Officials at https://ori.hhs.gov/guidance-documents.

RIOs may also support the committee by sharing templates for draft reports to help ensure compliance with institutional policies and procedures and 42 CFR Part 93.

Convening a Committee During an Inquiry

If a research misconduct proceeding progresses to the inquiry stage, the institution may choose to convene a committee to determine whether an investigation is warranted.[8]

If an institution chooses not to convene a committee at the inquiry stage of a research misconduct proceeding, the inquiry may be conducted by a RIO or another designated institutional official, who may utilize one or more subject matter experts to assist them in the inquiry.[9] Subject matter experts must also be free from unresolved personal, professional, or financial conflicts of interest with the complainant, respondent(s), or witnesses.[10] As a best practice, institutions should document their determination that each subject matter expert is free from such unresolved conflicts.[11] As another best practice, institutions should document their efforts to ensure that each subject matter expert maintains confidentiality consistent with institutional policies and procedures and 42 CFR Part 93. Institutions are encouraged to include such documentation in the inquiry reports they are required to prepare.[12]

Convening a Committee During an Investigation

Institutions must convene a committee during the investigation stage.[13] If an institution has already convened a committee during the inquiry stage of research misconduct proceedings, the institution may, but is not required to, use the same committee members from the inquiry in their subsequent investigation.[14] Depending on the subject matter of the allegations, it may also be helpful to include additional committee members on an ad hoc basis to ensure a competent review and subject matter expertise.

As with inquiry committees, the RIO's support for the investigation committee is also critical. The RIO and their staff members can assist with all aspects of the investigation, supporting the committee with scheduling meetings and interviews, organizing evidence, and ensuring that all documentation is securely maintained. At the conclusion of the investigation, the committee members' analysis of the allegations forms a key part of the investigation report.

The final investigation report must include all elements specified in 42 CFR § 93.313. Of particular note, the report must include a statement for each separate allegation of whether the investigation committee

[8] § 93.307(e)(2).
[9] § 93.307(e)(2).
[10] § 93.300(b).
[11] *See* guidance on Conflicts of Interest at https://ori.hhs.gov/guidance-documents.
[12] §§ 93.307(g), 93.309.
[13] §§ 93.310(c)(3), 93.310(f), 93.312(a), 93.313(d), 93.313(k).
[14] § 93.310(f).

recommends a finding of research misconduct.[15] If the investigation committee does not recommend a finding of research misconduct for an allegation, the investigation report must provide a detailed rationale. If the committee does recommend a finding of research misconduct for an allegation, the investigation report must include each element specified in § 93.313(k)(1)(i)-(vii). The institution must give the respondent a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records and other evidence that the investigation committee considered or relied on. The respondent must submit any comments on the draft report to the institution within 30 days of receiving the draft investigation report. Regardless of whether the committee recommends a finding of research misconduct, the committee must include its consideration of any comments by the respondent or complainant on the draft investigation report.[16]

The report should be clearly written and include a thorough analysis of each allegation, explaining the rationale for the committee's recommended finding as it pertains to each allegation. As a best practice, the investigation committee should also consider including a summary of all interviews (respondent, as well as complainant and witnesses, as applicable), any conclusions regarding the credibility of each person interviewed, and how cooperative the respondent was with the proceedings.

ORI understands that concerns, uncertainties, and other issues occasionally emerge in the context of institutional management of research misconduct allegations. The institution's RIO and other relevant institutional personnel are encouraged to contact ORI for technical assistance and/or attend a RIO Boot Camp, which ORI sponsors on a periodic basis. For more information on institutional committees please reach out to ORI at any time for guidance by calling (240) 453-8800 or emailing AskORI@hhs.gov.

[15] § 93.313(k).
[16] §§ 93.312(a), 93.313(j).

Pertinent Sections of 42 CFR Part 93 (2024)

§ 93.214 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 this part. 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.

§ 93.300 General responsibilities for compliance.

Institutions must:

(a) Have written policies and procedures for addressing allegations of research misconduct that meet the requirements of this part;

(b) Respond to each allegation of research misconduct for which the institution is responsible under this part in a thorough, competent, objective, and fair manner, including taking 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 complainant, respondent, or witnesses;

(c) Foster a research 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;

(d) Take all reasonable and practical steps to protect the positions and reputations of good faith complainants, witnesses, and committee members and to protect these individuals from retaliation by respondents and/or other institutional members;

(e) Provide confidentiality consistent with § 93.106 to all respondents, complainants, and witnesses in a research misconduct proceeding, and to research subjects identifiable from research records or other evidence;

(f) 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;

(g) Cooperate with HHS during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations in the institutional record if directed by ORI;

(h) Assist in administering and enforcing any HHS administrative actions imposed on its institutional members; and

(i) Have an active research integrity assurance.

§ 93.305 General conduct of research misconduct proceedings.

(a) *Sequestration of research records and other evidence*. An institution must promptly take all reasonable and practical steps to obtain all research records and other evidence, which may include copies of the data or other evidence so long as those copies are substantially equivalent in evidentiary value, needed to conduct the research misconduct proceeding; inventory the research records and other evidence; and sequester them in a secure manner. Where the research records or other evidence are located on or encompass scientific instruments shared by multiple users, institutions may obtain copies of the data or other evidence from such instruments, so long as those copies are substantially equivalent in evidentiary value to the instruments. Whenever possible, the institution must obtain the research records or other evidence:

(1) Before or at the time the institution notifies the respondent of the allegation(s); and

(2) Whenever additional items become known or relevant to the inquiry or investigation.

(b) *Access to research records.* Where appropriate, an institution must give the respondent copies of, or reasonable supervised access to, the research records that are sequestered in accordance with paragraph (a) of this section.

(c) *Maintenance of sequestered research records and other evidence. An* institution must maintain the sequestered research records and other evidence as required by § 93.318.

(d) *Multiple respondents.* If an institution identifies additional respondents during an inquiry or investigation, the institution is not required to conduct a separate inquiry for each new respondent. However, each additional respondent must be provided notice of and an opportunity to respond to the allegations, consistent with this subpart.

(e) *Multiple institutions.* When allegations involve research conducted at multiple institutions, one institution must be designated as the lead institution if a joint research misconduct proceeding is conducted. In a joint research misconduct proceeding, the lead institution should obtain research records and other evidence pertinent to the proceeding, including witness testimony, from the other relevant institutions. By mutual agreement, the joint research misconduct proceeding may include committee members from the institutions involved. The determination of whether further inquiry and/or investigation is warranted, whether research misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

(f) *Using a committee, consortium, or other person for research misconduct proceedings.*

(1) An institution must address any potential, perceived, or actual personal, professional, or financial conflicts of interest between members of the committee or consortium, or other person, and the complainant, respondent, or witnesses.

(2) An institution must ensure that a committee, consortium, or person acting on its behalf conducts research misconduct proceedings in compliance with the requirements of this part.

(g) *Notifying ORI of special circumstances.* At any time during a research misconduct proceeding, as defined in § 93.235, an institution must notify ORI immediately if it has reason to believe that any of the following conditions exist:

(1) Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.

(2) HHS resources or interests are threatened.

(3) Research activities should be suspended.

(4) There is reasonable indication of possible violations of civil or criminal law.

(5) Federal action is required to protect the interests of those involved in the research misconduct proceeding.

(6) HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

§ 93.307 Institutional inquiry.

(a) *Criteria warranting an inquiry.* An inquiry is warranted if the allegation meets the following three criteria:

(1) Falls within the definition of research misconduct under this part;

(2) Is within the applicability criteria of § 93.102; and

(3) Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

(b) *Purpose.* An inquiry's purpose is to conduct an initial review of the evidence to determine whether an allegation warrants an investigation. An inquiry does not require a full review of the evidence related to the allegation.

(c) *Notice to the respondent.* At the time of or before beginning an inquiry, an institution must make a good faith effort to notify in writing the presumed respondent, if any. If the inquiry subsequently identifies additional respondents, the institution must notify them. Only allegations specific to a particular respondent are to be included in the notification to that respondent. If additional allegations are raised, the respondent(s) must be notified in writing of the additional allegations raised against them.

(d) *Sequestration of records.* An institution must obtain all research records and other evidence needed to conduct the research misconduct proceeding, consistent with § 93.305(a).

(e) *Conducting the inquiry —*

(1) *Multiple institutions*. A joint research misconduct proceeding must be conducted consistent with § 93.305(e).

(2) *Person conducting the inquiry.* Institutions may convene committees of experts to conduct reviews at the inquiry stage to determine whether an investigation is warranted. The inquiry review may be done by a RIO or another designated institutional official in lieu of a committee, with the caveat that if needed, these individuals may utilize one or more subject matter experts to assist them in the inquiry.

(3) *Interviews.* Institutions may interview witnesses or respondents that would provide additional information for the institution's review.

(f) *Inquiry results —*

(1) *Criteria warranting an investigation.* An investigation is warranted if:

(i) There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct under this part and involves PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training, as provided in § 93.102; and

(ii) Preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.

(2) *Findings of research misconduct.* Findings of research misconduct, including the determination of whether the alleged misconduct is intentional, knowing, or reckless, cannot be made at the inquiry stage.

(g) *Inquiry report.*

(1) The institution must prepare a written report that meets the requirements of this section and § 93.309.

(2) If there is potential evidence of honest error or difference of opinion, the institution must note this in the inquiry report.

(3) The institution must provide the respondent an opportunity to review and comment on the inquiry report and attach any comments received to the report.

(h) *Time for completion.*

(1) The institution must complete the inquiry within 90 days of its initiation unless circumstances warrant a longer period.

(2) If the inquiry takes longer than 90 days to complete, the inquiry report must document the reasons for exceeding the 90-day period.

§ 93.309 Reporting to ORI on the decision to initiate an investigation.

(a) Within 30 days of determining that an investigation is warranted, the institution must provide ORI with a copy of the inquiry report, which includes the following information:

(1) The names, professional aliases, and positions of the respondent and complainant;

(2) A description of the allegation(s) of research misconduct;

(3) The PHS support, including, for example, grant numbers, grant applications, contracts, and publications listing PHS support;

(4) The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise;

(5) Inventory of sequestered research records and other evidence and description of how sequestration was conducted;

(6) Transcripts of any transcribed interviews;

(7) Timeline and procedural history;

(8) Any scientific or forensic analyses conducted;

(9) The basis for recommending that the allegation(s) warrant an investigation;

(10) The basis on which any allegation(s) do not merit an investigation;

(11) Any comments on the inquiry report by the respondent or the complainant; and

(12) Any institutional actions implemented, including communications with journals or funding agencies.

(b) The institution must provide the following information to ORI whenever requested:

(1) The institutional policies and procedures under which the inquiry was conducted; and

(2) The research records and other evidence reviewed, and copies of all relevant documents.

(c) Institutions must keep detailed documentation of inquiries to permit a later assessment by ORI of the reasons why the institution decided not to investigate. Such documentation must be retained in accordance with § 93.318.

(d) In accordance with § 93.305(g), institutions must notify ORI of any special circumstances that may exist.

§ 93.310 Institutional investigation.

Institutions conducting research misconduct investigations must:

(a) *Time.* Begin the investigation within 30 days after deciding an investigation is warranted.

(b) *Notice to ORI.* Notify ORI of the decision to begin an investigation on or before the date the investigation begins and provide an inquiry report that meets the requirements of §§ 93.307 and § 93.309.

(c) *Notice to the respondent.* Notify the respondent in writing of the allegation(s) within a reasonable amount of time after determining that an investigation is warranted, but before the investigation begins.

(1) The institution must give the respondent written notice of any allegation(s) of research misconduct not addressed during the inquiry or in the initial notice of investigation within a reasonable amount of time of deciding to pursue such allegation(s).

(2) If the institution identifies additional respondents during the investigation, the institution may but is not required to conduct a separate inquiry for each new respondent. If any additional respondent(s) are identified during the investigation, the institution must notify them of the allegation(s) and provide them an opportunity to respond consistent with this subpart.

(3) While an investigation into multiple respondents can convene with the same investigation committee members, separate investigation reports and research misconduct determinations are required for each respondent.

(d) *Sequestration of records.* Obtain all research records and other evidence needed to conduct the investigation, consistent with § 93.305(a).

(e) *Documentation.* Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and other evidence relevant to reaching a decision on the merits of the allegation(s).

(f) *Ensuring a fair investigation.* Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practicable, including participation of persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest relevant to the investigation. An institution may use the same committee members from the inquiry in their subsequent investigation.

(g) *Interviews.* During the investigation, an institution must interview 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.

(1) Interviews during the investigation must be recorded and transcribed.

(2) Any exhibits shown to the interviewee during the interview must be numbered and referred to by that number in the interview.

(3) The transcript of the interview must be made available to the relevant interviewee for correction.

(4) The transcript(s) with any corrections and numbered exhibits must be included in the institutional record of the investigation.

(5) The respondent must not be present during the witnesses' interviews but must be provided a transcript of the interview.

(h) *Multiple respondents.* Consider, consistent with § 93.305(d), the prospect of additional researchers being responsible for the alleged research misconduct.

(i) *Multiple institutions.* A research misconduct proceeding involving multiple institutions must be conducted consistent with § 93.305(e).

(j) *Pursue leads.* Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. If additional allegations are raised, the respondent(s) must be notified in writing of the additional allegations raised against them.

§ 93.312 Opportunity to comment on the draft investigation report.

(a) The institution must give the respondent a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records and other evidence that the investigation committee considered or relied on. The respondent must submit any comments on the draft report to the institution within 30 days of receiving the draft investigation report.

(b) The institution may provide the complainant a copy of the draft investigation report or relevant portions of that report. The comments of the complainant, if any, must be submitted within 30 days of the date on which the complainant received the draft investigation report or relevant portions of it.

§ 93.313 Investigation report.

A final investigation report for each respondent must be in writing and include:

(a) Description of the nature of the allegation(s) of research misconduct, including any additional allegation(s) addressed during the research misconduct proceeding.

(b) Description and documentation of the PHS support, including, for example, any grant numbers, grant applications, contracts, and publications listing PHS support.

(c) Description of the specific allegation(s) of research misconduct for consideration in the investigation of the respondent.

(d) Composition of investigation committee, including name(s), position(s), and subject matter expertise.

(e) Inventory of sequestered research records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the investigation.

(f) Transcripts of all interviews conducted, as described in § 93.310(g).

(g) Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other research records that allegedly contained the falsified, fabricated, or plagiarized material.

(h) Any scientific or forensic analyses conducted.

(i) If not already provided to ORI, the institutional policies and procedures under which the investigation was conducted.

(j) Any comments made by the respondent and complainant on the draft investigation report and the investigation committee's consideration of those comments.

(k) A statement for each separate allegation of whether the investigation committee recommends a finding of research misconduct.

(1) If the investigation committee recommends a finding of research misconduct for an allegation, the investigation report must, for that allegation:

(i) Identify the individual(s) who committed the research misconduct.

(ii) Indicate whether the research misconduct was falsification, fabrication, and/or plagiarism.

(iii) Indicate whether the research misconduct was committed intentionally, knowingly, or recklessly.

(iv) State whether the other requirements for a finding of research misconduct, as described in § 93.103, have been met.

(v) Summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the respondent.

(vi) Identify the specific PHS support.

(vii) Identify whether any publications need correction or retraction.

(2) If the investigation committee does not recommend a finding of research misconduct for an allegation, the investigation report must provide a detailed rationale.

(3) List of any current support or known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.

§ 93.408 Mitigating and aggravating factors in HHS administrative actions.

The purpose of HHS administrative actions is remedial. The appropriate administrative action is commensurate with the seriousness of the misconduct and the need to protect the health and safety of the public, promote the integrity of the PHS-supported research and research process, and conserve public funds. ORI considers the following aggravating and mitigating factors in determining appropriate

HHS administrative actions and their terms. The existence or nonexistence of any factor is not determinative.

(a) *Knowing, intentional, or reckless.* Were the respondent's actions knowing or intentional or were the actions reckless?

(b) *Pattern.* Was the research misconduct an isolated event or part of a continuing or prior pattern of dishonest conduct?

(c) *Impact.* Did the misconduct have significant impact on the proposed or reported research record, research subjects, other researchers, institutions, or the public health or welfare?

(d) *Acceptance of responsibility*. Has the respondent accepted responsibility for the misconduct by:

(1) Admitting the conduct;

(2) Cooperating with the research misconduct proceedings;

(3) Demonstrating remorse and awareness of the significance and seriousness of the research misconduct; and

(4) Taking steps to correct or prevent the recurrence of the research misconduct?

(e) *Failure to accept responsibility.* Does the respondent blame others rather than accepting responsibility for the actions?

(f) *Retaliation.* Did the respondent retaliate against complainants, witnesses, committee members, or other individuals?

(g) *Continued risk to PHS funding.* Does the respondent demonstrate responsible stewardship of research resources?

(h) *Other factors.* Are other factors relevant to the circumstances of a particular case?