The Rockefeller University's
Research Misconduct Policy and Procedure

I. Authority and Applicability

This Policy has been adopted pursuant to the **Public Health Service** ("**PHS**") Policies on Research Misconduct, 42 C.F.R. Part 93; 89 Federal Register 76,280 (September 17, 2024) ("**PHS regulations**"), and describes the University's role in implementing these federal regulations.

II. Overview

A. Definitions. Research misconduct means **fabrication**[1], **falsification**[2], and **plagiarism**[3] in proposing, performing, or reviewing research or in reporting research results. Research misconduct does not include honest errors or differences of opinion.

B. Finding of Research Misconduct. A finding of research misconduct requires that (i) there is a significant departure from accepted practices of the relevant research community, (ii) the alleged conduct was committed **intentionally**[4], **knowingly**[5], or **recklessly**[6], and (iii) the allegation of research misconduct is proven by a preponderance of the **evidence**[7], which means that the evidence leads to the conclusion that the alleged conduct is more likely than not to have been research misconduct.

C. PHS-Supported Research. Allegations of research misconduct involving PHS-supported research, research training, or activities related to such research or research training (including applications for or awarded grants, contracts,

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

[2] 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. The **research record** means the record of data or results, which may be in physical or electronic form, that reflects scientific inquiry, such as research proposals, grant applications, progress reports, raw data, processed data, clinical research records, physical and electronic laboratory records, study records, laboratory notebooks, data repositories, abstracts, theses, posters, presentations, internal reports, lab meeting reports, journal articles, submitted or published manuscripts, posters, presentations, online content, or other research records.

[3] Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader as to the contributions of the author. Plagiarism does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology; self-plagiarism; or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project.

[4] Intentionally means to act with the aim of carrying out the act.

[5] Knowingly means to act with awareness of the act.

[6] Recklessly means to act with indifference to a known risk, such as to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

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

cooperative agreements, subawards, or other form of PHS support) are covered under this Policy.[8]

D. Respondent and Claimant.
   (i) A **Respondent** is a person against whom an allegation of research misconduct is directed.
   (ii) A **Complainant** is a person who in good faith makes an allegation of research misconduct.

E. Burden of Proof. The University has the burden of proving research misconduct. The Respondent has the burden of proving the disputed conduct is the result of an honest error or difference of opinion.

F. Sequestration of Evidence. Before or at the time the University notifies the Respondent of an allegation of research misconduct, the University must promptly take all reasonable and practical steps to gain custody of all relevant 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 records and evidence, and sequester those records and evidence in a secure manner. Thereafter and during the research misconduct proceeding, the University must take custody of additional relevant research records or other evidence as they become known and must secure those records and evidence as well. Where the research records or evidence are located on or encompass scientific instruments shared by a number of users, the University may obtain copies of the data or evidence on such instruments, so long as those copies are substantially equivalent in evidentiary value to the data or evidence on such instruments. When appropriate, the University must give a Respondent copies of or reasonable supervised access to the research records that have been sequestered.

G. Respondent's Handling of Research Records. A Respondent's destruction of research records documenting the questioned research is evidence of research misconduct where the University establishes by a preponderance of the evidence that the Respondent intentionally or knowingly destroyed records after being informed of the research misconduct allegations. A 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.

H. Limitations Period. The alleged research misconduct must have occurred within six years from the date that the allegation of research misconduct is made, or within six years of the citation, re-publication, or other use by the Respondent of the portion of the research record alleged to have been fabricated, falsified, or plagiarized for the potential benefit of the

[8] In addition, this Policy will be followed when the research is funded or proposed to be funded by other governmental agencies or entities, except to the extent that such governmental agencies' or entities' regulations or requirements conflict with the PHS regulations, then such governmental agencies' or entities' regulations or requirements shall govern. References in this Policy to PHS, ORI (as defined within), and HHS (as defined within) should be read to refer to such other governmental agency or entity, as appropriate.

Respondent.[9] A research misconduct proceeding may occur at any time if the alleged research misconduct could reasonably be regarded as possibly having a substantial adverse effect on the health or safety of the public.

I. Limited Disclosure of Involved Persons. Disclosure of the identity of Respondents, Complainants, witnesses, and others involved in research misconduct proceedings is to be limited, to the extent possible and as determined by the University, to those who need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. This limitation on disclosure of the identity of Respondents, Complainants, and witnesses does not apply after the University has made a final determination as to the research misconduct allegations. Moreover, this limitation does not prohibit the University from managing published data or acknowledging that certain data may be unreliable. The University must disclose the identity of Complainants, Respondents, and other relevant persons to the Office of Research Integrity, U.S. Department of Health and Human Services ("**ORI**") in accordance with the PHS regulations. At the conclusion of a research misconduct process, disclosure may be required in order to correct the scientific record, to restore the reputations of persons who did not commit research misconduct, or to vindicate other compelling purposes. Special care will be taken to protect the confidentiality of research subjects.

J. Conflict of Interest. All persons responsible for carrying out any part of the research misconduct proceeding must be free of any conflict of interest. A **conflict of interest** is an unresolved personal, professional, or financial conflict of interest with the Complainant, Respondent, or witnesses or relating to the research misconduct proceeding.

K. Notice to ORI. During the research misconduct proceeding, ORI must be immediately notified if the University has reason to believe that any of the following conditions exist: (i) health or safety of the public is at risk, including an immediate need to protect human or animal subjects; (ii) U.S. Department of Health and Human Services ("**HHS**") resources or interests are threatened; (iii) research activities should be suspended; (iv) reasonable indication of possible violations of civil or criminal law; (v) federal action is required to protect the interests of those involved in the research misconduct proceeding; and/or (vi) HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

III. Research Integrity Officer

A. The President of the University will appoint the Research Integrity Officer, who is the University official responsible for administering this Policy for addressing allegations of research misconduct. If the University President has

[9] For alleged research misconduct that appears subject to this subsequent use exception, but the University determines is not, the University must document its determination and retain such documentation for the time period set forth in Section VIII.A below.

a conflict of interest, another officer who is designated by the Research Integrity Officer shall serve in the President's stead and shall assume all of the responsibilities of the President described in this Policy.

B. The Research Integrity Officer must have appropriate expertise to handle the matter and must not have a conflict of interest.

IV. **Allegations of Research Misconduct**

A. Any person who has a good faith basis to believe that research misconduct has occurred at the University or involving University personnel or funding may make an allegation of research misconduct. An allegation may be made through any means of communication, including by a written or oral statement or other communication. **Good faith** means having a reasonable belief in the truth of one's assertion or testimony, based on information known by such person at that time. An allegation is not made in good faith if it is made with knowledge of or reckless disregard for information that would negate the allegation or testimony.

B. An allegation may be made to the University's Vice President for Academic Affairs, Complainant's Head of Laboratory, or ORI. Where allegations are made to ORI, the agency may refer the allegation to the institution where the alleged misconduct occurred.

C. If the University identifies additional Respondents during its inquiry or investigation, the University is not required to conduct a separate inquiry for each new Respondent. The University must provide written notice to each additional Respondent of the allegations and an opportunity to respond to the allegations.

D. When allegations involve research at multiple institutions, The Research Integrity Officer and/or other University officers may consult with personnel from other institutions regarding the allegations for purposes of assessing inter-institutional considerations, such as (i) evaluating whether another institution has an institutional interest in reviewing any of the allegations, (ii) identifying and contacting another institution's personnel as possible respondents or witnesses, and/or (iii) identifying research records located at another institution that may be relevant to the assessment of any allegations. Based on its assessment of inter-institutional considerations, the University may determine that it should (a) proceed to review the allegations on its own, (b) work collaboratively with one or more institutions in a joint research misconduct proceeding, in which (1) one institution must be designated as the lead institution and will obtain relevant research records and other evidence, including witness testimony, from the other institutions; (2) the institutions may agree to include committee members from their institutions, and (3) the institutions may agree to make determinations jointly or to task to the lead institution, on institutional actions, such as whether an inquiry and/or investigation is warranted, or whether research misconduct occurred, or (c) conclude that the University lacks jurisdiction to review the allegations and refer the allegations to another institution.

E. At all times during the research misconduct proceeding, appropriate actions, if any, will be taken to protect public health, federal funds, and equipment, and the integrity of affected Public Health Service-supported research.

V. Assessment and Inquiry

A. Upon receiving a written or an oral allegation of research misconduct, the Research Integrity Officer will review readily accessible information relevant to the allegation and make an assessment to determine whether an allegation warrants an inquiry. Specifically, the Research Integrity Officer will assess whether the allegation (1) appears to fall within the definition of research misconduct, (2) involves or is related to PHS-supported research or research training or activities related to that research or research training, and (3) is sufficiently credible and specific to allow for the identification of potential relevant evidence.

   (i) If these criteria are met, the Research Integrity Officer will document their assessment, promptly sequester all relevant research records and other evidence, and promptly commence an Inquiry, and give written or electronic notice regarding the nature of the alleged misconduct to the Respondent, the University's President, and the University's General Counsel. If additional Respondents are later identified, the Research Integrity Officer also must notify them. Only allegations specific to a particular Respondent are to be included in the notice to that Respondent, and if additional allegations are later raised, a Respondent must be notified of them.

   (ii) If the Research Integrity Officer determines that the alleged misconduct does not meet the criteria to proceed to an inquiry, they must write and keep sufficiently detailed documentation of the assessment to permit a later review by ORI of the reasons why the University did not proceed to an inquiry. This documentation should be retained securely for the time period set forth in Section VIII.A below.

B. An **Inquiry** is a preliminary information-gathering, fact-finding effort. The purpose of an Inquiry is to conduct an initial review of the evidence to determine whether an allegation of research misconduct has substance and warrants an Investigation. An inquiry does not require a full review of all related evidence.

C. The Research Integrity Officer will conduct a thorough, objective, and fair Inquiry through to completion (except as set forth in Sections V.K and VIII.B below) and diligently pursue all significant issues. The Research Integrity Officer may ask the University's Office of the General Counsel to engage external counsel to conduct the Inquiry at the direction of the Research Integrity Officer, with assistance, as needed, from the Office of the General Counsel. Subject matter experts also may assist in the Inquiry. The Research

Integrity Officer is authorized to secure documents and testimony from any persons having expertise or factual knowledge relevant to the matter.

D. Respondent and Complainant must cooperate with the Research Integrity Officer, including by providing oral and/or written information deemed by the Research Integrity Officer to be reasonably necessary to the conduct of the Inquiry. The Research Integrity Officer will have the sole discretion to determine the information needed for the Inquiry and whether any or all information will be received by the Research Integrity Officer orally or in writing. Respondent may choose to be represented by a colleague or person outside the University or by legal counsel at any time during the research misconduct proceeding; such a representative may attend meetings with the Respondent as an observer but may not participate in such meetings. Choosing to be represented will not be deemed uncooperative behavior. The Research Integrity Officer may (but need not) construe uncooperative behavior by Respondent as evidence that the allegation has substance and should proceed to investigation and/or may take other appropriate action as needed to ensure compliance with this Policy.

E. The Research Integrity Officer will proceed expeditiously, respecting both the need for thoroughness and the interests of the parties. An Inquiry should be completed and a Final Inquiry Report should be issued within 90 days after initiation of the Inquiry. If the circumstances warrant a longer period, the reasons justifying that longer period will be documented in the Final Inquiry Report.

F. The Research Integrity Officer will prepare a Draft Inquiry Report that will include

(i) the name(s), professional aliases, and position(s) of the Respondent(s) and Complainant(s);
(ii) a description of the allegations;
(iii) the PHS support involved;
(iv) the name, position, and subject matter expertise of the Research Integrity Officer;
(v) an inventory of sequestered research records and other evidence and a description of how sequestration was conducted;
(vi) transcripts of any transcribed interviews;
(vii) a timeline and procedural history;
(viii) any scientific or forensic analyses conducted;
(ix) the basis for recommending that the allegation(s) warrant an investigation; or the basis on which any allegation(s) do not merit an investigation; and
(x) any University actions implemented, including communications with journals or funding agencies.
(xi) Findings of research misconduct, including the determination of whether the alleged misconduct is intentional, knowing, or reckless, cannot be made at the Inquiry stage.
(xii) If there is potential evidence of honest error or difference of opinion, this must be noted in the Inquiry Report

G. The Respondent(s) will be given a copy of the Draft Inquiry Report, which must include a reference to the PHS regulations governing research misconduct and University policies and procedures under which the Inquiry was conducted. The Respondent(s) must submit any written comments on the Draft Inquiry Report within 10 days from the date on which Respondent(s) received the report.
H. The University is not required to notify a Complainant of the outcome of the Inquiry. The University may, but is not required to, provide relevant portions of the Draft Inquiry Report to a Complainant for comment. If the University provides notice to one Complainant, it must provide notice to the extent possible to all Complainants in that case.
I. The Draft Inquiry Report, including any edits made to it by the Research Integrity Officer, and the written comments, if any, by the Respondent(s) and/or Complainant(s) will become the Final Inquiry Report.
J. The Final Inquiry Report must be sent promptly by the Research Integrity Officer to the University's President and the University's General Counsel.
K. If the Research Integrity Officer concludes based on the evidence considered that the allegation of research misconduct is without substance, the Final Inquiry Report will so state and provide detailed documentation to permit a later assessment by ORI of the reasons why the University decided not to investigate. If the Research Integrity Officer concludes based on the evidence considered that the allegation of research misconduct has substance and warrants an investigation, then, within 30 days of its issuance, the Final Inquiry Report as well as the University policies and procedures under which the Inquiry was conducted, the research record and other evidence considered or relied on, and copies of all relevant documents must be submitted to ORI. The Final Inquiry Report may, but need not, recommend corrective action should the subsequent Investigation find that research misconduct has occurred.
L. The University Record, including the Final Inquiry Report, must be maintained by the University as set forth in Section VIII.A below.

VI. **Investigation**

A. An **Investigation** involves the formal development of a factual record and an examination of that record to assess whether the matter should be dismissed or a finding of research misconduct should be made. At the conclusion of the Investigation, a finding must be made with respect to each allegation, by a preponderance of the evidence, whether fabrication, falsification, or plagiarism occurred and was committed intentionally, knowingly, or recklessly. The Respondent has the opportunity to establish that any instances of fabrication, falsification, or plagiarism resulted from honest error or that the allegation has identified an instance of a difference of opinion and not research misconduct.
B. The University's President or his or her designee will appoint an **Investigation Committee** of no fewer than three persons who do not have

conflicts of interest relevant to the investigation and include individuals with appropriate scientific expertise to evaluate the allegations and evidence to investigate the allegations of research misconduct. The Investigation must begin within 30 days after the date of issuance of the Final Inquiry Report.

C. The Research Integrity Officer:
    (i) must notify ORI of the decision to undertake an Investigation on or prior to its commencement;
    (ii) must notify the Respondent in writing within a reasonable amount of time after determining that an Investigation is warranted but before the Investigation begins of the Investigation and the allegations, including new allegations, if any, that may not have been addressed during the Inquiry or in the Final Inquiry Report within a reasonable time of deciding to pursue such allegations; and
    (iii) will assure that the relevant research records and other evidence needed to conduct the Investigation have been sequestered.

D. The Investigation Committee may ask the University's Office of the General Counsel to engage external Investigation Counsel (which may be the same external counsel as engaged at the Inquiry stage) to support the Investigation at the direction of the Investigation Committee with assistance, as needed, from the Office of the General Counsel. The Investigation Committee and its Investigation Counsel will have the authority necessary to fully develop the record through all appropriate means, and to secure the cooperation of persons having factual knowledge and expertise relevant to the matter.

E. If the University identifies additional Respondents during the Investigation, the University must notify them of the allegation(s) and provide them an opportunity to respond. While an Investigation of multiple Respondents can occur under the same Investigation Committee, separate Investigation Reports and research misconduct determinations are required for each Respondent.

F. The Investigation Committee and/or its Investigation Counsel will undertake various steps, including the following:
    (i) use diligent efforts to ensure that the Investigation is thorough and sufficiently documented, including examination of relevant research records and evidence;
    (ii) to the extent not already done so and whenever additional items become known or relevant to the Investigation, take all reasonable and practical steps to sequester all relevant research records and other evidence needed for the Investigation consistent with Section II.F;
    (iii) interview each person who has been reasonably identified as having information regarding any relevant aspects of the Investigation (without the Respondent being present), even if that person was interviewed during the Inquiry; record and transcribe each interview and number and reference by number any exhibits shown to the interviewee during the interview; provide a recording or transcript of the interviews to the interviewees for correction;

and include the recordings or transcripts with any corrections and numbered exhibits in the record of the Investigation;

(iv) consider the prospect of additional researchers being responsible for the alleged research misconduct; and

(v) carry out the Investigation through to completion (except as set forth in Section VIII.B below) and diligently pursue all significant issues including any evidence of additional instances of possible research misconduct.

G. All information necessary for completing the Investigation and reaching a determination will be made available to the Investigation Committee in compliance with the PHS regulations.

H. The Investigation Committee will produce a Draft Investigation Report for each Respondent. The Draft Investigation Report will:

(i) describe the nature of and specific allegations of research misconduct investigated;

(ii) describe and document the PHS support involved;

(iii) indicate the composition of the Investigation Committee, including the members' names, positions, and subject matter expertise;

(iv) include copies of and reference the University's policies and procedures under which the Investigation was conducted;

(v) include an inventory of sequestered research records and other evidence including manuscripts and funding proposals that were considered or relied on, and a description of how any sequestration was conducted during the investigation;

(vi) include transcripts of all interviews conducted;

(vii) identify the 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;

(viii) include any scientific or forensic analyses conducted; and

(ix) provide a finding as to whether research misconduct occurred for each separate allegation of research misconduct identified during the Investigation, and if misconduct is found, (a) identify whether it is falsification, fabrication, or plagiarism and whether it was intentional, knowing, or reckless and was a significant departure from accepted practices of the relevant research community; (b) summarize the facts and the analysis supporting the conclusion and whether it is based on a preponderance of the evidence; (c) provide a detailed rationale for any allegation for which a finding of research misconduct is not recommended; (d) identify any specific PHS support involved; (e) identify any publications that need correction or retraction; (f) identify the person(s) responsible for the misconduct; and

(x) list any current support or known applications or proposals for support that the Respondent(s) has pending with PHS and non-PHS federal agencies.

I. The Respondent(s) must receive a copy of the Draft Investigation Report and be given supervised reasonable access to the research records and other evidence that the Investigation Committee considered or relied on, having due regard for the confidentiality of the sources of the evidence. Respondent's comments on the Draft Investigation Report must be submitted within 30 days from the date on which Respondent(s) received the Draft Investigation Report. The Investigation Committee must consider and address the Respondent's comments, including the merits of any explanation by the Respondent, before issuing its Final Investigation Report.

J. The Complainant may, at the University's discretion, be provided with a copy of the Draft Investigation Report or relevant portions of it. Complainant's comments, if any, must be submitted within 30 days from the date on which the Complainant received all or portions of the Draft Investigation Report. If provided, the Investigation Committee must consider and address the Complainant's comments before issuing its Final Investigation Report.

K. The University will seek to complete an Investigation in all aspects, including sending the University Record (defined in Section VIII.A below), including the Final Investigation Report and decision by the President under Section VII.A to ORI, within 180 days of the commencement of the Investigation. If an extension of time is required, the University will apply in writing to ORI for an extension, including the circumstances or issues warranting additional time and the Final Investigation Report must include the reasons for exceeding the 180-day period. The Final Investigation Report will contain the elements required by applicable PHS regulations.

VII. **Action by the President of the University**

A. The President, as the University's deciding official, will render a final determination on behalf of the University, including whether to accept the findings of the Investigation Committee. The President may also return the report to the Investigation Committee with a request for further fact-finding or analysis. The President's final determination must be a written decision that includes whether the University found research misconduct and if so, the Respondent who committed such research misconduct, and a description of relevant University actions taken or to be taken.

B. If the President determines that research misconduct has occurred, the President, in their sole discretion, will determine appropriate corrective action. Such action may include University disciplinary action such as termination of employment, restitution to a funding agency, and/or appropriate correction of the research record. A finding of research misconduct shall be entered in the personnel record of the Respondent.

C. If the President determines that research misconduct has not occurred, no sanction shall be imposed on Respondent(s).

D. The University will provide to ORI a copy of the University Record, including the Final Investigation Report and the final determination and action. The

University will cooperate with ORI in any administrative action by that agency following the conclusion of the University process.

E. The University Record, including the Final Investigation Report, must be maintained by the University as set forth in Section VIII.A below.

VIII. General Provisions

A. Unless custody of the University's record of the research misconduct proceeding has been transferred to HHS on request or ORI has advised the University in writing that the University's record no longer needs to be retained, the University will maintain the University Record of its research misconduct proceeding and all sequestered evidence including physical objects (regardless of whether the evidence is part of the University Record) in a secure manner for no fewer than seven years after the completion of the University's proceeding or the completion of any PHS proceeding involving the research misconduct allegation, whichever is later. The **University Record** is comprised of:

   (i) the records compiled or generated during the research misconduct proceeding, including (a) documentation of the assessment; (b) if an Inquiry and/or Investigation was conducted, the Final Inquiry Report and/or the Final Investigation Report and all records considered or relied on in the Inquiry and/or Investigation, including research records, transcripts of any transcribed interviews, information provided by the Respondent, and other evidence, and (c) the President's final determination; and excluding records that were not considered or relied upon by the University and drafts of the inquiry report or investigation report;

   (ii) a single index listing all the research records and evidence that the University compiled during the research misconduct proceeding, excluding records not considered or relied on by the University; and

   (iii) a general description of the records that were sequestered but not considered or relied on by the University.

B. If the University decides to close a research misconduct proceeding before it is completed because the Respondent has admitted wrongdoing, a settlement with Respondent has been reached, or for other reason, the University will notify ORI in advance of such closure and provide ORI with the Respondent's admission of research misconduct and a statement from the University describing how it determined that the scope of the misconduct was fully addressed by the admission and confirmed the Respondent's culpability. A Respondent's admission of research misconduct must be in writing and signed by the Respondent. The admission must specify the type of research misconduct, i.e., falsification, fabrication, and/or plagiarism, that occurred, which research records were affected, and meet the requirements for a finding of research misconduct as set forth in Section II.B.

C. The University will take reasonable and practical efforts to protect or restore the position and reputation of Respondent(s) exonerated in any research misconduct proceeding under this Policy as well as persons who participated

in the proceeding, including, but not limited to Complainant(s), witnesses, and members of the Investigation Committee.

Approved by Academic Council on September 15, 2005; as amended on March 7, 2024 and on November 4, 2025.