OLD DOMINION UNIVERSITY

University Policy

Policy # 5360

Policy on Allegations of Research Misconduct (INTERIM)

Responsible Oversight Executive: Vice President for Research & Economic Development

Date of Current Revision or Creation: December 15, 2025

A. PURPOSE

To establish procedures for addressing allegations of Research Misconduct at Old Dominion University (ODU) in compliance with federal regulations.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

42 CFR Part 93

45 CFR Part 689

C. DEFINITIONS

Accepted practices of the relevant research community. Accepted practices of the relevant research community means those practices established by PHS Regulations or funding components, or NSF Regulations or 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 or NSF awards.

Allegation(s). Allegation(s) means a disclosure of possible Research Misconduct through any means of communication and brought directly to the attention of the RIO/Associate RIO, or for PHS or NSF supported research, a Department of Health and Human Services (HHS) or NSF 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 or other supported research, 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. 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 ODU or committee member means cooperating with the Research Misconduct Proceeding by impartially carrying out the duties assigned for the purpose of helping ODU meet its responsibilities under this policy. An ODU or committee member does not act in good faith if their acts or omissions during the Research Misconduct Proceeding are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the Research Misconduct Proceeding.

c. Good faith as applied to a Respondent means acting with reasonable belief that Respondent's actions are consistent with accepted practices of the relevant research community.

Inquiry. Inquiry means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of Section H of this policy.

Institutional member. Institutional member or members means an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with ODU. 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 deciding official or DO. Institutional deciding official means the institutional official who makes final determinations on allegations of Research Misconduct and any institutional actions.

Institutional record. The ODU record comprising of:

a. The records that ODU compiled during the Research Misconduct Proceeding pursuant to this policy, except to the extent ODU subsequently

determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that are being retained. These records include, but are not limited to:

i. The Assessment report in Section G of this policy, if applicable.

ii. If an Inquiry is conducted, the Inquiry report and all records (other than drafts of the report) in support of that report, including, but not limited to, research records and the transcripts of any interviews conducted during the Inquiry, information the Respondent provided to ODU, and the documentation of any decision not to investigate as required by Section H of this policy.

iii. If an Investigation is conducted, the Investigation report and all records (other than drafts of the report) in support of that report, including, but not limited to, research records, the transcripts of each interview conducted pursuant to Section I of this policy, and information the Respondent provided to the institution; and

iv. Decision(s) by the DO, such as the written decision with the final determination of Research Misconduct findings and implemented institutional actions; and

b. The documentation of the determination of irrelevant or duplicate records; and

c. A single index listing all documents in the institutional record.

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 Section I of this policy

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

NSF. NSF means the National Science Foundation, or any official thereof.

NSF Regulation. The National Science Foundation regulation establishing standards for institutional inquiries and Investigations into allegations of scientific misconduct, which is set forth at 45 C.F.R. Part 689, entitled "Misconduct in Science and Engineering."

Office of Research Integrity or ORI. Office of Research Integrity or ORI means the office established by Public Health Service Act section 493 (42 U.S.C. 289b) and to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS-supported activities.

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.

Public Health Service or PHS. Public Health Service or PHS consists of the following components within HHS: the Office of the Assistant Secretary for Health, the Office of Global Affairs, the Administration for Strategic Preparedness and Response, the Advanced Research Projects Agency for Health, the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and any other components of HHS designated or established as components of the Public Health Service.

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 or RIO. Research Integrity Officer or RIO refers to the ODU official responsible for administering ODU's written policies and procedures for addressing allegations of Research Misconduct in compliance with PHS and NSF regulations related to Research Misconduct.

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.

Research Misconduct Proceeding. Research Misconduct Proceeding means any actions related to alleged Research Misconduct taken under this policy in response to an allegation, including Assessment, Inquiry, Investigation, and ORI oversight reviews.

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 ODU 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.

Special circumstances. Circumstances in which any of the following conditions exist:

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

b. HHS resources or interests are threatened.

c. Research activities should be suspended.

d. There is a reasonable indication of possible violations of civil or criminal law.

e. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding, or

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

D. SCOPE

1. This policy applies to allegations of Research Misconduct as defined above, involving individuals who, at the time of the alleged Research Misconduct were employed by ODU, an agent of, or affiliated by contract of agreement with ODU, including but not limited to, faculty, trainees, technicians, and other staff members, students, fellows, guest researchers, or collaborators and who were conducting:

    a. PHS supported biomedical or behavioral research, research training, or activities related to that research or research training, within six (6) years from when ODU or HHS received allegations of Research Misconduct (unless otherwise subject to an exception), and includes:

        i. The operation of tissue and data banks and the dissemination of research information;

        ii. Applications or proposals for PHS support for biomedical or behavioral research, research training, or activities related to that research or research training; or

        iii. Plagiarism of research records produced in the course of PHS-supported research, research training, or activities related to that research or research training. This includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal

for PHS funds resulted in a grant, contract, cooperative agreement, or other form of PHS support.

b. NSF-funded research, including proposals submitted and awards received in all fields of science, engineering, mathematics, and education; OR

c. Any other research, whether internally or externally funded, or non-funded.

2. This policy does not apply to authorship or collaboration disputes.

3. ODU has other internal policies related to the conduct of research, including but not limited to the Faculty Code of Conduct, and policies or procedures that govern animal or human subjects' research. ODU may find conduct reported under this policy, or any ancillary conduct discovered in the review of such reported conduct, as actionable under those internal policies, even if the conduct does not meet the definition of Research Misconduct as outlined in this Policy. Any process or finding under such policies will not be a finding of Research Misconduct under this Policy and will not be reportable under PHS Regulations or NSF Regulations.

E. POLICY STATEMENT

It is the responsibility of every member of the Old Dominion University (ODU) community to ensure integrity in scientific research and scholarly activity. Research misconduct damages the University's reputation and hinders its ability to compete for external research funding. ODU is dedicated to intellectual integrity and requires the same commitment from all of its faculty, staff, students, and research contributors. This policy establishes procedures for addressing allegations of Research Misconduct in accordance with Public Health Service (PHS) regulations (42 CFR Part 93) and National Science Foundation (NSF) regulations.

F. GENERAL RESEARCH MISCONDUCT REQUIREMENTS

1. Research Integrity Officer (RIO).

   a. *Appointment*. The President appoints the RIO for ODU, and may also appoint one or more Associate Research Integrity Officers (Associate RIO).

   b. *Role.* The RIO has primary responsibility for implementing and updating written policies and procedures for addressing allegations of Research Misconduct. The RIO also oversees all aspects of a Research Misconduct Proceeding. The Associate RIO shall assist the RIO in the development or update of policies and procedures and shall have the same responsibility and powers as the RIO in any Research Misconduct Proceedings.

2. How to Report Research Misconduct. All employees or individuals associated with Old Dominion University have a duty to report observed, suspected, or apparent Research Misconduct to the RIO or Associate RIO. If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, they should contact the RIO/Associate RIO to discuss the suspected Research Misconduct.

3. Cooperation with Research Misconduct Proceedings. Institutional members, including Respondents, must cooperate with and provide relevant evidence to the RIO/Associate RIO and other ODU officials in the assessment of allegations of Research Misconduct, if applicable, and the conduct of any Inquiry or

Investigation. Failure to respond to the RIO/Associate RIO or otherwise cooperate in any Research Misconduct Proceedings may result in disciplinary action.

4. Confidentiality.

   a. Disclosure of the identity of Respondents, Complainants, and witnesses while conducting the Research Misconduct Proceedings is limited to those who need to know, as determined by the RIO/Associate RIO. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions.

   b. The limitation of the identity of Respondents, Complainants, and witnesses no longer applies once ODU has made a final determination of Research Misconduct findings.

   c. Except as otherwise required by law, confidentiality must be maintained for any records or evidence from which research subjects might be identified. Disclosure is limited to those who need to know to carry out the Research Misconduct Proceeding.

   d. This requirement for confidentiality does not prohibit ODU from managing published data or acknowledging to outside parties that data may be unreliable.

5. Prohibition against Retaliation. In accordance with University Policy #3020, Whistleblower Retaliation Policy, individuals may not retaliate in any way against Complainants, witnesses, or any members of a committee established to review allegations. Further, ODU will take all reasonable and practical steps to protect the positions and reputations of Complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against Complainants, witnesses, or committee members to the RIO/Associate RIO.

6. Multiple Respondents. If any additional Respondent(s) are identified throughout the Inquiry/Investigation, they must be notified of the allegations as set forth in this policy.

7. Multiple Institutions. If multiple institutions are involved in the allegations and the institutions agree to conduct a joint Research Misconduct Proceeding, ODU shall work with the other institution(s) to designate a lead institution. If ODU is the lead institution in a joint Research Misconduct Proceeding, this policy will be followed. In such event, the ODU RIO/Associate RIO, or their designee, will obtain research records pertinent to the Inquiry/Investigation and witness testimonies from the other relevant institutions. The lead institution shall be responsible for maintaining all records related to the Research Misconduct Proceeding and for all reporting to sponsors.

8. Sequestration of Records. The RIO/Associate RIO has the authority to and shall promptly (prior to notification of the Respondent of the allegations, and/or at the time other records relevant to an Inquiry or Investigation become known) obtain research records or other evidence that may, in the RIO/Associate RIO's sole

discretion, be relevant to the allegations of Research Misconduct.

9. Notifying ORI of Special Circumstances. The RIO/Associate RIO will monitor all aspects of the Research Misconduct Proceeding and, for allegations of Research Misconduct involving PHS support, will notify ORI immediately if there is reason to believe that special circumstances exist.

10. Burden of Proof. ODU bears the burden of proof, by a preponderance of the evidence, for making a finding of Research Misconduct. The Respondent has the burden of going forward with and proving, by a preponderance of evidence, any affirmative defenses raised.

11. Interviews. All interviews conducted at the Inquiry or Investigation stage will be recorded, transcribed, and made available to the relevant interviewee(s) for correction.

G. ASSESSMENT

1. Assessment of Allegations.* Upon receiving an allegation of Research Misconduct, the RIO/Associate RIO, or another designated institutional official, will immediately assess the allegation to determine whether:

   a. The allegation is sufficiently credible and specific to identify evidence of Research Misconduct and to warrant an Inquiry;

   b. What funding agency support or applications for funding are involved; and

   c. Whether the allegation falls under the definition of Research Misconduct.

   If all three criteria above are met, an Inquiry will be conducted. In conducting the Assessment, the RIO/Associate RIO need not interview the Complainant, Respondent, or witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.

   *This section shall only apply to non-funded research, internally funded research, PHS-funded research, and other externally funded research where assessment is permitted or considered the standard of practice by the funding agency, as determined by the RIO/Associate RIO. For research where assessment is not permitted, or is not considered the standard of practice by the funding agency, the Research Misconduct Proceedings will begin at the Inquiry phase.

2. *Documenting the Assessment.* If the RIO/Associate RIO, or another designated institutional official, determines that the requirements for an Inquiry are met, the Assessment will be documented, and all research records will be sequestered. If the RIO/Associate RIO or another designated institutional official determines that the requirements for an Inquiry are not met, they must maintain sufficiently detailed documentation of the Assessment in accordance with Section K.

H. INQUIRY

1. Initiation and Purpose. Upon determination that an Inquiry is warranted, the RIO/Associate RIO shall initiate the Inquiry process. The purpose of the Inquiry is to conduct an initial review of the available evidence to determine whether to conduct an Investigation. An Inquiry does not require a full review of all evidence related to the allegation, and findings of Research Misconduct cannot be made at the Inquiry stage.

2. Notice to Respondent. At the time of or before beginning an Inquiry, the RIO/Associate RIO must make a good-faith effort to notify the Respondent in writing if the Respondent is known. If additional Respondents are identified at the Inquiry stage, they shall be notified in writing.

3. Appointment of an Inquiry Committee. The RIO/Associate RIO may appoint an Inquiry committee and a committee chair upon the initiation of an Inquiry. If a joint Research Misconduct Proceeding is being conducted with other institutions, the committee may include members from all the institutions involved.

    a. Any Inquiry committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the Inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the Inquiry.

    b. The RIO/Associate RIO will present the charge to the Inquiry committee and will be present or available throughout the Inquiry to advise the committee as needed.

4. Inquiry Process.

    a. The Inquiry committee may, but is not required to, interview the Complainant, the Respondent, and key witnesses, as well as examine relevant research records and materials to the extent necessary to determine if an Investigation is warranted.

    b. The RIO/Associate RIO or the Inquiry committee will evaluate the evidence, including any testimony obtained during the Inquiry. The RIO/Associate RIO or the Inquiry Committee must prepare an Inquiry report for presentation to the DO that will contain:

        i. The names, professional aliases, and positions of the Respondent and Complainant;

        ii. A description of the allegation(s) of Research Misconduct;

        iii. The composition of the Inquiry committee, if used, including name(s), position(s), and subject matter expertise;

        iv. Inventory of sequestered research records and other evidence and description of how sequestration was conducted;

        v. Transcripts of any transcribed interviews;

        vi. Timeline and procedural history;

        vii. Any scientific or forensic analyses conducted;

viii. The basis for recommending that the allegation(s) warrant an Investigation;

ix. The basis on which any allegation(s) do not merit an Investigation;

x. Description and documentation of the PHS, NSF or other funding support, including but not limited to grant numbers, grant applications, contracts, and publications listing such support.

xi. Any institutional actions implemented, including communications with journals or funding agencies.

xii. If there is potential evidence of honest error or difference of opinion, it will be noted in the Inquiry report.

c. The RIO/Associate RIO shall provide the draft Inquiry report to the Respondent, who shall have ten (10) days to review and comment on the Inquiry report. All comments received shall be attached to the final Inquiry report.

5. Decision. The Inquiry committee will review any comments by the Respondent and prepare and deliver a final Inquiry report to the RIO/Associate RIO. The RIO/Associate RIO shall, in turn, provide the decision on whether an Investigation is warranted to the Respondent, along with the final Inquiry report, and this policy.

6. Timeline for Completion. The Inquiry, including preparation of the final Inquiry report and the decision of the DO on whether an Investigation is warranted, must be completed within ninety (90) days of initiation of the Inquiry. If the Inquiry will take longer than ninety (90) days, the Inquiry report must also detail the reason for exceeding such time frame.

I. INVESTIGATION

1. Purpose and Initiation. The purpose of the Investigation is to review all evidence relevant to an allegation and develop a factual record of whether Research Misconduct has been committed, by whom, and to what extent. The Investigation will also determine whether there are additional instances of possible Research Misconduct that would justify broadening the scope beyond the initial allegations or additional Respondents. The Investigation shall be initiated within thirty (30) days of the DO deciding that an Investigation is warranted.

2. Notification to ORI. If the allegation involves PHS support, the RIO/Associate RIO will provide ORI with the DO's written decision and a copy of the Inquiry report prior to the start of the Investigation. The RIO/Associate RIO will also notify those ODU officials who need to know of the DO's decision If the DO decides that an Investigation is not warranted, the RIO/Associate RIO shall secure and maintain sufficiently detailed documentation of the Inquiry to permit a later Assessment by ORI or NSF of the reasons why an Investigation was not conducted.

3. Notification to Respondent. On or before the date on which the Investigation begins, the RIO/Associate RIO shall notify the Respondent in writing of the outcome of the allegations to be investigated. The RIO/Associate RIO shall also provide the Respondent with written notice of any new allegations of Research Misconduct not addressed during the Inquiry or discovered after the initial notice of the Investigation. The Respondent will be given an opportunity to respond in

writing to any such new allegations before the Investigation report is finalized. If ODU identifies additional Respondents during the Investigation that were not identified during the Inquiry, those Respondents shall be notified accordingly; however, a separate Inquiry is not required.

4. Appointment of the Investigation Committee.

    a. The RIO/Associate RIO, in consultation with other ODU officials as appropriate, will appoint an Investigation Committee and the Committee Chair upon the determination that an Investigation is warranted. The Committee shall be comprised of three or five members, who may be from inside or outside of ODU and may be scientists, colleagues, administrators, subject matter experts, lawyers, or other persons qualified by practice and/or experience to support or participate in the Research Misconduct Proceedings.

    b. The Investigation committee shall consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with the Complainant, Respondent, or witnesses. Individuals appointed to the Investigation committee may also have served on the Inquiry committee. The RIO/Associate RIO will notify the Respondent of the proposed committee membership within five (5) days of appointing members of the Investigation committee. The Respondent may submit a written objection to any member of the Investigation Committee. Such objection must specify the name of the member, the details of the conflict, and the date the conflict arose. The RIO/Associate RIO will replace any committee member with a qualified substitute when an unresolved conflict is confirmed.

5. Charge to the Committee and the First Meeting. The RIO/Associate RIO will convene the first meeting of the Investigation committee to review its charge, the Inquiry report, and the prescribed procedures and standards for conducting the Investigation, including the necessity for confidentiality and the development of a specific Investigation plan.

6. Investigation Process. In conducting the Investigation, the RIO/Associate RIO and Investigation Committee must:

    a. Use diligent efforts to ensure that the Investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to deciding on the merits of each allegation;

    b. Take reasonable steps to ensure an impartial and unbiased Investigation to the maximum extent practical;

    c. Consider any other Respondents who may be responsible for the alleged Research Misconduct;

    d. 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, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the Investigation; and

e. Pursue diligently all significant issues and leads discovered that are determined relevant to the Investigation, including any evidence of any additional instances of possible Research Misconduct, and continue the Investigation to completion.

7. Preparation of the Investigation Report. The Investigation committee and the RIO/Associate RIO are responsible for preparing a detailed written report for each Respondent that shall include a/an:

   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, NSF or other support, including but not limited to grant numbers, grant applications, contracts, and publications listing such support.

   c. Description of each specific allegation(s) of Research Misconduct for consideration in the Investigation of each 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. Transcript for each interview conducted.

   g. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS, NSF or other external 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. 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.

   l. If the Investigation committee recommends a finding of Research Misconduct for an allegation, the Investigation report must, for that allegation, also include:

      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 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, NSF or other funding support.

vii. Identify whether any publications need correction or retraction.

m. If the Investigation committee does not recommend a finding of Research Misconduct for an allegation, the Investigation report must provide a detailed rationale.

8. Comments on the Draft Report. The RIO/Associate RIO will provide the Respondent with a copy of the draft Investigation report for comment and, concurrently, a copy of, or supervised access to the evidence on which the report is based. The Respondent will have thirty (30) days from the date of receipt to review the draft Investigation report and provide comments to the RIO/Associate RIO.

9. Decision by Deciding Official.

a. The RIO/Associate RIO will assist the Investigation committee in finalizing the draft Investigation report, including ensuring that the Respondent's comments are included and considered.

b. The RIO/Associate RIO will transmit the final Investigation report to the DO, who will determine if Research Misconduct has occurred. A finding of Research Misconduct requires:

i. A significant departure from accepted practices of the relevant research community; and

ii. The misconduct was committed intentionally, knowingly, or recklessly; and

iii. The allegation be proven by a preponderance of the evidence.

Note that 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 Research Misconduct allegations. In addition, 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.

c. If the DO determines that the findings substantiate Research Misconduct, they will decide on the appropriate actions to be taken, after consultation with the RIO/Associate RIO. The actions may include:

i. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where Research Misconduct was found;

ii. Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;

iii. Restitution of funds to the grantor agency as appropriate; and

iv. Other action appropriate to the Research Misconduct as determined by ODU.

10. Respondent Notification of Decision. The RIO/Associate RIO will provide the written decision and, if applicable, the actions that have or will be taken by ODU in response to any finding of Research Misconduct to the Respondent. The RIO/Associate RIO will follow up with the Respondent to ensure that all actions are completed.

11. Notice to ORI of Institutional Findings and Actions. If the Research Misconduct involved PHS Support, ODU will notify and transmit the institutional record to ORI, after the DO has made a final determination of Research Misconduct. Old Dominion University will also assist HHS in enforcing administrative actions imposed on individuals by HHS. Failure to complete or cooperate with any post-finding actions will result in disciplinary actions/sanctions in accordance with applicable ODU policies.

12. Time for Completion. The Investigation will be completed within one hundred eighty (180) days of the start, including conducting the Investigation, preparing the Investigation report, providing the draft report for comment, making a decision by the DO, and, where applicable, sending the final report to ORI or any other funding agency as required. If the RIO/Associate RIO determines that the Investigation will not be completed within this timeframe, the RIO/Associate RIO will request an extension from the appropriate funding agency.

J. OTHER CONSIDERATIONS

1. Early Closure of PHS Research Misconduct Allegations.

   a. If the allegation of Research Misconduct involves PHS support, the RIO/Associate RIO shall notify ORI in advance if ODU plans to close a Research Misconduct Proceeding at the Assessment, Inquiry, or Investigation stage on the basis that the Respondent has admitted to committing Research Misconduct or a settlement with the Respondent has been reached.

   b. Any admission of guilt by the Respondent must:

      i. Be made in writing, and signed by the Respondent; and

      ii. Specify the falsification, fabrication, and/or plagiarism that occurred and which research records were affected.

   c. Upon receipt of an admission of guilt, the RIO/Associate RIO shall confer with ORI for ORI to assess whether the scope of the misconduct was fully addressed, or if ODU must complete the Research Misconduct Proceeding.

2. Termination or Resignation Prior to Completing Inquiry or Investigation.

a. The termination of the Respondent's ODU employment, by resignation or otherwise, before or after an allegation of possible Research Misconduct has been reported, will not preclude or terminate the Research Misconduct Proceeding or otherwise limit any of ODU's responsibilities under this policy.

b. If a Respondent, without admitting to the misconduct, elects to resign their position after ODU receives an allegation of Research Misconduct, the Assessment of the allegation will proceed, as well as the Inquiry and Investigation, as appropriate based on the outcome of the preceding steps.

c. If the Respondent refuses to participate in the process after resignation, the RIO/Associate RIO and any Inquiry or Investigation committee will use their best efforts to conclude the allegations, noting in the report the Respondent's failure to cooperate and its effect on the evidence.

3. Restoration of the Respondent's Reputation.
   a. Following a final finding of no Research Misconduct, the Respondent may make a written request to the RIO/Associate RIO to restore the Respondent's reputation.

   b. Upon receipt of such a request the RIO/Associate RIO will make reasonable and practical efforts to restore the Respondent's reputation and correct the research record, which may include notifying those individuals aware of or involved in the Investigation of the outcome, publicizing the outcome in any forum in which the allegation of Research Misconduct was previously publicized, and expunging all reference to the Research Misconduct allegation from the Respondent's personnel file.

4. Allegations Not Made in Good Faith. If the RIO/Associate RIO determines that there was an absence of good faith on the part of any individual involved in a Research Misconduct Proceeding, the RIO/Associate RIO shall determine whether disciplinary or other action should be taken against the person who failed to act in good faith and shall make such recommendation to the Vice President for Research and Economic Development.

K. RECORDS RETENTION

1. Maintenance of institutional record and all sequestered evidence. The RIO/Associate RIO will maintain the institutional record and all sequestered evidence including physical objects (regardless of whether the evidence is part of the institutional record) in a secure manner for seven years after completion of the Research Misconduct Proceeding or, for Research Misconduct subject to PHS, Regulations, the completion of any HHS proceeding involving the Research Misconduct allegation under subparts D or E of the PHS Regulations, whichever is later, unless custody has been transferred to HHS under section B below.

2. HHS Custody for PHS Research Misconduct. If the allegation of Research Misconduct involves PHS support, the RIO/Associate RIO will, upon request, transfer custody, or provide copies, to HHS of the institutional record or any component of the institutional record and any sequestered evidence (regardless of whether the evidence is included in the institutional record) for ORI to conduct its

oversight review, develop the administrative record, or present the administrative record in any proceeding under subparts D or E of the PHS Regulations.

L. RESPONSIBLE OFFICER

Research Integrity Officer and Associate Research Integrity Officer

M. RELATED INFORMATION

42 CFR Part 90 - Public Health Service Policies on Research Misconduct

45 CFR Part 689- National Science Foundation Research Misconduct

December 10, 2024 – US National Science Foundation, Office of Inspector General, Dear Colleague Letter

Board of Visitors Policy 1450 Faculty Sanctions

School of Medicine Disciplinary Action Policy

University Policy 1002 – Code of Ethics

University Policy 3020 - Whistleblower Retaliation Policy

POLICY HISTORY

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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Wayne Hynes 12/15/2025
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Heidi Smith 12/15/2025
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Kenneth Fridley 12/15/2025
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ Allen Wilson 12/15/2025
University Counsel Date

Presidential Approval:

/s/ Brian Hemphill 12/15/2025
President Date

Policy Revision Dates: December 15, 2025

Scheduled Review Date: December 15, 2026