University Policies

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POLICY: **Research Misconduct in Federally Funded Research**	*PAGE* 1 *OF* 12						

PURPOSE
The purpose of this policy is to establish procedures to thoroughly, timely, objectively, and fairly evaluate, investigate, and respond to allegations of research misconduct to protect the health and safety of the public and promote the integrity of research, research training, or activities related to that research or research training conducted at Creighton University and to protect Federal funds and equipment, as appropriate.

POLICY
Creighton University fosters a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training. Creighton University shall promptly respond to all allegations or evidence of possible research misconduct according to this policy and shall report, as required by law, any investigation and finding of research misconduct by any faculty, staff, student, or agent of Creighton University. Creighton University shall promulgate this policy through annual meetings organized by the Research Compliance Officer.

SCOPE
This policy applies to faculty, staff, students, and agents of Creighton University engaged in research, research training, or activities related to research or research training for which Federal funds, including, but not limited to, US Public Health Service ("PHS") funds, are requested or provided ("Federal funds"). This policy applies to allegations of research misconduct in research, research training, or related activities, and research misconduct involving applications or proposals for Federal funding of research, research training, or related activities. It also applies to any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for Federal funding resulted in a grant, contract, cooperative agreement, or other form of support. This policy also addresses claims of retaliation for filing good faith claims of research misconduct or participating in a research misconduct process under this policy.

DEFINITIONS
Complainant means any person who in good faith makes an allegation of research misconduct.

Respondent means the person against whom an allegation of research misconduct is made, and is the subject of a research misconduct proceeding.

Preponderance of the Evidence means proof by information that, compared with opposing information, leads to the conclusion that the fact at issue is more probably true than not. Research misconduct shall be deemed to have occurred where it is established, by a preponderance of evidence, that the respondent has intentionally, knowingly, or recklessly had research records and destroyed them; had the opportunity to maintain the records but failed to do so; or maintained the records, but failed to produce them in a timely manner, and that respondent's conduct constitutes a significant departure from accepted practices of the relevant research community. Claims of retaliation for reporting research misconduct shall be deemed to have occurred where it is established, by a preponderance of the evidence, that the respondent retaliated against an individual who filed a good faith report of research misconduct.

Research means a systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research), including, but not limited to, research relating broadly to public health by establishing, discovering, developing, elucidating, or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied, and research in engineering, mathematics, economics, education, linguistics, psychology, physical sciences, social sciences, and statistics.

Research Record means the record of data or results that embody the facts resulting from scientific inquiry, including, but not limited to, research proposals, laboratory records (both physical and electronic), progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided by the Respondent during the course of the research misconduct proceeding.

Research Misconduct means fabrication, falsification, or plagiarism (as those terms are defined below) in proposing, performing, reviewing research or in reporting research results, or destroying or failing to provide research records. It does not include honest error or differences of opinion. It does include claims of retaliation for reporting of research misconduct, which claims may be investigated and heard as a separate claim under this policy.

Retaliation means any actions of discipline, hiring, firing, pay, assignment or other actions taken against an employee, faculty member or student who reports, in good faith, allegations of research misconduct or who participates in a research misconduct process under this policy.

Fabrication is making up data or results and recording or reporting them.

Falsification is 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.

Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

PROCEDURE

1. **General Institutional Responsibilities**
    a. **Notices.** Notices required under this policy are sent by the Research Compliance Officer. Such notices shall be copied to the Provost, the applicable Dean, and the Office of General Counsel.
    b. **Ensuring Cooperation During the Research Misconduct Proceeding**
    Faculty, staff, students, and agents, including Complainant(s), Respondent(s), and witnesses, shall cooperate in the research misconduct proceedings, including, but not limited to, being present as requested during the research misconduct proceeding and providing relevant and truthful information and research records and evidence.

c. **Federal Agency Notice.** Notice of institutional investigation findings and actions related to the research misconduct proceeding is sent to any applicable Federal agency that funds or has oversight of the research activity involved in the research misconduct proceedings or its designee. The Research Compliance Officer, in consultation with the Office of General Counsel, shall provide all required notices to Federal agencies under this policy. At any time during a research misconduct proceeding, Creighton University (Research Compliance Officer) shall, in consultation with the Office of General Counsel, immediately notify the relevant Federal agency or its designee if it has reason to believe that:
   i. Research activities should be suspended;
   ii. The health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
   iii. Federal agency resources or interests are threatened;
   iv. Federal action is required to protect the interests of those involved in the research misconduct proceeding;
   v. The research community or public should be informed;
   vi. There is reasonable indication of possible violations of civil or criminal law; or
   vii. The research misconduct proceedings may be made public prematurely so that the appropriate Federal agency can take appropriate steps to safeguard evidence and protect the rights of those involved. The Research Compliance Officer shall notify the appropriate Federal agencies.

d. **Identity of Participants in Research Misconduct Proceedings.** Disclosure of the identity of Respondents, Complainants, and witnesses involved in research misconduct proceedings is limited to those who need to know, to the extent possible, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed or required by law.

e. **Records and Evidence.** Except as otherwise required by law, confidentiality of all records and evidence from which research subjects might be identified shall be maintained. Disclosure of such information is limited to those who have a need to know to carry out a research misconduct proceeding.

f. **Gathering and Custody of Records.** The Research Compliance Officer shall obtain and maintain, in consultation and cooperation with the Office of the General Counsel, custody of all research records and evidence collected during the allegation stage to the Ad Hoc Inquiry Committee. The Research Compliance Officer shall take custody, inventory, and secure those items and any additional research records or evidence discovered during the course of the inquiry; in cases in which the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Any additional evidence gathered or submitted after the allegation stage shall be subject to Section 1, subsections e, f and g.

g. **Committee Access to Records.** The Ad Hoc Inquiry Committee and the Ad Hoc Investigative Committee shall have the right to receive copies of or reasonable supervised access to the

research records gathered and maintained by the Research Compliance Officer. The Ad Hoc Inquiry Committee and the Ad Hoc Investigative Committee shall have the right to request the Research Compliance Officer to obtain and provide such additional evidence as they may reasonably believe to be relevant to the allegation. Such access shall continue for as long as those committees have ongoing duties under this policy.

h. Respondent Access to Records. During and after the inquiry stage, Respondent(s) and their legal counsel (if any) shall have the right to receive copies of or reasonable supervised access to the research records gathered and maintained by the Research Compliance Officer.

i. Safeguards. The rights, privacy, positions and reputations of all parties involved in the research misconduct proceedings shall be protected. No one shall retaliate against any Complainant, witness, or committee member who, in good faith, participates in a research misconduct proceeding.

i. All reasonable and practical efforts shall be taken to restore the position and reputation of Respondents in cases in which there is no finding of research misconduct.

ii. All reasonable and practical efforts shall be taken to restore the position and reputation of any Complainant, witness, or committee member and to counter potential or actual retaliation against these individuals.

iii. Disciplinary action will be taken, in accordance with University policy, against anyone who fails to act in good faith in either bringing an allegation of research misconduct, cooperating during the research misconduct proceedings (i.e., providing evidence), or serving as a member of either the Ad Hoc Inquiry or Ad Hoc Investigative Committee. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

2. Allegation of Research Misconduct Stage

A good faith report of possible research misconduct may be made, either verbally or in writing, to any University official, including, but not limited to, the reporting individual's supervisor, administrator, the Provost or Dean, the Research Compliance Officer (402-280-2511), or the Research Compliance Hotline (402-280-3200), or any other official with knowledge of the research misconduct policy A report of possible research misconduct is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation. The report of possible research misconduct shall be documented (if not already documented by the Complainant) and immediately sent to the Research Compliance Officer. The Research Compliance Officer shall be responsible for determining whether an inquiry is warranted, setting the inquiry date, and appointing members to the Ad Hoc Inquiry Committee, and where necessary, the Ad Hoc Investigative Committee.

3. Review of Allegation by Research Compliance Officer

The Research Compliance Officer shall review the allegation of research misconduct to determine whether the research, research training, or activities related to research or research training involve Federal funds, and whether an inquiry is warranted. Normally, such review shall be done within 30 days of receipt of the allegation. An inquiry is warranted if the allegation falls within the definition of research misconduct under the "Definitions" section of this policy and it is sufficiently credible and specific that potential evidence of research misconduct may be identified. If the research, research training, or activities related to research or research training does/do not involve Federal funds or the allegation does not fall within the definition of research misconduct hereunder, the Research Compliance Officer will refer to the policy on Misconduct in Non-Federally Funded Scholarly and Scientific Research. In the event the allegation of research misconduct involves the Research Compliance Officer or the Research Compliance Officer has a real or apparent conflict of interest in the matter, the determination of whether an inquiry is warranted and the completion of all other responsibilities set forth for the Research Compliance Officer herein will be completed by the Provost or his/her designee. Any questions of a conflict of interest shall be resolved by discussion with the Office of the General Counsel and in keeping with the University's applicable conflict of interest policies.

4. Setting the Date of Institutional Inquiry and Appointment of Ad Hoc Committee.

If the Research Compliance Officer determines that an inquiry is warranted pursuant to section 3 above, a date(s) for the institutional inquiry shall be scheduled. The Research Compliance Officer shall then appoint an Ad Hoc Inquiry Committee to conduct an initial review of the evidence to determine whether to conduct an investigation. If necessary, the Research Compliance Officer shall also appoint an Ad Hoc Investigative Committee. The Research Compliance Officer shall make every effort to appoint persons with appropriate knowledge and expertise to the Ad Hoc Committees and shall ensure that anyone appointed to either Ad Hoc Committee does not have unresolved personal, professional, or financial conflicts of interest with the Complainant(s), Respondent(s), or witnesses. The Ad Hoc Committees shall be composed of at least five and no more than 9 members. At least two (2) members shall be from outside the affected School or College. It is desirable that an appropriate Associate/Assistant Dean and two tenured faculty members of the school/college involved be appointed to the Ad Hoc Committee, but this is not a formal requirement. Members of the Ad Hoc Investigative Committee may include some or all of the members from the Ad Hoc Inquiry Committee, as well as other members as may be appointed by the Research Compliance Officer. Individuals from the department of the Complainant(s) or Respondent(s) should not participate in either Ad Hoc Committee. The Research Compliance Officer shall designate one of the Ad Hoc Committee members to act as Chair for each Ad Hoc Committee. The Ad Hoc Committees may rely upon consultants with expertise or knowledge in the area of research under inquiry and/or investigation.

a. Notice to Respondent(s) of Allegation

The Research Compliance Officer shall notify the presumed Respondent(s), in writing, of the allegation of research misconduct prior to the start of the institutional inquiry. A copy of the notice shall be sent to the Respondent's departmental chairperson, administrator, or supervisor, the Respondent's Dean (if applicable), the Provost and the Office of General Counsel.

b. Custody of Research Records

On or before the date on which the Respondent(s) is notified, the Research Compliance Officer, in consultation and cooperation with the Office of the General Counsel, shall take all reasonable and practical steps to obtain custody of all known research records and evidence, inventory the records and evidence, and hold them in a secure manner to be available for the research misconduct proceedings. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Any additional evidence gathered or received during the course of the investigation and review shall also be inventoried and held in a secure manner.

5. Institutional Inquiry Stage: Review by Ad Hoc Inquiry Committee

The Ad Hoc Inquiry Committee shall conduct an initial review of the evidence to determine if sufficient evidence exists to conduct an investigation. The Committee's decision as to whether to conduct an investigation shall be based on the preponderance of the evidence. A full review of the evidence related to the allegation is not required at this stage. The inquiry must be completed within 60 calendar days (including the opportunity for Respondent's review and comment, section c.ii. below) of its initiation, unless circumstances warrant a longer period, in which case the inquiry record must include documentation of the reasons for exceeding the 60-day period.

a. **Criteria Warranting an Investigation.** The Ad Hoc Inquiry Committee shall determine an investigation is warranted if there is:
   - **i.** A reasonable basis for concluding that the allegation falls within the definition of research misconduct under this policy and involves research, research training, or activities related to that research or research training, and
   - **ii.** Preliminary information gathering and fact finding from the inquiry indicates that the allegation may have substance.

b. Inquiry Report

i. Draft Report

The Ad Hoc Inquiry Committee shall prepare a written draft report that shall include the following information:

1. The name and position of the Respondent(s);
2. A description of the allegations of research misconduct;
3. A determination of whether an investigation is warranted; and
4. The basis for the Committee's determination.

ii. Opportunity to Comment

The Ad Hoc Inquiry Committee shall provide a copy of the written inquiry report to the Respondent(s) for review and comment. The Respondent shall have ten (10) days from receipt of the report to submit any written comments.

iii. Final Report

The final report shall include any written comments received from the Respondent(s)

within the time period set forth in paragraph b above. The final report shall be made to the Research Compliance Officer

c. Notice of Final Inquiry Results

i. Notice to Respondents. The Ad Hoc Inquiry Committee shall provide its final report to the Respondent(s) with copy to the Research Compliance Officer. Such report shall include a copy of this policy and either a copy of or reference to 42 CFR Part 93.

ii. **Notice to Complainant(s).** The Research Compliance Officer shall notify the Complainant(s) of the Ad Hoc Committee's findings as to whether an investigation is warranted. The notice may include relevant portions of the inquiry report.

iii. **Notice to Institutional Officials.** The Research Compliance Officer shall promptly provide a copy of the final inquiry report to the Dean(s) if applicable, the Respondent's Administrator or Supervisor, the Provost and the Office of General Counsel. Names of Complainants, witnesses, and research subjects shall be redacted to maintain confidentiality.

6. Report to Federal Agencies Where Investigation is Warranted

The Research Compliance Officer shall notify any applicable Federal agency funding the affected research or its designee of the decision to begin an investigation, on or before the date the investigation begins, which shall be not more than thirty (30) days from the date of the final inquiry report of the Ad Hoc Inquiry Committee finding that an investigation is warranted. The notice shall include a written finding by the Ad Hoc Inquiry Committee Chair and a copy of the final inquiry report, including any comments by the Respondent(s) or Complainant(s). Upon request, Creighton shall provide the Federal agency or its designee with a copy of this policy, the research records and evidence reviewed, transcripts or recordings of any interviews, copies of all relevant documents, and the charges the investigation will consider. The Federal agency or its designee shall be notified of any special circumstances that may exist.

7. Institutional Investigation Stage

a. **Appointment of Ad Hoc Investigative Committee**
If not already appointed, the Research Compliance Officer shall, no later than five (5) days after the issuance of the final inquiry report, appoint an Ad Hoc Investigative Committee. Such appointment shall be in accordance with the appointment requirements set forth in section 4.

b. Time Period for Initiating and Completing the Investigation. The Ad Hoc Investigative Committee shall begin the investigation no later than thirty (30) days after the final inquiry report of the Ad Hoc Inquiry Committee finding that an investigation is warranted. The Ad Hoc Investigative Committee shall complete all aspects of the investigation within 120 days from the date of initiating the investigation, which includes conducting the investigation, preparing the report of findings, providing the draft report to and obtaining comments from the Respondent(s), and sending the final report to any applicable Federal agency. If Federal funding is involved and the Ad Hoc Investigative Committee determines that the investigation and related activities will not be complete within the 120 day period, it shall notify the Research Compliance Officer (no

later than 85 days after the start of the investigation), who shall immediately submit a written request to the applicable Federal agency requesting an extension. The Research Compliance Officer shall notify the Ad Hoc Investigative Committee of the Federal agency's response. Until the Committee is notified that the applicable Federal agency has approved the extension, the Committee shall use its best efforts to continue its work as if the 120 day deadline still applies.

c. **Investigation by the Ad Hoc Investigative Committee**
The Ad Hoc Investigative Committee shall fairly and impartially conduct a thorough review of all research records and evidence and diligently pursue all relevant significant issues and leads (including evidence of additional instances of possible research misconduct) in determining whether there was research misconduct.
   i. **Availability of Records.** Custody and access shall be as set forth in Section 1.
   ii. **Interviews.** The Ad Hoc Investigative Committee shall interview each Respondent, Complainant, and any other available persons who have been identified as having relevant information, including persons identified by the Respondent(s). Interviews shall be recorded or transcribed, with a copy provided to the interviewee for correction. The recording or transcript shall be included in the record of the investigation and be considered a part of the investigative record.
   iii. **Contact with Dean(s) and Research Compliance Officer.** The Ad Hoc Investigative Committee shall keep the Research Compliance Officer apprised of any developments during the course of the investigation that disclose facts that may affect current or potential agency funding for the Respondent(s), or that the funding agency needs to know to ensure appropriate use of Federal funds and to otherwise protect the public interest. The Research Compliance Officer shall then notify the funding agency or its designee, as may be required by law and as set forth in Section 1(c).

d. Criteria for Finding of Research Misconduct
To support a finding of research misconduct, the Ad Hoc Investigative Committee must find by a preponderance of the evidence that:
- There was a significant departure from accepted practices of the relevant research community; and
- The misconduct was committed intentionally, knowingly, or recklessly.

The destruction, absence of, or Respondent's failure to provide research records adequately documenting the questioned research is evidence of research misconduct where it is established by a preponderance of the evidence that the Respondent(s) intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain the records but did not do so, or maintained the records and failed to produce them in a timely manner, and that the Respondent(s)' conduct constitutes a significant departure from accepted practices of the relevant research community.

e. Respondent(s)' Burden of Proof. Respondent(s) have the burden of proving, by a preponderance of the evidence any and all affirmative defenses or mitigating factors. The Ad Hoc Investigative Committee shall give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent(s).

f. Investigation Report

i. **Draft Report.** The Ad Hoc Investigative Committee shall prepare a written draft investigation report that shall include the following information:

- **Allegations.** A description of the nature of the allegations of research misconduct.
- **Funding.** A description of the source of funding, including, for example, any grant numbers, grant applications, contracts, and publications listing funding support.
- **Institutional Charge.** A description of the specific allegations of research misconduct considered during the investigation.
- **Policies and Procedures.** If not already included in the inquiry report, include a copy of this policy.
- **Research Records and Evidence.** Identity and summary of research records and evidence reviewed.
- **Statement of Findings.** A finding of whether research misconduct did or did not occur for each separate allegation of research misconduct considered during the investigation. For each finding of research misconduct:
    - identify whether it was falsification, fabrication, or plagiarism;
    - identify whether it was intentional, knowing, or in reckless disregard;
    - summarize the facts and analysis that support the conclusion;
    - consider the merits of any reasonable explanation by the Respondent(s);
    - identify the specific funding support;
    - identify whether any publications need correction or retraction;
    - identify the person(s) responsible for the misconduct; and
    - any other corrective action recommended.
- **Other Support.** List any other funding support or known applications or proposals for support that the Respondent(s) have pending with any Federal agency or private sponsor.

ii. Opportunity for Comment

1. **Respondent(s).** The Respondent(s) shall be given a copy of the draft investigation report, along with a copy of (or supervised access to) the records and evidence on which the report is based. The Respondent(s) shall have 30 days from date of receipt of the report to submit any comments to the Ad Hoc Investigative Committee.
2. **Complainant(s).** At the discretion of the Ad Hoc Investigative Committee, the Complainants may be given a copy of the draft investigation report or relevant portions of that report. The Complainant(s) shall have 30 days from the date of

receipt of the report to submit any comments to the Ad Hoc Investigative Committee.

iii. **Final Report.** The Ad Hoc Investigative Committee shall issue its final report to the Research Compliance Officer, which shall contain all of the information outlined in section 7(f)(i) above, any written comments received from the Respondent(s) and/or Complainant(s) within the time period set forth in Section 7(f)(ii) above, and the Ad Hoc Investigative Committee's consideration of and response to any comments received from the Respondent(s) or Complainant(s). A copy of the final report shall be given to the Respondent(s), by the Research Compliance Officer, redacting identities of any research subjects. A redacted copy of the final report shall also be given to the Provost, the Respondent(s)' Dean, Administrator or Supervisor, and the Office of General Counsel, redacting the identity of Complainant(s), witnesses, and any research subjects.

8. Institutional Actions

a. Finding of Research Misconduct. If the alleged research misconduct is substantiated by thorough investigation of the Ad Hoc Investigative Committee, the recommendations of the Ad Hoc Investigative Committee contained in the final report may be implemented and the following actions, if not already recommended by the Ad Hoc Investigative Committee in its final report, may be taken:

i. Restitution of funding as appropriate or if required by the agency or contract.

ii. Withdrawal of abstracts and papers emanating from the questioned research, and notification of editors of journals and publications that published previous abstracts and papers concerning the research, if the Ad Hoc Investigative Committee concludes that substantiated research misconduct makes such abstracts and papers of questionable validity. The Dean is authorized to request/direct such actions if the researcher(s) involved fail(s) to do so within a reasonable time after the Dean directs such actions.

iii. Appropriate action (including interim administrative actions) to terminate or alter the status of Respondent(s) whose research misconduct is substantiated, or to impose other sanctions deemed appropriate under the circumstances.

iv. The Research Compliance Officer , Dean and the Provost shall consider, in consultation with General Counsel, release of information about the research misconduct to the public and/or press, particularly where public funds were used in support of the research affected by the research misconduct.

b. No Findings of Research Misconduct. If the Ad Hoc Investigative Committee finds that there was no research misconduct, efforts shall be undertaken as and if necessary to restore the position and reputation of the Respondent(s).

c. Cooperation with Federal Agencies. Creighton shall cooperate with any Federal agency or its designee during its oversight review or administrative hearings or appeals related to any allegation of research misconduct, including, but not limited to, providing all research records

and evidence in Creighton University's control, custody, or possession, and access to all faculty, staff, and students.

9. Notices

a. Notice to Applicable Funding Agencies of Findings and Actions. The Research Compliance Officer shall be responsible for giving notice to the applicable Federal agency funding the research that is the subject of the research misconduct investigative proceedings or its designee once they are complete. The notice shall be sent immediately after the final report is issued and shall include:

- A copy of the final investigative report and all attachments (redacting identities of research subjects, as applicable);
- A statement of whether or not research misconduct was found, and if so, who committed the misconduct;
- Whether Creighton accepts the Ad Hoc Investigative Committee's findings; and
- A description of any pending or completed institutional actions taken against the Respondent(s).

b. Other Notices to Applicable Federal Funding Agencies. The Research Compliance Officer shall notify the applicable Federal funding agencies or their designee(s), in advance, if it is planned to close a research misconduct proceeding at the inquiry or investigation stage on the basis that the Respondent(s) has admitted guilt or for any other reason other than the closing of the case during the inquiry stage on the basis that an investigation is not warranted.

10. Maintenance of Research Records and Evidence Related to Research Misconduct Proceedings

a. Maintenance of Records of Research Misconduct Proceedings. Unless custody has been transferred to the applicable Federal agency or the Federal agency has advised, in writing, that the information no longer needs to be retained, the following records of research misconduct proceedings shall be maintained for 7 years after completion of the internal research misconduct proceeding or any Federal agency proceeding involving the research misconduct, whichever is longer:

- The records secured for the research inquiry and investigation, except to the extent it is subsequently determined that those records are not relevant to the inquiry or investigation or that the records duplicate other records that are being retained;
- The documentation of the determination of irrelevant or duplicate records;
- The inquiry report and final documents (not drafts) produced in the course of preparing the inquiry report, including the documentation of any decision not to investigate; and
- The investigation report and all records (other than drafts of the report) in support of the investigation report, including the recordings or transcriptions of each interview conducted during the investigation stage.

b. Transfer of Records to Federal Agency. Upon request of the applicable Federal agency, the Research Compliance Officer shall transfer custody, or provide copies, of all institutional records relevant to a research misconduct allegation, including research records and evidence, to the requesting Federal agency.

11. Role of the Office of General Counsel

Throughout the process of handling an allegation of research misconduct, the Research Compliance Officer, Dean(s), and Ad Hoc Committee members shall consult with the Office of General Counsel for advice and to ensure compliance with this policy and applicable law. Individuals serving in any of these capacities are encouraged to seek legal guidance regarding any procedural question, particularly in connection with the preparation of written reports of actions taken, or before any action is taken with respect to any person believed to have made an accusation of misconduct in bad faith. Any contact with or inquiry to the University from a lawyer outside the University, including contacts and inquiries from legal representatives of any Federal, state, or local agency, must be referred to the Office of the General Counsel. The Research Compliance Officer and/or Dean(s) must also consult the Office of General Counsel prior to any communications with Federal agencies. A representative of the Office of General Counsel may attend meetings of any Ad Hoc Committee as determined necessary by the Office of General Counsel in consultation with the Research Compliance Officer. A representative of the Office of General Counsel must be present at any meeting attended by counsel for the Respondent(s), if any.

ADMINISTRATON

The Research Compliance Officer is responsible for administering this policy when there is an allegation of research misconduct. The Research Compliance Officer shall report any final action taken under this policy to the Provost with copy to the applicable Dean and General Counsel.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time.