

Chancellor's Memorandum

CM-75 – Scientific Integrity & Research Misconduct

Originally Issued: March 26, 2026
Responsible Unit: Vice Chancellor for Academic Affairs

I. PURPOSE

LSU Health Sciences Center at New Orleans (“LSUHSC-NO”) is committed to upholding the highest standards of scientific integrity and rigor in research.¹ LSUHSC-NO is committed to fostering an environment that promotes academic integrity and the responsible conduct of research, discourages research misconduct, and deals promptly with allegations or evidence of possible scientific or research misconduct.²

These policies and procedures shall apply to any allegations of scientific or research misconduct, as defined herein, in any scientific or research pursuits conducted at or on behalf of LSUHSC-NO regardless of funding source.

LSUHSC-NO expects that all its faculty, staff, and students shall adhere to the highest standards of ethics and integrity in the conduct of research matters, embody the institutional code of conduct, and abide by their applicable handbooks, professional codes, standards, and practices. LSUHSC-NO strives to reduce the risk of scientific and research misconduct, support all good-faith efforts to report suspected misconduct, promptly and thoroughly address all allegations of misconduct, and seek to rectify the scientific record and/or restore researchers’ reputations, as appropriate.

LSUHSC-NO must comply with federal obligations regarding research misconduct in the conduct of research supported by the U.S. Public Health Service (PHS) as defined in the Code of Federal Regulations (42 CFR Part 93 or “the PHS Regulation”) and has an affirmative duty to protect federal, institutional, state, and other research funds from misuse by ensuring the integrity of all research conducted on behalf of LSUHSC-NO.³ The HHS Office of Research Integrity (ORI) is responsible for overseeing and managing compliance with federal obligations in the conduct of PHS-supported research. LSUHSC-NO is committed to following these policies and procedures when responding to allegations of research misconduct.⁴

Under both PHS Regulations and LSUHSC-NO’s ethical standards, policies, and procedures, a finding of scientific or research misconduct requires that: (a) there be a significant departure from accepted practices of the relevant research community; and (b) the misconduct be committed intentionally, knowingly, or recklessly; and (c) the allegation be proven by a preponderance of the evidence. Confirmed findings of scientific or research misconduct, following the procedures outlined herein, may lead to corrective or disciplinary action up to and including termination.

II. SCOPE AND APPLICABILITY

1. These policies and procedures apply to allegations of scientific or research misconduct, as defined herein, in any scientific or research pursuits, regardless of funding source, conducted at or on behalf of LSUHSC-NO. For the purposes of any allegations to LSUHSC-NO, scientific misconduct as defined herein is broader than research misconduct as defined in the PHS Regulations. Any allegations of scientific misconduct which are not deemed to be research misconduct pursuant to the PHS Regulations also will be addressed in accord with all policies and procedures set forth herein.

2. Consistent with PHS Policies on Research Misconduct at 42 CFR Part 93, this policy specifically covers:

A. Applications or proposals for PHS support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training.⁵

B. PHS-supported biomedical or behavioral research.⁶

C. PHS-supported biomedical or behavioral research training programs.⁷

D. PHS-supported activities that are related to biomedical or behavioral research or research training, such as, but not limited to, the operation of tissue and data banks or the dissemination of research information.⁸

E. Research records produced during PHS-supported research, research training, or activities related to that research or research training.⁹

F. Research proposed, performed, reviewed, or reported, as well as any research record generated from that research, regardless of whether an application or proposal for PHS funds resulted in an awarded grant, contract, cooperative agreement, subaward, or other form of PHS support.¹⁰

G. These policies and procedures apply only to research misconduct occurring within six years of the date¹¹ HHS or LSUHSC-NO receives an allegation of research misconduct, subject to the following exceptions:

1. The six-year time limitation does not apply if the respondent continues or renews any incident of alleged research misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the respondent (“subsequent use exception”).¹² For alleged research misconduct that appears subject to this subsequent use exception, but LSUHSC-NO determines is not subject to the exception, LSUHSC-NO will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of institutional proceeding or the completion of any HHS proceeding.¹³

2. The six-year time limitation also does not apply if ORI or LSUHSC-NO, following consultation with ORI, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.¹⁴

3. These policies and procedures do not supersede or establish an alternative to any applicable statutes, regulations, policies, or procedures for handling fiscal improprieties, the ethical treatment of human or animal subjects, criminal matters, or addressing whistleblowers and/or retaliation.¹⁵ In case of any conflict between this

document and 42 CFR Part 93, the PHS regulation will prevail when addressing allegations of research misconduct involving PHS-support.

III. DEFINITIONS

1. Accepted practices of the relevant research community means those practices established by 42 CFR Part 93 and by PHS 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 awards.¹⁶

2. Administrative record comprises: the institutional record; any information provided by the respondent to ORI, including but not limited to the transcript of any virtual or in-person meetings under § 93.403(b) between the respondent and ORI, and correspondence between the respondent and ORI; any additional information provided to ORI while the case is pending before ORI; and any analysis or additional information generated or obtained by ORI. Any analysis or additional information generated or obtained by ORI will also be made available to the respondent.¹⁷

3. Allegation means a disclosure of possible research misconduct through any means of communication and brought directly to the attention of an institutional or HHS official.¹⁸

4. Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral 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. The assessment only involves the review of readily accessible information relevant to the allegation.¹⁹

5. Complainant means an individual who in good faith makes an allegation of research misconduct.²⁰

6. 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.²¹

7. Fabrication means making up data or results and recording or reporting them.²²

8. 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.²³

9. Good faith means, (a) 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; or (b) as applied to an institutional or committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under 42 CFR Part 93. An institutional or committee member does not act in good faith if their acts or omissions during the

research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.²⁴

10. Inquiry means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of § 93.307 through § 93.309.²⁵

11. Institution means any person who applies for or receives PHS support for any activity or program that involves the conduct of biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training. This includes, but is not limited to, colleges and universities, PHS intramural biomedical or behavioral research laboratories, research and development centers, national user facilities, industrial laboratories or other research institutes, research institutions, and independent researchers.²⁶

12. Institutional Deciding Official (IDO) shall be the LSUHSC-NO Vice Chancellor of Academic Affairs (VCAA) who will be responsible for making the final determinations on allegations of scientific or research misconduct and on any subsequent institutional disciplinary or remedial actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer.²⁷

13. Institutional member(s) means an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with an institution. 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.²⁸

14. Institutional record is comprised of: (a) The records that LSUHSC-NO compiled or generated during the research misconduct proceeding, except records LSUHSC-NO did not consider or rely on. These records include but are not limited to (1) documentation of the assessment as required by § 93.306(c); (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to LSUHSC-NO, and the documentation of any decision not to investigate as required by § 93.309(c); (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to § 93.310(g), and information the respondent provided to LSUHSC-NO; (4) decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under § 93.314; (5) the complete record of any institutional appeal consistent with § 93.315; (b) a single index listing all the research records and evidence that LSUHSC-NO compiled during the research misconduct proceeding, except records LSUHSC-NO did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.²⁹

15. Intentionally. To act intentionally means to act with the aim of carrying out the act.³⁰

16. Investigation means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.³¹

17. Knowingly. To act knowingly means to act with awareness of the act.³²

18. 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.³³

19. 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.³⁴

20. 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.³⁵

21. 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.³⁶

22. Research Integrity Officer (RIO) shall be the Executive Director of the LSUHSC-NO Office of Research Services who will be responsible for administering LSUHSC-NO's written policies and procedures for addressing allegations of research misconduct in compliance with 42 CFR Part 93.³⁷

23. 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.³⁸

24. Research misconduct proceeding means any actions related to alleged research misconduct taken under 42 CFR Part 93, including allegation assessments, inquiries, investigations, ORI oversight reviews, and appeals under subpart E of 42 CFR Part 93.³⁹

25. 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.⁴⁰

26. Respondent means the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.⁴¹

27. Retaliation means an adverse action taken against a complainant, witness, or committee member by an institution 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.⁴²

28. Scientific Misconduct at LSUHSC-NO means, apart from the federal definition of research misconduct, other actions that may call into question the integrity of an scientific or research activity, including but not limited to: (a) Insufficient maintenance of scientific records and documents, including copies of primary data; or (b) Inclusion of retracted or suspect data within grant applications; or (c) Untimely correction of the published research record; or (d) Insufficient training, oversight, or supervision of graduate students and fellows; or (e) Other behavior that may be deemed to violate the integrity of the research enterprise.

29. Small institution means an institution that may be too small to conduct an inquiry or investigation into an allegation of research misconduct as required by 42 CFR Part 93 without actual or apparent conflicts of interest.⁴³

30. Suspension and Debarment Official (SDO) means the HHS official authorized to impose suspension and debarment, which are the actions that Federal agencies take to disqualify persons deemed not presently responsible from doing business with the Federal Government.⁴⁴

IV. ROLES, RIGHTS, AND RESPONSIBILITIES

1. INSTITUTION

A. LSUHSC-NO's General Responsibilities

1. To the extent possible, LSUHSC-NO will limit disclosure of the identity of respondents, complainants, and witnesses while conducting the research misconduct proceedings to those who need to know, inform all institutional members about these policies and procedures, and make these policies and procedures publicly available.⁴⁵ This limitation on disclosure no longer applies once LSUHSC-NO has made a final determination of research misconduct findings.⁴⁶
2. LSUHSC-NO will respond to each allegation of research misconduct in a thorough, competent, objective, and fair manner.⁴⁷ LSUHSC-NO will take all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records, and other evidence.⁴⁸
3. LSUHSC-NO agrees to cooperate with ORI during any research misconduct proceeding or compliance review, including addressing deficiencies or additional allegations in the institutional record if directed by ORI and to assist in administering and enforcing any HHS administrative actions imposed on institutional members.⁴⁹ LSUHSC-NO may also take steps to manage published data or acknowledge that data may be unreliable.⁵⁰

B. LSUHSC-NO's Responsibilities During and After a Research Misconduct Proceeding

1. Except as may otherwise be prescribed by applicable law, LSUHSC-NO will maintain confidentiality for any records or evidence from which research subjects might be identified and will limit disclosure to those who need to know to carry out a research misconduct proceeding.⁵¹

2. Before or at the time of notifying the respondent of the allegation(s) and whenever additional items become known or relevant, LSUHSC-NO will promptly take all reasonable and practical steps to obtain all research records and other evidence and sequester them securely.⁵²

3. LSUHSC-NO will ensure that institutional record contains all required elements, i.e., research records that were compiled and considered during the proceedings, assessment documentation, and inquiry and/or investigation reports. Upon completion of the inquiry, LSUHSC-NO will provide ORI with the complete inquiry report and add it to the institutional record.⁵³

4. LSUHSC-NO will maintain the institutional record and all sequestered research records and other evidence in a secure manner for seven (7) years after completion of institutional and/or HHS proceeding.⁵⁴

5. LSUHSC-NO will provide information related to the alleged research misconduct and proceedings to ORI upon request and transfer custody or provide copies of the institutional record or any component of it and any sequestered evidence to HHS, regardless of whether the evidence is included in the institutional record.⁵⁵ Additionally, LSUHSC-NO will promptly notify ORI of any special circumstances that may arise.⁵⁶

6. Disclosure of the identity of respondents, complainants, and witnesses while LSUHSC-NO is conducting the research misconduct proceedings is limited to those who need to know, which LSUHSC-NO will determine consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions.⁵⁷

C. LSUHSC-NO's Responsibilities to the Complainant(s)

1. LSUHSC-NO will provide confidentiality consistent with 42 CFR Part 93 for all complainants in a research misconduct proceeding. LSUHSC-NO will also take precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have potential, perceived, or actual personal, professional, or financial conflicts of interest with the complainant(s).⁵⁸

2. LSUHSC-NO agrees to take all reasonable and practical steps to protect the positions and reputations of complainants and to protect these individuals from retaliation by respondents and/or other institutional members.⁵⁹ If LSUHSC-NO chooses to notify one complainant of the inquiry results in a case, all complainants will be notified, to the extent possible.⁶⁰

D. LSUHSC-NO's Responsibilities to the Respondent(s)

1. As with complainants, LSUHSC-NO will provide confidentiality consistent with 42 CFR Part 93 to all respondents in a research misconduct proceeding. LSUHSC-NO will make a good-faith effort to notify the respondent(s) in writing of the allegations being made against them.⁶¹

2. LSUHSC-NO will take precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved personal, professional, or financial conflicts of interest with the respondent.⁶²

3. LSUHSC-NO is responsible for giving the respondent(s) copies of or supervised access to the sequestered research records.⁶³ LSUHSC-NO will notify the respondent whether the inquiry found that an investigation is warranted, provide the respondent an opportunity to review and comment on the inquiry report, and attach their comments to the inquiry report.⁶⁴
4. If an investigation is commenced, LSUHSC-NO must notify the respondent, give written notice of any additional allegations raised against them not previously addressed by the inquiry report, and allow the respondent(s) an opportunity to review the witness transcripts.⁶⁵
5. LSUHSC-NO will give the respondent(s) an opportunity to read and comment on the draft investigation report and any information or allegations added to LSUHSC-NOal record.⁶⁶
6. LSUHSC-NO will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent.⁶⁷
7. LSUHSC-NO will bear the burden of proof, by a preponderance of the evidence, for making a finding of research misconduct.⁶⁸
8. LSUHSC-NO will make all reasonable, practical efforts, if requested and as appropriate, to protect or restore the reputation of respondents against whom no finding of research misconduct is made.⁶⁹

E. LSUHSC-NO's Responsibilities to Committee Members

1. LSUHSC-NO will ensure that a committee conducts research misconduct proceedings in compliance with the PHS regulation and this policy.
2. LSUHSC-NO will take all reasonable and practical steps to protect the positions and reputations of good-faith committee members and to protect these individuals from retaliation.⁷⁰

F. LSUHSC-NO's Responsibilities to the Witness[es]

1. LSUHSC-NO will provide confidentiality consistent with 42 CFR Part 93 for all witnesses and will take precautions to ensure that individuals responsible for carrying out any part of the proceedings do not have unresolved personal, professional, or financial conflicts of interest with the witnesses.⁷¹
2. LSUHSC-NO will also take all reasonable and practical steps to protect the positions and reputations of witnesses and to protect these individuals from retaliation.⁷²

2. RESEARCH INTEGRITY OFFICER

A. The Research Integrity Officer (RIO) is the institutional official responsible for administering LSUHSC-NO's written policies and procedures for addressing allegations of scientific or research misconduct in compliance with the PHS regulation.⁷³ The RIO at LSUHSC-NO shall be the Executive Director of the Office of Research Services, unless another person is otherwise appointed by the VCAA.

B. The same individual will *not* serve as both the Institutional Deciding Official (IDO) and the RIO.⁷⁴ LSUHSC-NO may choose to have the RIO or another designated institutional official conduct the inquiry in lieu of a committee, and, if needed, this individual may utilize one or more subject matter experts to assist them in

the inquiry.⁷⁵

C. Upon receiving an allegation of scientific or research misconduct, the RIO or another designated institutional official will promptly assess the allegation to determine whether the allegation (a) is within the definition of scientific misconduct under this LSUHSC-NO policy or is within the definition of research misconduct under the PHS Regulations, (b) is within the applicability criteria of the regulation at § 93.102, and (c) is sufficiently credible and specific so that potential evidence of scientific or research misconduct may be identified.⁷⁶

D. If the RIO or another designated institutional official determines that the requirements for an inquiry ***are*** met, they shall document the assessment, promptly sequester all research records and other evidence per the PHS Regulation, and promptly initiate the inquiry.⁷⁷

E. If the RIO or another designated institutional official determines that requirements for an inquiry ***are not*** met, they will keep sufficiently detailed documentation of the assessment to permit a later review by ORI of the reasons why LSUHSC-NO did not conduct an inquiry.⁷⁸

F. LSUHSC-NO will retain this documentation and related records in a secure manner for seven (7) years and provide them to ORI upon request.⁷⁹

3. COMPLAINANT

A. The complainant is the person who in good faith makes an allegation of research misconduct.⁸⁰ The complainant brings research misconduct allegations directly to the attention of an institutional or HHS official through any means of communication.

B. The complainant will make allegations in good faith, as it is defined in the PHS regulation, as having a reasonable belief in the truth of one's allegation or testimony, based on the information known to the complainant at the time.⁸¹

C. Any LSUHSC-NO faculty, staff, or student who becomes aware of alleged scientific or research misconduct shall, as a complainant, make a good-faith report of those allegations to the VCAA, RIO, or Dean of the applicable school. If the allegation is made to any institutional official other than the RIO, then that official will promptly refer the matter to the RIO.

4. RESPONDENT

A. The respondent is the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.⁸² The respondent has the burden of going forward with and proving, by a preponderance of evidence, affirmative defenses raised.⁸³

B. 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 the research misconduct allegations.⁸⁴

C. 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.⁸⁵

D. The respondent will not be present during the witnesses' interviews but will be provided a transcript of the interview after it takes place.⁸⁶ The respondent will have opportunities to (a) view and comment on the inquiry report, (b) view and comment on the investigation report, and (c) submit any comments on the draft investigation report to LSUHSC-NO within 30 days of receiving it.⁸⁷

E. If admitting to research misconduct, the respondent will sign a written statement specifying the affected research records and confirming the misconduct was falsification, fabrication, and/or plagiarism; committed intentionally, knowingly, or recklessly; and a significant departure from accepted practices of the relevant research community.⁸⁸

5. COMMITTEE MEMBERS

A. The VCAA shall appoint a standing Scientific Integrity and Research Misconduct (SIRM) Committee consisting of six LSUHSC-NO faculty members experienced in research, one from each school selected by their respective deans, along with other senior administrative staff as desired each of whom shall serve ex officio. Members of this standing SIRM committee shall serve as both the Investigation Committee and, if necessary, the Inquiry Committee, along with other additional experts who may be appointed by the VCAA on a case by case basis, to evaluate allegations of scientific or research misconduct, after appropriate review of any potential conflicts of interest relative to those allegations. In the case of multiple infractions and/or multiple respondents, more than one committee may be appointed at the discretion of the VCAA in consultation with the RIO.

B. SIRM committee members are experts who act in good faith to cooperate with the scientific or research misconduct proceedings by impartially carrying out their assigned duties for the purpose of helping LSUHSC-NO meet its responsibilities under this policy and 42 CFR Part 93.⁸⁹ Committee members will have relevant scientific expertise and be free of real or perceived conflicts of interest with any of the involved parties.⁹⁰

C. SIRM committee members will conduct research misconduct proceedings consistent with the PHS regulation. They will determine whether an investigation is warranted, documenting the decision in an inquiry report.⁹¹

D. During an investigation, SIRM committee members participate in recorded interviews of 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(s).⁹² They will also determine whether or not the respondent(s) engaged in research misconduct and document the decision in the investigation report.⁹³ They consider respondent and/or complainant comments on the inquiry/investigation report(s) and document that consideration in the investigation report.⁹⁴

E. An investigation into multiple respondents may convene with the same investigation committee but there will be separate investigation reports and separate research misconduct determinations for each respondent.⁹⁵

F. SIRM committee members may serve for more than one investigation, in cases with multiple

respondents.⁹⁶ SIRM committee members may also serve for both the inquiry and the investigation.

6. WITNESSES

A. Witnesses are people whom LSUHSC-NO has reasonably identified as having information regarding any relevant aspects of the investigation. Witnesses provide information for review during research misconduct proceedings.

B. Witnesses will cooperate with the research misconduct proceedings in good faith and have a reasonable belief in the truth of their testimony, based on the information known to them at the time.⁹⁷

7. INSTITUTIONAL DECIDING OFFICIAL

A. The Institutional Deciding Official (IDO) makes the final determination of research misconduct findings.⁹⁸ The IDO cannot serve as the RIO.⁹⁹ The IDO for LSUHSC-NO will be the VCAA.

B. The IDO documents their determination in a written decision that includes whether scientific or research misconduct occurred, and if so, what kind, who committed it, and a description of the relevant actions LSUHSC-NO has taken or will take.¹⁰⁰

C. The IDO's written decision becomes part of the institutional record.¹⁰¹

V. PROCEDURES FOR ADDRESSING ALLEGATIONS OF SCIENTIFIC OR RESEARCH MISCONDUCT

1. ASSESSMENT

A. An assessment's purpose is to determine whether an allegation warrants an inquiry.¹⁰² An assessment is intended to be a review of readily accessible information relevant to the allegation.¹⁰³

B. Upon receiving an allegation of scientific or research misconduct, the RIO or another designated institutional official will promptly determine whether the allegation (a) falls within the definition of research misconduct, (b) is within the applicability criteria of 42 CFR Part 93 § 93.102, and (c) is credible and specific enough to identify and sequester potential evidence.¹⁰⁴ Allegations that do not meet the criteria for research misconduct under 42 CFR Part 93 will be further evaluated to determine if the criteria are met for scientific misconduct as defined herein.

C. If the RIO or another institutional official determines that the allegation meets the criteria for either research misconduct or scientific misconduct, they will promptly: (a) document the assessment and (b) initiate an inquiry pursuant to the procedures set forth herein and (c) sequester all research records and other evidence.¹⁰⁵

D. The RIO or other institutional official must document the assessment and retain the assessment documentation securely for seven (7) years after completion of the misconduct proceedings.¹⁰⁶

E. If the RIO or another institutional official determines that the alleged misconduct does not meet the criteria to proceed to an inquiry for research misconduct, they will document in sufficient detail to permit a later review by ORI of why LSUHSC-NO did not proceed to an inquiry for research misconduct and will

securely retain that documentation for seven (7) years.¹⁰⁷

2. INQUIRY

A. An inquiry is warranted if the allegation (a) falls within the definition of research misconduct under 42 CFR Part 93 or within the definition of scientific misconduct as defined herein, (b) is within the applicability criteria of § 93.102, and (c) is sufficiently credible and specific so that potential evidence of research misconduct may be identified.¹⁰⁸

B. An inquiry's purpose is to conduct an initial review of the evidence to determine whether an allegation warrants an investigation.¹⁰⁹ An inquiry does not require a full review of all related evidence.¹¹⁰

C. LSUHSC-NO will complete the inquiry within ninety (90) days of initiating it unless circumstances warrant a longer period, in which it will sufficiently document the reasons for exceeding the time limit in the inquiry report.¹¹¹

D. Steps in the inquiry:

1. Sequestering Evidence and Notifying the Respondent

a. Before or at the time of notifying the respondent(s), the VCAA or the RIO will obtain the original or substantially equivalent copies of all research records and other evidence that are pertinent to the proceeding, inventory these materials, sequester the materials in a secure manner, and retain them for seven (7) years.¹¹² The institution has a duty to obtain, inventory, and securely sequester evidence that extends to whenever additional items become known or relevant to the inquiry or investigation.¹¹³

b. At the time of or before beginning the inquiry, the VCAA or the RIO will make a good-faith effort to notify the presumed respondent(s), in writing, that an allegation(s) of research misconduct has been raised against them, the relevant research records have been sequestered, and an inquiry will be conducted to decide whether to proceed with an investigation.¹¹⁴

c. If additional allegations are raised, the VCAA or the RIO will notify the respondent(s) in writing.¹¹⁵ When appropriate, the VCAA or the RIO will give the respondent(s) copies of, or reasonable supervised access to, the sequestered materials.¹¹⁶

d. If additional respondents are identified, the VCAA or the RIO will provide written notification to the new respondent(s).¹¹⁷ All additional respondents will be given the same rights and opportunities as the initial respondent.¹¹⁸ Only allegations specific to a particular respondent will be included in the notification to that respondent.¹¹⁹

2. Convening the Committee and Ensuring Neutrality

a. The VCAA or the RIO will ensure that all inquiry committee members understand their commission, keep the identities of respondents, complainants, and witnesses confidential, and conduct the research misconduct proceedings in compliance with the PHS regulation.

b. In lieu of a committee, the VCAA may task the RIO or another designated institutional official to conduct the inquiry, provided this person utilizes subject matter experts as needed to assist in the

inquiry.¹²⁰

3. Determining Whether an Investigation Is Warranted

a. The inquiry committee, RIO, or other designated institutional official will conduct a preliminary review of the evidence.¹²¹ In the process of fact-finding, the inquiry committee may interview the respondent and/or witnesses.¹²²

b. An investigation is warranted if (a) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct under 42 CFR Part 93 and involves PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training, as provided in § 93.102, or scientific misconduct as defined herein; and (b) preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.¹²³

c. The inquiry committee will not determine if research misconduct occurred, nor assess whether the alleged misconduct was intentional, knowing, or reckless; such a determination is not made until the case proceeds to an investigation.¹²⁴

4. Documenting the Inquiry

a. At the conclusion of the inquiry, regardless of whether an investigation is warranted, the inquiry committee will prepare a written inquiry report which will include:

1. The names, professional aliases, and positions of the respondent and complainant(s).
2. A description of the allegation(s) of research misconduct or scientific misconduct.
3. Details about the PHS funding, including any grant numbers, grant applications, contracts, and publications listing PHS support.
4. The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise.
5. An inventory of sequestered research records and other evidence and description of how sequestration was conducted.
6. Transcripts of interviews, if transcribed.
7. Inquiry timeline and procedural history.
8. Any scientific or forensic analyses conducted.
9. The basis for recommending that the allegation(s) warrant an investigation.
10. The basis on which any allegation(s) do not merit further investigation.
11. Any comments on the inquiry report by the respondent or the complainant(s). Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.¹²⁵
12. Documentation of potential evidence of honest error or difference of opinion.¹²⁶

E. Completing the Inquiry

1. The VCAA or the RIO will give the respondent a copy of the draft inquiry report for review and comment.¹²⁷ The VCAA or the RIO may, but is not required to, provide relevant portions of the report to a complainant for comment.¹²⁸

2. The VCAA or the RIO will notify the respondent of the inquiry's final outcome and provide the respondent with copies of the final inquiry report, the PHS regulation, and these policies and

procedures.¹²⁹ The VCAA or the RIO may, but is not required to, notify a complainant whether the inquiry found that an investigation is warranted.¹³⁰ If the VCAA or the RIO provides notice to one complainant in a case, they must provide notice, to the extent possible, to all complainants in the case.¹³¹

F. If an Investigation Is Not Warranted:

1. If the inquiry committee, RIO, or other designated institutional official determines that an investigation is **not** warranted, the VCAA or the RIO will keep sufficiently detailed documentation to permit a later review by ORI of why LSUHSC-NO did not proceed to an investigation, store these records in a secure manner for at least seven (7) years after the termination of the inquiry, and provide them to ORI upon request.¹³²

G. If an Investigation is Warranted:

1. If the inquiry committee, RIO, or other designated institutional official determines that an investigation is warranted, the VCAA or the RIO must: (a) within a reasonable amount of time after this decision, provide written notice to the respondent(s) of the decision to conduct an investigation of the alleged misconduct, including any allegations of research misconduct not addressed during the inquiry;¹³³ and (b) within 30 days of determining that an investigation is warranted, provide ORI with a copy of the inquiry report¹³⁴ and begin the investigation.

2. On a case-by-case basis, the VCAA or the RIO may choose to notify the complainant that there will be an investigation of the alleged misconduct but is required to take the same notification action for all complainants in cases where there is more than one complainant.¹³⁵

3. INVESTIGATION

A. Purpose of an Investigation

1. The purpose of an investigation is to formally develop a factual record, pursue leads, examine the record, and recommend finding(s) to the IDO, who will make the final decision, based on a preponderance of evidence, on each allegation and any institutional actions.¹³⁶

2. As part of its investigation, LSUHSC-NO will pursue diligently all significant issues and relevant leads, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.¹³⁷

3. Within 30 days after deciding an investigation is warranted, the VCAA or the RIO will notify ORI of the decision to investigate and begin the investigation.¹³⁸

B. Notifying the Respondent and Sequestering Evidence

1. The VCAA or the RIO will notify the respondent(s) of the allegation(s) within 30 days of determining that an investigation is warranted and before the investigation begins.¹³⁹ If any additional respondent(s) are identified during the investigation, the VCAA or the RIO will notify them of the allegation(s) and provide them an opportunity to respond consistent with the PHS regulation.¹⁴⁰

2. If LSUHSC-NO identifies additional respondents during the investigation, it may choose to either conduct a separate inquiry or add the new respondent(s) to the ongoing investigation.¹⁴¹

3. The VCAA or the RIO will obtain the original or substantially equivalent copies of all research records and other evidence, inventory these materials, sequester them in a secure manner, and retain them for seven (7) years after its proceeding or any HHS proceeding, whichever is later.¹⁴²

C. Convening an Investigation Committee

1. After vetting investigation committee members for conflicts of interest and appropriate scientific expertise, the VCAA/IDO or the RIO will convene the investigation committee and ensure that the members understand their responsibility to conduct the research misconduct proceedings in compliance with the PHS regulation.¹⁴³ Members who served on the inquiry committee may also serve on the investigation committee.

2. The investigation committee will conduct interviews, pursue leads, and examine all research records and other evidence relevant to reaching a decision on the merits of the allegation(s).¹⁴⁴

3. LSUHSC-NO will use diligent efforts to ensure that the investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable.¹⁴⁵

4. The VCAA or the RIO will notify the respondent in writing of any additional allegations raised against them during the investigation.¹⁴⁶

D. Conducting Interviews

1. The investigation committee will interview each respondent, complainant(s), 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.¹⁴⁷

2. The investigation committee will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number.¹⁴⁸ The investigation committee will record and transcribe interviews during the investigation and make the transcripts available to the interviewee for correction.¹⁴⁹

3. The investigation committee will include the transcript(s) with any corrections and exhibits in the institutional record of the investigation.¹⁵⁰

4. The respondent will not be present during the witnesses' interviews, but the VCAA or the RIO will provide the respondent with a transcript of each interview, with redactions as appropriate to maintain confidentiality.¹⁵¹

E. Documenting the Investigation

1. LSUHSC-NO will complete all aspects of the investigation within 180 days.¹⁵² The institution will conduct the investigation, prepare the draft investigation report for each respondent, and provide the opportunity for respondents to comment.¹⁵³

2. LSUHSC-NO will document the IDO's final decision and the RIO will transmit the institutional record (including the final investigation report and IDO's decision) to ORI.¹⁵⁴

3. If the investigation takes more than 180 days to complete, LSUHSC-NO will ask ORI in writing for an extension and document the reasons for exceeding the 180-day period in the investigation report.¹⁵⁵

4. The investigation report for each respondent will include:

- a. Description of the nature of the allegation(s) of research misconduct, including any additional allegation(s) addressed during the research misconduct proceeding.
- b. Description and documentation of the PHS support, including any grant numbers, grant applications, contracts, and publications listing PHS support. This documentation includes known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.
- c. Description of the specific allegation(s) of research misconduct for consideration in the investigation
- 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 LSUHSC-NO did not consider or rely on.¹⁵⁶ This inventory will include manuscripts and funding proposals that were considered or relied on during the investigation. The inventory will also include a description of how any sequestration was conducted during the investigation.
- f. Transcripts of all interviews conducted.
- g. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other research records that contain the allegedly falsified, fabricated, or plagiarized material.
- h. Any scientific or forensic analyses conducted.
- i. A copy of these policies and procedures.
- j. Any comments made by the respondent and complainant(s) on the draft investigation report and the committee's consideration of those comments.
- k. A statement for each separate allegation of whether the committee recommends a finding of research misconduct.¹⁵⁷

5. If the investigation committee recommends a finding of research misconduct for an allegation, the investigation report will present a finding for each allegation. These findings will:

- a. identify the individual(s) who committed the research misconduct; and
- b. indicate whether the misconduct was falsification, fabrication, and/or plagiarism; and
- c. indicate whether the misconduct was committed intentionally, knowingly, or recklessly; and
- d. identify any significant departure from the accepted practices of the relevant research community and that the allegation was proven by a preponderance of the evidence; and
- e. summarize the facts and analysis supporting the conclusion and consider the merits of any explanation by the respondent;
- f. identify the specific PHS support; and (g) state whether any publications need correction or retraction.¹⁵⁸

6. If the investigation committee does ***not*** recommend a finding of research misconduct for an allegation, the investigation report will provide a detailed rationale for its conclusion.¹⁵⁹

7. The investigation committee should also provide a list of any current support or known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.¹⁶⁰

F. Completing the Investigation

1. The VCAA or the RIO will give the respondent a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the research records and other evidence that the investigation committee considered or relied on.¹⁶¹

2. The respondent will submit any comments on the draft report to LSUHSC-NO within thirty (30) days of receiving the draft investigation report.¹⁶²

3. If the VCAA or the RIO chooses to share a copy of the draft investigation report or relevant portions of it with the complainant(s) for comment, the complainant's comments will be submitted within thirty (30) days of the date on which they received the report.¹⁶³

4. The institution will add any comments received to the investigation report.¹⁶⁴

4. IDO REVIEW OF THE INVESTIGATION REPORT, FINAL DECISION AND APPEALS PROCESS

A. The IDO will review the investigation report and will make a final written determination of whether LSUHSC-NO found research misconduct and, if so, who committed the misconduct.¹⁶⁵ In this statement, the IDO will include a description of relevant institutional actions taken or to be taken subsequent to this finding.¹⁶⁶ This finding shall not be appealable unless subject to the appealable issues defined in CM-24.

B. The IDO will recommend to the respective Dean or supervisor such penalties or other corrective administrative actions warranted by the findings of research misconduct.

C. Pursuant to CM-24, Faculty Handbook Section 9.3.2, Faculty Handbook Section 10.10 or any applicable student handbook or staff policies, and subject to the limitations set forth therein, the respondent may appeal, as allowable, proposed penalties or other corrective actions prior to the implementation of any such penalties or other corrective actions.

5. CREATING AND TRANSMITTING THE INSTITUTIONAL RECORD TO ORI

A. After the IDO has made a final determination of research misconduct findings, the RIO will add the IDO's written decision to the investigation report and will organize the institutional record in a logical manner.¹⁶⁷

B. The institutional record consists of the records that were compiled or generated during the research misconduct proceeding, except records LSUHSC-NO did not rely upon.¹⁶⁸ These records include documentation of the assessment, a single index listing all research records and evidence, the inquiry report and investigation report, and all records considered or relied on during the investigation.¹⁶⁹ The institutional record also includes the IDO's final decision and any information the respondent provided to LSUHSC-NO.¹⁷⁰ The institutional record must also include a general description of the records that were sequestered but not considered or relied on.¹⁷¹

C. If the respondent filed an appeal, the complete record of any institutional appeal also becomes part of

the institutional record.¹⁷² For institutions with an internal appeals process, the institution will wait until the appeal is concluded to transmit the institutional record to ORI.¹⁷³

D. After the IDO has made a final written determination, and any institutional appeal is complete, the RIO must transmit the institutional record to ORI.¹⁷⁴

6. OTHER PROCEDURES AND SPECIAL CIRCUMSTANCES

A. Multiple Institutions and Multiple Respondents

1. If the alleged research misconduct involves multiple institutions, LSUHSC-NO may work closely with the other affected institutions to determine whether a joint research misconduct proceeding will be conducted.¹⁷⁵ If so, the cooperating institutions will choose an institution to serve as the lead institution.
2. In a joint research misconduct proceeding, the lead institution will obtain research records and other evidence pertinent to the proceeding, including witness testimony, from the other relevant institutions.¹⁷⁶ By mutual agreement, the joint research misconduct proceeding may include committee members from LSUHSC-NOs involved.¹⁷⁷
3. The determination of whether further inquiry and/or investigation is warranted, whether research misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or may be tasked to the lead institution.¹⁷⁸
4. If the alleged research misconduct involves multiple respondents, LSUHSC-NO may either conduct a separate inquiry for each new respondent or add them to the ongoing proceedings.¹⁷⁹ The institution must give additional respondent(s) notice of and an opportunity to respond to the allegations.¹⁸⁰

B. Respondent Admissions

1. The RIO will promptly notify ORI in advance if at any point during the proceedings (including the assessment, inquiry, investigation, or appeal stage) it plans to close a research misconduct case because the respondent has admitted to committing research misconduct or a settlement with the respondent has been reached.¹⁸¹
2. If the respondent admits to research misconduct, LSUHSC-NO will not close the case until providing ORI with the respondent's signed, written admission.¹⁸² The admission must state the specific fabrication, falsification, or plagiarism that occurred, which research records were affected, and that it constituted a significant departure from accepted practices of the relevant research community.¹⁸³
3. LSUHSC-NO must not close the case until giving ORI a written statement confirming the respondent's culpability and explaining how LSUHSC-NO determined that the respondent's admission fully addresses the scope of the misconduct.¹⁸⁴

C. Other Special Circumstances

1. At any time during the misconduct proceedings, the VCAA or the RIO immediately will take interim remedial action and notify ORI if any of the following circumstances arise:
 - a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects; or

- b. HHS resources or interests are threatened; or
- c. Research activities should be suspended; or
- d. There is reasonable indication of possible violations of civil or criminal law; or
- 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.¹⁸⁵

7. RECORDS RETENTION

LSUHSC-NO 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 (7) years after the completion of the proceeding or the completion of any HHS proceeding, whichever is later, unless custody has been transferred to HHS.¹⁸⁶

8. INSTITUTIONAL STANDARDS OF CONDUCT.

LSUHSC-NO has a Code of Conduct (https://www.lsuohsc.edu/administration/ocp/code_of_conduct.aspx) which establishes standards of conduct for scientific integrity and scientific misconduct that are separate from the standards for research misconduct under PHS Regulations. ORI findings of research misconduct or HHS settlements of research misconduct proceedings, or the absence thereof, do not affect LSUHSC-NO's findings or actions taken based on its definition of scientific misconduct and the LSUHSC-NO Code of Conduct.¹⁸⁷

9. PROCEDURES FOR ALLEGATIONS OF SCIENTIFIC MISCONDUCT NOT SUBJECT TO 42 CFR PART 93

Procedures for inquiry and investigation of scientific misconduct allegations that do not meet the criteria for research misconduct under 42 CFR Part 93 will be the same as set forth herein for allegations that do meet the criteria except that the inquiry report and any subsequent investigation findings will not be transmitted to ORI.

VI. PROCEDURES FOLLOWING INVESTIGATION REPORT FINDINGS

1. INSTITUTIONAL ACTIONS SUBSEQUENT TO AN INVESTIGATION REPORT FINDING OF MISCONDUCT

A. If alleged research misconduct is substantiated after a thorough investigation, the RIO will notify ORI and transmit to ORI all the final institutional investigation report materials as described above. Concurrently, the RIO will notify the appropriate sponsoring agency of the investigation findings of scientific or research misconduct. If alleged scientific misconduct is substantiated after a thorough investigation, the RIO will transmit all the final investigation report materials to the VCAA/IDO.

B. Subsequently, the VCAA/IDO will require that the respondent withdraw or correct, as appropriate, all published or pending abstracts and papers emanating from or dependent upon the confirmed scientific or research misconduct and notify editors of journals in which previous related abstracts and papers appeared. The VCAA will notify other institutions and sponsoring agencies with which the respondent has been affiliated if there is reason to believe that the validity of previous research might be questionable.

C. The VCAA/IDO will, in conjunction with the applicable Dean, ensure appropriate action is taken to discipline, reprimand, terminate, or otherwise alter the status of a faculty, student, or staff with scientific or research misconduct substantiated through this investigative process. Any appeal of such disciplinary action will be subject to the grievance policy as set forth the faculty, staff, or student handbook, as applicable.

D. The VCAA/IDO will consider, in consultation with chief legal counsel and other senior administrators, the release of information about the incident to the public, particularly if public funds were used in supporting research confirmed to be falsified, fabricated, or plagiarized.

2. INSTITUTIONAL ACTIONS SUBSEQUENT TO AN INVESTIGATION REPORT FINDING OF NO MISCONDUCT

A. If the alleged scientific or research misconduct is ***not*** substantiated by a thorough investigation, the VCAA/IDO will undertake formal efforts to restore fully the reputation of the respondent.

B. LSUHSC-NO will protect, to the maximum extent possible, the positions and reputations of those persons who, in good faith, make allegations of scientific misconduct. However, if the investigation determines that complainant(s) made allegations of scientific or research misconduct against the respondent(s) in bad faith, with malicious intent, or intellectual dishonesty, the VCAA/IDO will, in conjunction with the Dean, institute appropriate disciplinary action.

C. After the completion of an investigation, faculty practices and institutional policies and procedures for promoting the ethical conduct of research and investigating allegations of misconduct will be scrutinized and modified as may be necessary in light of the experience gained.

¹ Endnotes as provided in ORI template policy citing regulations at 42 CFR Part 93

² 42 CFR Part 93 § 93.300(c).

³ § 93.100.

⁴ § 93.300(a).

⁵ § 93.102(b)(1).

⁶ § 93.102(b)(2).

⁷ § 93.102(b)(3).

⁸ § 93.102(b)(4).

⁹ § 93.102(b)(5).

¹⁰ § 93.102(b)(6).

¹¹ § 93.104(a).

¹² § 93.104(b)(1).

¹³ §§ 93.104(b)(1) and 93.318.

¹⁴ § 93.104(b)(2).

¹⁵ § 93.102(c).

¹⁶ § 93.200.

¹⁷ § 93.202.

¹⁸ § 93.203.

¹⁹ § 93.204.

²⁰ § 93.206.

²¹ § 93.210.

²² § 93.211.

²³ § 93.212.

²⁴ § 93.214.

²⁵ § 93.215.

²⁶ § 93.216.

²⁷ § 93.218.

28 § 93.219.
29 § 93.220.
30 § 93.221.
31 § 93.222.
32 § 93.223.
33 § 93.227.
34 § 93.228.
35 § 93.230.
36 § 93.231.
37 § 93.233.
38 § 93.234.
39 § 93.235.
40 § 93.236.
41 § 93.237.
42 § 93.238.
43 § 93.240.
44 § 93.241.
45 §§ 93.106(a) and 93.302(a)(4)(ii).
46 § 93.106(a)
47 § 93.241.
48 § 93.300(f).
49 § 93.300(g-h).
50 § 93.106(c).
51 § 93.106(b). Applicable to all confidentiality requirements in this section.
52 § 93.305.
53 §§ 93.317 and 93.220.
54 § 93.318.
55 § 93.318(b).
56 § 93.305(g).
57 § 93.106(a).
58 §§ 93.300(b) and 93.305(f)(1).
59 § 93.300(d).
60 § 93.308(b).
61 § 93.307(c).
62 § 93.300(b).
63 § 93.305(b).
64 §§ 93.308(a) and 93.307(g).
65 §§ 93.310(c) and 93.310(g)(5).
66 § 93.312.
67 § 93.105(b).
68 §§ 93.105 and 93.103(c).
69 §§ 93.105 and 93.304(c).
70 §§ 93.305(f) and 93.300(d).
71 § 93.300(b).
72 § 93.300(d).
73 § 93.233.
74 § 93.218.
75 § 93.307(e)(2).
76 § 93.306(b).
77 § 93.306(c).

⁷⁸ § 93.306(c)(3).
⁷⁹ § 93.318.
⁸⁰ § 93.206.
⁸¹ § 93.214.
⁸² § 93.237.
⁸³ §§ 93.105(b)(2) and 93.105(b)(3).
⁸⁴ § 93.105(b)(1).
⁸⁵ § 93.105(b).
⁸⁶ § 93.310(g)(5).
⁸⁷ §§ 93.307(g)(3) and 93.312.
⁸⁸ §§ 93.103 and 93.317(b).
⁸⁹ § 93.214(b).
⁹⁰ § 93.305(f).
⁹¹ § 93.307.
⁹² § 93.310(g).
⁹³ § 93.313.
⁹⁴ § 93.313(j).
⁹⁵ § 93.310(c)(3).
⁹⁶ § 93.305(d).
⁹⁷ § 93.214(a).
⁹⁸ § 93.218.
⁹⁹ § 93.218.
¹⁰⁰ § 93.314.
¹⁰¹ § 93.220(a)(4).
¹⁰² § 93.306(a).
¹⁰³ § 93.204.
¹⁰⁴ § 93.306(b-c).
¹⁰⁵ §§ 93.306(b) and 93.306(c).
¹⁰⁶ §§ 93.306(c)(2) and 93.318.
¹⁰⁷ §§ 93.306(c)(3) and 93.318.
¹⁰⁸ § 93.307(a)(1-3).
¹⁰⁹ § 93.307(b).
¹¹⁰ *Id.*
¹¹¹ § 93.307(h).
¹¹² §§ 93.305(a) and 93.318.
¹¹³ §§ 93.305(a)(2) and 93.318.
¹¹⁴ § 93.307(c).
¹¹⁵ § 93.307(c).
¹¹⁶ § 93.305(b).
¹¹⁷ § 93.305(d).
¹¹⁸ *Id.*
¹¹⁹ § 93.307(c).
¹²⁰ § 93.307(e)(2).
¹²¹ § 93.307(b).
¹²² § 93.307(e)(3).
¹²³ § 93.307(f)(i-ii).
¹²⁴ § 93.307(f)(ii)(2).
¹²⁵ § 93.309(a)(1-12).
¹²⁶ § 93.307(g)(2).
¹²⁷ § 93.307g(3).
¹²⁸ § 93.308(b).

¹²⁹ § 93.308(a).
¹³⁰ § 93.308(b).
¹³¹ *Id.*
¹³² § 93.309(c).
¹³³ § 93.308(a).
¹³⁴ § 93.309(a).
¹³⁵ § 93.308(b).
¹³⁶ §§ 93.310 and 93.314.
¹³⁷ § 93.310(j).
¹³⁸ § 93.310(a-b).
¹³⁹ § 93.310(a-c).
¹⁴⁰ § 93.310(c)(2).
¹⁴¹ §§ 93.310(c)(2) and 93.310(c)(3).
¹⁴² § 93.318.
¹⁴³ § 93.310(f).
¹⁴⁴ § 93.310.
¹⁴⁵ § 93.310(f).
¹⁴⁶ § 93.310(c)(1).
¹⁴⁷ § 93.310(g).
¹⁴⁸ § 93.310(g)(2).
¹⁴⁹ §§ 93.310(g)(1) and 93.310(g)(3).
¹⁵⁰ § 93.310(g)(4).
¹⁵¹ §§ 93.106, 93.300(d), and 93.310(g)(5). Institutions must, to the extent possible, provide confidentiality to respondents, complainants, and witnesses and protect complainants, witnesses, and committee members from retaliation. It is up to institutions to determine how to do so in practical terms (e.g., by redacting transcripts).
¹⁵² § 93.311(a).
¹⁵³ § 93.312.
¹⁵⁴ § 93.316.
¹⁵⁵ § 93.311(b).
¹⁵⁶ § 93.313(e).
¹⁵⁷ § 93.313(a-k).
¹⁵⁸ § 93.313(k)(1)(i-vii).
¹⁵⁹ § 93.313(k)(2).
¹⁶⁰ § 93.313(k)(3).
¹⁶¹ § 93.312(a).
¹⁶² *Id.*
¹⁶³ § 93.312(b).
¹⁶⁴ § 93.313(j).
¹⁶⁵ § 93.314(a).
¹⁶⁶ § 93.314(b).
¹⁶⁷ §§ 93.220(a)(4) and 93.316.
¹⁶⁸ § 93.220.
¹⁶⁹ §§ 93.220(a)(1-3) and 93.220(b).
¹⁷⁰ § 93.220(a)(3-4).
¹⁷¹ § 93.220(c).
¹⁷² § 93.220(5).
¹⁷³ § 93.315(b).
¹⁷⁴ § 93.316.
¹⁷⁵ § 93.305(e).
¹⁷⁶ *Id.*
¹⁷⁷ *Id.*

¹⁷⁸ Id.

¹⁷⁹ § 93.305(d).

¹⁸⁰ Id.

¹⁸¹ § 93.317(a).

¹⁸² § 93.317(b).

¹⁸³ §§ 93.103 and 93.317(b).

¹⁸⁴ § 93.317(b).

¹⁸⁵ § 93.305(g)(1-6).

¹⁸⁶ § 93.318.

¹⁸⁷ § 93.319.