Lehigh University Research Misconduct Policy

Policy Statement and General Scope

General Policy

This policy ("Policy") provides guidance to Lehigh University academic, scientific, and professional staff, employees, and students of the University ("Lehigh personnel") on the reporting, Assessment, Inquiry, and Investigation of Allegations of Research Misconduct. This Policy is intended to comply with the 2024 Public Health Service (PHS) Final Rule (42 CFR Part 93, effective Jan 1, 2026).

Scope and Application

This Policy applies to all Research activities proposed and conducted by academic, scientific, and professional staff, employees, and students of the University, whether or not they are externally funded and irrespective of funding source, during their employment by or term of their contract with the University. The University will follow this Policy and associated procedures upon receipt of an Allegation of possible Research Misconduct. When applying this Policy to Allegations of Research Misconduct involving non-PHS supported Research, the University may, to the extent not prohibited by law and with prior Notice to the Respondent, waive or deviate from specific requirements in this Policy.

This Policy applies to instances of alleged Research Misconduct as defined in this Policy and limited to the timeframes described in this Policy. Other forms of misconduct in the Research or University context are addressed in accordance with other applicable University policies, procedures, processes and/or rules in effect from time to time.

Definitions

1. **"Accepted practices of the relevant Research community"** means those practices established by applicable federal regulations, federal funders, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions.

2. **"Administrative Action"** means either an institutional or a federal agency action taken in response to a Research Misconduct Proceeding to protect the health and safety of the public, to promote the integrity of federally-funded Research, Research training, or activities related to that Research or Research training, or to conserve public funds.

3. **"Allegation"** means a disclosure of possible Research Misconduct through any means of communication and brought directly to the attention of an institutional official.

4. **“Assessment”** means a consideration of whether an Allegation of Research Misconduct appears to fall within the definition of Research Misconduct and is sufficiently credible and specific so that potential Evidence of Research Misconduct may be identified.

   An Assessment also considers whether an Allegation of Research Misconduct appears to involve federally sponsored research, training, or activities related to that research or training.

   The Assessment only involves the review of readily accessible information relevant to the Allegation.

5. **“Complainant”** means an individual who in Good Faith makes an Allegation of Research Misconduct.

6. **“Deciding Official (DO)”** means the institutional official who makes final determinations on Allegations of Research Misconduct and any University Administrative Actions, per this Policy. The Vice Provost for Research (VPR) is the designated Deciding Official, except where the VPR is the subject of a Research Misconduct Proceeding or has a personal, professional, or financial conflict of interest. When this occurs, the Provost appoints another institutional official to serve as the DO. The Deciding Official will not be the same individual as the Research Integrity Officer and should have no direct prior involvement in the University’s Inquiry, Investigation, or Allegation Assessment. A DO’s appointment of an individual to assess Allegations of Research Misconduct, or to serve on an Inquiry or Investigation committee, is not considered to be direct prior involvement.

7. **“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.

8. **“Fabrication”** means making up data or results and recording or reporting them.

9. **“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.

10. **“Good Faith“** as applied to a Complainant or witness means having a reasonable belief in the truth of one's Allegation or testimony, based on the information known to the Complainant or witness at the time. An Allegation or cooperation with a Research Misconduct Proceeding is not in Good Faith if made with knowledge of or reckless disregard for information that would negate the Allegation or testimony.

"Good Faith" as applied to an institutional or committee member means cooperating with the Research Misconduct Proceeding by impartially carrying out the duties assigned for the purpose of helping the University meet its responsibilities under this policy. 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.

11. **"Inquiry"** means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures set forth in this Policy.

12. **"Intentionally"** means to act with the aim of carrying out the act.

13. **"Investigation"** means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures set forth in this Policy.

14. To act **"Knowingly"** means to act with awareness of the act.

15. **"Notice"** means a written or electronic communication served in person or sent by mail or its equivalent to the last known street address or email address of the addressee.

16. **"Plagiarism"** means the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit.

    "Plagiarism" includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader 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.

    "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 per this Policy, but may be prohibited by other University policies, procedures, rules or regulations.

17. **"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.

18. 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.

19. **"Research"** means a systematic Investigation directed toward fuller scientific knowledge or understanding of the subject studied by establishing, discovering, developing,

elucidating, or confirming information or underlying mechanisms. This includes design, development, systems or methods, improvement of prototypes, new processes, testing and evaluation, experiments, study, demonstrations, or surveys designed to develop or contribute to generalizable (basic Research) or specific (applied Research) knowledge. Research may include patient-oriented Research, including epidemiologic and behavioral studies, outcomes Research, and health services Research conducted with human subjects (or on material of human origin such as tissues, specimens, and cognitive phenomena.) Research also includes activities involving the training of individuals in Research techniques where such activities utilize the same facilities as other Research activities and where such activities are not included in the instruction function.

20. **"Research Integrity Officer or RIO"** refers to the institutional official responsible for administering the University's written policies and procedures for addressing Allegations of Research Misconduct in compliance with this Policy.

21. **"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.

22. **"Research Misconduct Proceeding"** means any actions related to alleged Research Misconduct taken per this Policy, including Allegation Assessments, inquiries, Investigations, oversight reviews, and appeals.

23. **"Research Record** or **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.

24. **"Respondent"** means the individual against whom an Allegation of Research Misconduct is directed or who is the subject of a Research Misconduct Proceeding.

25. **"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.

General Policies and Principles

<u>Responsibility to Report Misconduct</u>

Lehigh personnel must report observed, suspected, or apparent Research Misconduct to the Research Integrity Officer (RIO). They may also be reported to the Vice Provost for Research, the Office of the General Counsel, a Chair, a Dean or to a Program or Institute Director. Confidential and/or anonymous reports may be made to the Ethics and Compliance Hotline.

If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, he or she may meet with or contact the RIO to discuss the suspected Research Misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of Research Misconduct, the RIO will refer the individual or Allegation to other offices or officials with responsibility for addressing the issue.

At any time, an individual may have confidential discussions and consultations about concerns of possible Research Misconduct with the RIO and will be counseled about appropriate procedures for reporting Allegations. In the event that this discussion proceeds to Allegation, the associated confidentiality provisions will apply.

Evidentiary Standards

Standard of proof. A finding of Research Misconduct must be proved by a Preponderance of the Evidence.

Burden of proof.

1. The University has the burden of proof for making a finding of Research Misconduct. A Respondent's destruction of Research Records documenting the questioned Research is Evidence of Research Misconduct where the University establishes by a Preponderance of the Evidence that the Respondent Intentionally or Knowingly destroyed records after being informed of the Research Misconduct Allegations. A Respondent's failure to provide Research Records documenting the questioned Research is Evidence of Research Misconduct where the Respondent claims to possess the records but refuses to provide them upon request.
2. The Respondent has the burden of going forward with and proving, by a Preponderance of the Evidence, all affirmative defenses raised. In determining whether the University has carried the burden of proof imposed by this part, the finder of fact shall give due consideration to admissible, credible Evidence of honest error or difference of opinion presented by the Respondent.
3. The Respondent has the burden of going forward with and proving, by a Preponderance of the Evidence, any mitigating factors relevant to a decision to impose Administrative Actions after a Research Misconduct Proceeding.

Cooperation with Research Misconduct Proceedings

Lehigh personnel shall cooperate with the RIO and other institutional officials in the review of Allegations and the conduct of inquiries and Investigations. Lehigh personnel, including Respondents, have an obligation to provide Evidence relevant to Research Misconduct

Allegations to the RIO or other institutional officials.

Confidentiality

To the extent allowed by law, and as required by any applicable federal regulations, the University and all parties involved in the Research Misconduct Proceeding shall:

1. while conducting the Research Misconduct Proceedings, to the extent possible, limit disclosure of the identity of Respondents, witnesses, committee members, and Complainants to those who need to know as determined by the University in order to carry out a thorough, competent, objective, and fair Research Misconduct Proceeding and as allowed by law, and;
2. except as otherwise prescribed by law, limit the disclosure of any records or Evidence from which Research subjects might be identified to those who need to know in order to carry out a Research Misconduct Proceeding.

Limitations on the disclosure of the identity of Respondents, Complainants, and witnesses explicitly no longer apply once the University has made a final determination of Research Misconduct findings.

Non-Retaliation Against Complainants, Witnesses, and Committee Members

Lehigh personnel may not retaliate in any way against Complainants, witnesses, or committee members. Lehigh personnel should immediately report any alleged or apparent Retaliation against Complainants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual Retaliation and protect and restore the position and reputation of the person against whom the Retaliation is directed.

Protecting the Respondent

The University will provide for all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in Research Misconduct, but against whom no finding of Research Misconduct is made.

During the Research Misconduct Proceeding, the RIO is responsible for ensuring that Respondents receive all the Notices and opportunities provided for in applicable federal sponsor regulations or policies and the policies and procedures of the University. Respondents may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to observe (but not participate in) interviews or meetings on the case.

Interim Administrative Actions and Notifying Federal Agencies of Special Circumstances

Throughout the Research Misconduct Proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the Research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and any responsible federal agencies, take appropriate interim action to protect against any such threat.

Interim action might include additional monitoring of the Research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of Research data and results or delaying publication.

The RIO shall, at any time during a Research Misconduct Proceeding, immediately notify any federal sponsors supporting the Research in question to the extent required by those sponsor's regulations, if he/she has reason to believe that any of the following conditions exist:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
2. Federal resources or interests are threatened;
3. Research activities should be suspended;
4. There is a reasonable indication of possible violations of civil or criminal law;
5. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding;
6. The Research Misconduct Proceeding may be made public prematurely and federal agency action may be necessary to safeguard Evidence and protect the rights of those involved; or
7. The Research community or public should be informed.

Respondent Admissions

If at any point during the proceedings (including the Assessment, Inquiry, Investigation, or appeal stages), a legally sufficient admission of Research Misconduct is made by the Respondent, misconduct may be determined if the scope of the misconduct was fully addressed by the admission and confirmed the Respondent's culpability. In that case and when federal funding is involved, the University shall promptly consult with responsible federal agencies to determine the next steps that should be taken.

If the Respondent admits to Research Misconduct, the University will not close the case until the Respondent provides the following in a signed, written admission:

1. The specific Fabrication, Falsification, or Plagiarism that occurred;
2. which Research Records were affected, and;
3. that the conduct constituted a significant departure from accepted practices of the relevant Research community.

The University will not close the case based on a Respondent's admission until giving any responsible federal agency a written statement confirming the Respondent's culpability and explaining how the institution determined that the Respondent's admission fully addresses the scope of the misconduct.

Allegations Not Made In Good Faith

If at any time during the processes outlined in this Policy, it is determined that an Allegation of Research Misconduct was not made in Good Faith, the RIO shall report the determination to the

Vice Provost for Research (VPR), except where the VPR is the subject of a Research Misconduct Allegation or has a personal, professional, or financial conflict of interest. When this occurs, the RIO shall report the determination to the Provost. If the Vice Provost for Research/Provost determines that an Allegation of Research Misconduct was not made in Good Faith, the Inquiry or Investigation shall be discontinued. Appropriate actions may be taken against a Complainant who is found to have made an Intentionally false Allegation against a Respondent.

Multiple Institutions

When multiple institutions are involved in a Research Misconduct Proceeding, the institutions may agree to a joint Research Misconduct Proceeding. In this instance, one institution must be designated as the "lead institution". The lead institution should obtain Research Records and other Evidence pertinent to the proceeding, including witness testimony, from the other relevant institutions. By mutual agreement, the joint Research Misconduct Proceeding may include committee members from the institutions involved. The determination of whether further Inquiry and/or Investigation is warranted, whether Research Misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

Multiple Respondents

If the University identifies additional Respondents during an Inquiry or Investigation, it is not required to conduct a separate Inquiry for each new Respondent. The University may choose to either conduct a separate Inquiry or add new Respondent(s) to an ongoing Investigation. In either case, all Respondents must be provided Notice of and an opportunity to respond to the Allegations.

Time Limitations

This Policy applies only to Research Misconduct occurring within six years of the date the University receives an Allegation of Research Misconduct, with the following exceptions:

1. Subsequent use exception: the Respondent continues or renews any incident of alleged Research Misconduct that occurred through the six-year limitation through the use of, republication of, or citation to the portion(s) of the Research Record (e.g. processed data, journal articles, funding proposals, data repositories) alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the Respondent.
    a. When the Respondent uses, republishes, or cites to the portion(s) of the Research Record that is alleged to have been fabricated, falsified, or plagiarized, in submitted or published manuscripts, submitted external grant applications, progress reports submitted to external funding components, posters, presentations, or other Research Records within six

years of when the Allegations were received by the University, this exception applies.

b. For Research Misconduct that appears subject to the subsequent use exception, the University will document its determination that the subsequent use exception does not apply. Such documentation must be retained in accordance.

2. Exception for the health or safety of the public: if the University, following consultation with a responsible federal agency where applicable, determines that the alleged Research Misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

Institutional Record

For proceedings subject to PHS Policies on Research Misconduct: In accordance with 42 CFR 93.220 $ .316, the Institutional Records comprises:

1. The records that the institution compiled or generated during the Research Misconduct Proceeding, except records the institution did not consider or rely on. These records include, but are not limited to:
    a. Documentation of the Assessment.
    b. 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 the University, and the documentation of any decision not to investigate.
    c. 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, and information the Respondent provided to the University.
    d. Decision(s) by the Deciding Official, such as the written decision from the Deciding Official.
    e. The complete record of any institutional appeal.
2. A single index listing all the Research Records and Evidence that the University compiled during the Research Misconduct Proceeding, except records the University did not consider or rely on.
3. A general description of the records that were sequestered but not considered or relied on.

Requirements for Reporting to Federal Authorities

The University complies with any applicable reporting requirements of federal sponsors.

Process - Assessing Allegations

The purpose of an Assessment is to determine whether an Allegation warrants an Inquiry. It is intended to be a review of readily accessible information relevant to the Allegation.

Upon receiving an Allegation of Research Misconduct, the RIO will immediately assess the Allegation to determine whether:

1. it is sufficiently credible and specific so that potential Evidence of Research Misconduct may be identified, and
2. the Allegation falls within the definition of Research Misconduct under this Policy.

An Inquiry must be conducted if both of the above two criteria are met.

The RIO must document the Assessment.

The Assessment period should be brief, preferably concluded within a week. In conducting the Assessment, the RIO need not interview the Complainant, Respondent, or other witnesses, or gather data beyond any that may have been submitted with the Allegation, except as necessary to determine whether the Allegation is sufficiently credible and specific so that potential Evidence of Research Misconduct may be identified.

If the RIO or another designated institutional official determines that requirements for an Inquiry are not met, they must keep sufficiently detailed documentation of the Assessment to permit a later review of the reasons why the University did not conduct an Inquiry. Such documentation must be retained in accordance with any applicable federal regulations.

When an Allegation identifies misconduct that does not involve Research, the RIO refers the matter to the appropriate University official.

Process - Inquiry

Initiation and Purpose of an Inquiry

If the RIO determines that the criteria for an Inquiry are met, he or she will immediately initiate the Inquiry process. The purpose of the Inquiry is to conduct an initial review of the available Evidence to determine whether to conduct an Investigation. An Inquiry does not require a full review of all related Evidence.

Confirmation of Deciding Official (DO)

The RIO will confirm that the Vice Provost for Research (VPR) may serve as the DO, except where the VPR is the subject of a Research Misconduct Proceeding or has a personal, professional, or financial conflict of interest.

Notice to Respondent of an Inquiry; Sequestration of Research Records

At the time of or before beginning an Inquiry, the RIO must make a Good Faith effort to notify the Respondent in writing. If the Inquiry subsequently identifies additional Respondents, they must be notified in writing and given the same rights and opportunities as the initial Respondent. Only Allegations specific to a particular Respondent will be included in the notification to that Respondent.

Notification includes, to the extent known to the University at the time:

1. Informing the Respondent that an Allegation of Research Misconduct has been raised against them;
2. A copy of this Policy;
3. Identification of the Research project(s) in question;
4. Identification of the relevant Research Records that have been sequestered;
5. Informing the Respondent that an Inquiry will be conducted to decide whether to proceed with an Investigation, and;
6. Informing the Respondent that they will be given an opportunity to provide written comments to the draft Inquiry Report.

If additional Allegations are raised, the RIO will notify the Respondent.

Before or at the time of notifying the Respondent, the RIO will:

1. obtain the original or substantially equivalent copies of all Research Records and other Evidence that are pertinent to the proceedings;
2. Inventory these materials
3. Sequester the materials in a secure manner, and
4. Retain them per the requirements established in this Policy.

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.

Use of an Inquiry Committee

An Inquiry determines if an Investigation is warranted. The Inquiry may be conducted either by a committee, or by the RIO or another designated institutional official. The University, acting through the RIO, in consultation with other institutional officials as appropriate, will make this determination in its sole discretion. If needed for the Inquiry process, subject matter experts may assist in the Inquiry.

The Respondent may request the use of an Inquiry committee, but may not request that the RIO be used in place of an Inquiry committee.

If an Inquiry committee is used, the RIO will appoint an Inquiry committee and committee chair as soon after the initiation of the Inquiry as is practical. The Inquiry committee must consist of at least three tenured Lehigh faculty members. Committee members may not have unresolved personal, professional, or financial conflicts of interest with those involved with the Inquiry.

The committee should include individuals with the appropriate scientific/technical expertise as follows:

- Sufficient expertise relevant to the Research area under review to evaluate the Evidence and issues related to the Allegation;
- If the Allegations involve data analysis, image manipulation, or record-keeping practices, corresponding technical skills in statistics, imaging, and data management
- In multidisciplinary cases, committees may include members from different fields; and
- Sufficient forensic and investigative skills or training to analyze Evidence, interview the

principals and key witnesses, and conduct the Inquiry.

The RIO selects committee members after consultation with Deans, Department Chairs, and other institutional officials who can recommend appropriate experts. An Inquiry Committee roster documents how committee expertise matches the issues in the case.

Use of Outside Experts During an Inquiry

Outside experts may be used if there are no appropriate Lehigh faculty members with the necessary technical or scientific expertise to evaluate the Evidence and issues related to the Allegation.

Outside experts may also be used if special expertise regarding Evidence analysis and/or fact-finding is warranted.

All outside experts shall serve in a strictly advisory capacity and shall not make binding decisions or commitments on behalf of the University. Outside experts are not committee members. Outside experts may interview witnesses and respond to questions during Inquiry deliberations.

Inquiry Process

The Inquiry is a preliminary review of the Evidence. This fact-finding process may include interviews of the Respondent and/or witnesses. The scope of the Inquiry is not required to, and does not normally, include deciding whether misconduct definitely occurred, determining definitely who committed the Research Misconduct or conducting exhaustive interviews and analyses. The RIO/Inquiry committee will decide whether an Investigation is warranted based on the criteria in this Policy.

Whether conducted by the RIO or by a committee, the Inquiry process is as follows:

1. Set forth the time for completion of the Inquiry;
2. Describe the Allegations and any related issues identified during the Allegation Assessment;
3. Conduct an initial review of the Evidence, including the testimony of the Respondent, Complainant and key witnesses, to determine whether an Investigation is warranted. The purpose of this initiation review is not to determine whether Research Misconduct definitely occurred or who was responsible;
4. Determine if an Investigation is warranted. An Investigation is warranted if the RIO or a majority of committee members, as applicable, determines:
    a. there is a reasonable basis for concluding that the Allegation falls within the definition of Research Misconduct and is within the jurisdictional criteria of this Policy; and,
    b. The preliminary information and fact-finding from the Inquiry indicates that the Allegation may have substance.
5. Prepare a written report of the Inquiry that meets the requirements of this Policy.

Inquiry Timeframe

The Inquiry, including preparation of the final Inquiry report, must be completed within 90 calendar days of initiation of the Inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the Inquiry record must include documentation of the reasons for exceeding the 90-day period.

Elements of the Inquiry Report

The written Inquiry report must include the following information:

1. The name and position of the Respondent and Complainant
2. A description of the Allegations of Research Misconduct
3. PHS or any other externally sponsored Research support, including any associated internally assigned award or proposal index numbers, and any publications listing externally sponsored support
4. Composition of the Inquiry committee, if used, including names, positions, and subject matter expertise
5. A description of analyses conducted
6. Transcriptions of any interviews that were transcribed
7. A timeline and procedural history of the Inquiry
8. An inventory of sequestered Research Records and other Evidence and description of how sequestration was conducted
9. Any scientific or forensic analyses conducted
10. Any institutional actions implemented
11. The basis for recommending or not recommending that the Allegation warrants an Investigation
12. Any comments on the draft report by the Respondent or Complainant

Notifying Respondents and Complainants of the Outcome of the Inquiry and Opportunity to Comment

Within 10 calendar days, the RIO shall notify the Respondent whether the Inquiry found an Investigation to be warranted, and include a copy of the draft Inquiry report for comment, transcripts of any transcribed interviews, and this Policy for reference.

A confidentiality agreement may be required in order for the Respondent to have access to the full report.

The University may, but is not required to:

1. notify a Complainant whether the Inquiry found that an Investigation is warranted, and
2. provide the Complainant with relevant portions of the report for comment. If the University provides Notice to one Complainant in a case, it must provide Notice, to the extent possible, to all Complainants in the case.

Any comments that are submitted by the Respondent or Complainant will be attached to the final Inquiry report. Based on the comments, the RIO/Inquiry committee may revise the draft report as appropriate and prepare it in final form, retained by the RIO.

If an Investigation is Warranted

If it is determined that an Investigation is warranted, the RIO will, within a reasonable amount of time after the decision, provide written Notice to the Respondent(s) of the decision to conduct an Investigation. The University may, but is not required to, notify the Complainant that there will be an Investigation, but is required to take the same notification action for all Complainant in a case where there is more than one Complainant.

Within 30 days, the RIO will inform any responsible federal agencies that an Investigation is warranted and provide a copy of the Inquiry report. The RIO will also notify any institutional officials who need to know.

If an Investigation is Not Warranted

If it is determined that an Investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the Inquiry sufficiently detailed documentation of the Inquiry to permit a later Assessment of the reasons why an Investigation was not conducted. These documents must be provided to authorized federal agency personnel upon request.

Process - Investigation

Initiation and Purpose of an Investigation

The purpose of the Investigation is to formally develop a factual record by exploring the Allegations in detail and examining the Evidence in depth, leading to recommended findings to the DO. The DO makes the final decision, based on a preponderance of Evidence, on each Investigation and any institutional actions. As part of its Investigation, the University will diligently pursue all significant issues and relevant leads, including any Evidence of additional instances of possible Research Misconduct, and continue the Investigation to completion.

The Investigation must begin within 30 calendar days after determining it is warranted.

The findings of the Investigation must be set forth in an Investigation report.

The RIO will notify the Respondent in writing of any additional Allegations raised against them during the Investigation.

Notice to Respondent of an Investigation; Sequestration of Research Records

On or before the date on which the Investigation begins, the RIO must:

1. notify the Respondent in writing of the Allegations to be investigated,
2. if PHS or other federal regulations apply, notify the agency as required of the decision to

begin the Investigation and provide a copy of the Inquiry report

The RIO must also give the Respondent written Notice of any new Allegations of Research Misconduct within a reasonable amount of time of deciding to pursue Allegations not addressed during the Inquiry or in the initial Notice of the Investigation.

The need for additional sequestration of records for the Investigation may occur for any number of reasons, including the University's decision to investigate additional Allegations not considered during the Inquiry stage or the identification of records during the Inquiry process that had not been previously secured. The sequestration procedures applied in the Inquiry should also be applied in the Investigation. The RIO should take all reasonable and practical steps to obtain custody of and sequester in a secure manner all necessary Research Records and Evidence that were not previously sequestered during the Inquiry.

Use of an Investigation Committee

The RIO, in consultation with other institutional officials as appropriate, will appoint an Investigation committee and the committee chair as soon after the beginning of the Investigation as is practical. The Investigation committee must consist of five individuals: at least three tenured Lehigh faculty members, none of whom may have unresolved personal, professional, or financial conflicts of interest with those involved with the Investigation. The committee should include individuals with the sufficient scientific expertise to evaluate the Evidence and issues related to the Allegation, interview the Respondent and Complainant and conduct the Investigation. Individuals appointed to the Investigation committee may also have served on the Inquiry committee. The same information regarding expertise that is included in "Use of an Inquiry Committee" above applies for an Investigation Committee as well.

The RIO will ensure that the members understand their responsibility to conduct the Research Misconduct Proceedings in compliance with this Policy. 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). The University will use diligent efforts to ensure that the Investigation is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable.

Use of Outside Experts During an Investigation

Outside experts may be used if there are no appropriate Lehigh faculty members with the necessary technical or scientific expertise to evaluate the Evidence and issues related to the Investigation.

Outside experts may also be used if special expertise regarding Evidence analysis and/or fact-finding is warranted.

All outside experts shall serve in a strictly advisory capacity and shall not make binding decisions or commitments on behalf of the University. Outside experts do not serve as committee members. Outside experts may interview witnesses and respond to questions during Investigation deliberations.

Respondent's Review of the Committee Membership

Prior to initiating the Investigation process, the RIO notifies the Respondent of the proposed committee membership. The Respondent may object to a proposed member based upon a personal, professional, or financial conflict of interest. The Respondent must submit any objections to the RIO within 10 calendar days of being notified of the committee membership or such objections are waived. The RIO makes the final determination of whether a conflict exists. The RIO may consult with the DO or other institutional officials to make this determination.

Investigation Process

The Investigation committee will use diligent efforts to ensure that the Investigation is thorough and sufficiently documented and includes examination of all Research Records and Evidence relevant to reaching a decision on the merits of each Allegation. To the maximum extent practical, the Investigation committee will take all reasonable steps to ensure an impartial and unbiased Investigation. The committee will diligently pursue all significant issues and leads discovered that are determined relevant to the Investigation, including any Evidence of any additional instances of possible Research Misconduct, and continue the Investigation to completion.

The process will include interviews of 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. The University will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. The University will record and transcribe interviews during the Investigation and make the transcripts available to the interviewee for correction. The University will include the transcript(s) with any corrections and exhibits in the institutional record of the Investigation. The Respondent will not be present during the witnesses' interviews, but the University will provide the Respondent with a transcript of each interview, with redactions as appropriate to maintain confidentiality.

The RIO will define the subject matter of the Investigation in a written charge to the committee that:

1. Describes the Allegations and related issues identified during the Inquiry;
2. Identifies the Respondent;
3. Commits the committee to conduct the Investigation as prescribed in this Policy;
4. Defines Research Misconduct;
5. Commits the committee to evaluate the Evidence and testimony to determine whether, based on a Preponderance of the Evidence, Research Misconduct occurred and, if so, the type and extent of it and who was responsible;
6. Commits the committee to prepare a written Investigation report that meets the requirements of this Policy;
7. Commits the committee that to determine that the Respondent committed Research Misconduct, a majority of committee members must find that a Preponderance of the Evidence establishes that:
    a. The Allegation of Research Misconduct is proven by a Preponderance of the Evidence; Research Misconduct, as defined in this Policy, occurred;
    b. the Research Misconduct is a significant departure from accepted practices of

the relevant Research community; and
c. the Respondent committed the Research Misconduct Intentionally, Knowingly, or Recklessly

The RIO will be present or available throughout the Investigation to advise the committee. At the committee's first meeting, the committee will review:

1. the charge,
2. the Inquiry report, and
3. the prescribed procedures and standards for the conduct of the Investigation, including the necessity for confidentiality and for developing a specific Investigation plan.

The Investigation committee will be provided with a copy of this Policy and any supplemental procedures.

Investigation Timeframe

The Investigation is to be completed within 180 calendar days of beginning it, including:

1. conducting the Investigation,
2. preparing the report of findings,
3. providing the draft report for comment, and;
4. When required by applicable federal sponsor regulations, sending the final report to the agency in the timeframe required.

When PHS regulations apply: If the RIO determines that the Investigation will not be completed within this 180-day period, he/she will submit a written request for an extension to PHS, setting forth the reasons for the delay. If PHS grants the request for an extension, the RIO will ensure that any required periodic progress reports are filed.

Elements of the Final Written Investigation Report

1. Description of the nature of the Allegation(s) of Research Misconduct, including any additional Allegation(s) addressed during the Research Misconduct Proceeding.
2. Description and documentation of PHS or any other form of federal support, including, for example, any grant numbers, grant applications, contracts, and publications listing such support.
3. List of any current support or known applications or proposals for support that the Respondent has pending with PHS and non-PHS Federal agencies.
4. Description of the specific Allegation(s) of Research Misconduct for consideration in the Investigation of the Respondent.
5. Composition of the Investigation committee, including name(s), position(s), and subject matter expertise.
6. Inventory of sequestered Research Records and other Evidence, except records the University did not consider or rely on; and a description of how any sequestration was conducted during the Investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the Investigation.
7. Transcripts of all interviews conducted, as described in this Policy.

8. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS and other federal funding applications, progress reports, presentations, posters, or other Research Records that allegedly contained the falsified, fabricated, or plagiarized material.
9. Any scientific or forensic analyses conducted.
10. This and any other institutional policies and procedures under which the Investigation was conducted.
11. Any comments made by the Respondent and Complainant on the draft Investigation report and the Investigation committee's consideration of those comments.
12. A statement for each separate Allegation of whether the Investigation committee recommends a finding of Research Misconduct.

If the Investigation committee recommends a finding of Research Misconduct for an Allegation, the Investigation report must, for that Allegation:

1. Identify the individual(s) who committed the Research Misconduct.
2. Indicate whether the Research Misconduct was Falsification, Fabrication, and/or Plagiarism.
3. Indicate whether the Research Misconduct was committed Intentionally, Knowingly, or Recklessly.
4. State whether the other requirements for a finding of Research Misconduct, as described in this Policy, have been met.
5. Summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the Respondent.
6. Identify the specific PHS or other federal support.
7. Identify whether any publications need correction or retraction.

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

Comments on the Draft Investigation Report and Access to Evidence

Respondent

The RIO must give the Respondent a copy of the draft Investigation report for comment and, concurrently, a copy of, or supervised access to, the Evidence on which the report is based.

The Respondent will be allowed 30 days from the date he/she received the draft report to submit comments to the RIO. The Respondent's comments must be included and considered in the final report. If no comments are received within such 30-day period, the Respondent's right to comment is waived.

Complainant

On a case-by-case basis, the University may provide the Complainant with a copy of the

draft Investigation report, or relevant portions of it, for comment. If the University exercises this option, the Complainant's comments must be submitted within 30 days of the date on which he/she received the draft report and the comments will be included and considered in the final report.

Confidentiality

In distributing the draft report, or portions thereof, the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality, including requiring that the recipient sign a confidentiality agreement.

Decision by the Deciding Official

The RIO will finalize the draft Investigation report, including ensuring that the Respondent's (and when applicable, the Complainant's) comments are included and considered, and transmit the final Investigation report to the Deciding Official (DO).

The DO, on behalf of the University, will determine and document whether they accept the Investigation report, its findings, and the recommended institutional actions.

If the DO's decision differs from the findings of the Investigation committee, the DO will, as part of his/her written decision, explain in detail the basis for rendering this decision.

When a final decision on the case has been reached, the RIO will normally notify both the Respondent and the Complainant in writing. The DO will share their written decision with the Provost, Respondent's Dean and Chair, and the chair of the Faculty Senate.

Findings by any involved federal agencies are not required for the University's decision to be considered final under this Policy.

Appeals

Within 15 days of receipt of the final decision and notification from the Deciding Official, the Respondent may appeal in writing, on procedural grounds only, directly to the Provost. If the Provost is the Respondent, the Provost may appeal to the President. The President's or Provost's decision is final.

Notice to Federal Agencies and Others of Institutional Findings and Actions

The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies. Unless an extension has been granted, the RIO must, within the 180-day period for completing the Investigation, submit the following to the responsible federal agencies where applicable:

1. a copy of the final Investigation report with all attachments, including appeals where applicable;
2. a statement of whether the institution accepts the findings of the Investigation report, and the outcome of an appeal where applicable;
3. a statement of whether the institution found misconduct and, if so, who committed the

misconduct; and
4. a description of any pending or completed Administrative Actions against the Respondent.

The DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the case.

Maintaining Records for External Review

1. *For proceedings subject to PHS Policies on Research Misconduct - Maintenance of institutional record and all sequestered Evidence.* The University must maintain the institutional record and all sequestered Evidence including physical objects (regardless of whether the Evidence is part of the institutional record) in a secure manner for seven years after completion of the proceeding.
2. *Provision for federal agency custody.* On request, the University must transfer custody, or provide copies, to any federal agency as required by law of the institutional record or any component of the institutional record and any sequestered Evidence (regardless of whether the Evidence is included in the institutional record) for the agency to conduct its oversight review, develop the administrative record, or present the administrative record in any Proceeding under applicable regulations.

Other University Policies and Requirements

The University may have other policies, requirements, or standards of conduct that are different from the standards for Research Misconduct under this Policy. Findings of Research Misconduct or resolution of Research Misconduct Proceedings per this Policy, or the absence thereof, do not affect University findings or actions taken based on other University policies, requirements, or standards of conduct.

The DO shares the final Research Misconduct decision with the Provost, Respondent's Dean, and the chair of the Faculty Senate. It is the responsibility of these individuals to make any other necessary referrals per all relevant University policies, requirements, and standards of conduct.

Anyone in violation of this Policy is subject to disciplinary action by the University up to and including expulsion (in the case of students) or termination or dismissal (in the case of employees or independent contractors).

References

National Science Foundation (NSF) - Research Misconduct regulations:
https://oig.nsf.gov/sites/default/files/document/2021-08/45-CFR-689.pdf

Public Health Service (PHS) Policies on Research Misconduct:
https://www.federalregister.gov/documents/2024/09/17/2024-20814/public-health-service-poli

cies-on-Research-misconduct