University of Pikeville (UPIKE)
Research Misconduct Policy

Policy Statement

The University of Pikeville (UPIKE) supports an environment of research integrity, committed to the highest ethical standards in all research endeavors. With this policy, UPIKE confirms its culture of accountability, honesty, and trust by providing the framework to resolve allegations of research misconduct as timely as possible while protecting the rights and integrity of all individuals involved.

I. Definitions

a. Administrative Record: As defined in 42 CFR §93.202, consisting of the institutional record plus any additional information provided to or generated by the Office of Research Integrity (ORI) during oversight review.
b. Assessment: As defined in 42 CFR §93.204, a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct, appears to involve Public Health Service (PHS)-supported research under §93.102, and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
c. Complainant: As defined in 42 CFR §93.206, an individual who in good faith makes an allegation of research misconduct.
d. Fabrication: Making up data or results and recording or reporting them.
e. Falsification: 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.
f. Good Faith: As defined in 42 CFR §93.214, having a reasonable belief in the truth of one's allegation or testimony based on the information available at the time.
g. Inquiry: As defined in 42 CFR §93.215, preliminary information gathering and preliminary fact-finding to determine whether an allegation warrants an investigation.
h. Institutional Deciding Official (IDO): The institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The President of the University shall serve as the IDO.
i. Institutional Record: As defined in 42 CFR §93.220, the records compiled or generated during a research misconduct proceeding, including assessment documentation, inquiry and investigation reports, interview transcripts, research records relied upon, the IDO's decision, and a single index of evidence in accordance with PHS policy/guidance document.
j. Intentionally / Knowingly / Recklessly: As defined in 42 CFR §§93.221–223, indicating the respondent's state of mind in committing research misconduct.
k. Investigation: As defined in 42 CFR §93.222, the formal development of a factual record to determine whether research misconduct occurred and who was responsible.
l. Plagiarism: The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
m. Preponderance of the Evidence: Proof by information that leads to the conclusion that the facts at issue are more probably true than not.

n. Research Integrity Officer: The Research Integrity Officer (RIO) refers to the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct in compliance with 42 CFR Part 93.
o. Research Misconduct: As defined by 42 C.F.R. § 93.103, fabrication, falsification, or plagiarism, whether committed by an individual directly or through the use or assistance of other persons, entities, or tools, including artificial intelligence (AI)-based tools, in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or difference of opinion.
p. Research Record: As defined in 42 CFR §93.236 and PHS research records guidance, the record of data or results that embody the facts resulting from scientific inquiry, including research proposals, raw data, processed data, lab records, clinical records, lab notebooks, manuscripts, progress reports, presentations, and related materials.
q. Respondent: As defined in 42 CFR §93.237, the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

II. Allegations

a. All members of the university have a responsibility to report observed, suspected, or apparent research misconduct to the university Research Integrity Officer (RIO), the Executive Vice President and Chief Strategy Officer. Allegations of research misconduct can be made to the RIO via email, in person, or through standard mail.
b. Allegations of research misconduct may be filed by anyone associated with the university, whether internal or external.
c. Allegations of research misconduct should be filed with the RIO. Responsibilities of the RIO include;
    i. Dissemination of policy and maintenance of records related to misconduct in research
    ii. When an allegation is made, produce an written Inquiry Report indicating whether or not the allegation warrants a full investigation. The Inquiry Report must include evidence as to why an investigation is either warranted, or not warranted. The Inquiry Report will specifically document any potential evidence of honest error (according to PHS guidance) or differences of opinion and how such evidence was considered, as required by 42 CFR §93.307(g)(2).
    iii. Appoints an investigator to gather information and facts regarding allegations of research misconduct, if investigation is warranted.
    iv. Assurance of appropriate confidentiality or anonymity, fairness and objectivity of proceedings.
    v. Assurance of a full and complete inquiry, investigation, and resolution process. Assurance that no real or apparent conflicts of interest arise in those appointed to pursue this process that they have the appropriate disciplinary expertise and that due regard is given to the prevailing standards of the field.
    vi. Maintenance of confidentiality of records, in accord with established university policy and PHS policy/guidance, relating to the investigation and resolution of incidents of misconduct in research.

vii. If appropriate or required, concerned parties such as sponsors, co-authors, collaborators, editors, licensing boards, professional societies, and criminal authorities are notified of the outcome of investigations, taking care to clear the name of anyone falsely charged.
viii. Protecting, to the maximum extent possible, the positions and reputations of those persons who, in good faith, make allegations of research misconduct, and those against whom allegations of misconduct are not confirmed.
ix. Leads steps, as appropriate, to restore the reputation of persons alleged to have engaged in misconduct when allegations have been made, but against whom no finding of research misconduct is made (42 C.F.R. § 93.304).
x. Lead reasonable and practical efforts to protect or restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against these complainants, witnesses, and committee members (42 C.F.R. § 93.304).
xi. Submit an annual report, as required, to the Office of Research Integrity (ORI) as well as documents required or requested by ORI as part of research integrity proceedings.

d. Allegations of research misconduct should be in writing but may remain anonymous. Anonymous allegations should include sufficient details and information to determine whether an investigation should ensue.
e. Allegations of research misconduct should be based on fact, with credible and specific details.
f. Should allegations be made against more than one individual, these will be considered as separate allegations and separate decisions will be reached regarding each person.
g. Allegations of research misconduct are serious and are expected to be made in good faith.

III. Scope

a. This policy is only applicable to research misconduct and does not apply to any other form of alleged misconduct.
b. This policy applies to all research conducted under the auspices of the University of Pikeville by faculty, visiting faculty/scientists, students and other staff. It is the responsibility of the principal investigator (PI) to ensure students working on his/her projects understand ethical standards of research and research misconduct.
c. All members of the campus community shall cooperate in all phases of the research misconduct proceedings, including with ORI, and shall promptly provide all requested materials.
d. In accordance with 42 C.F.R. § 93.104, there is a six (6) year limitation on reporting alleged research misconduct. The following exceptions to the six (6) year limitation apply:
    i. Subsequent Use Exception - The time limit does not apply if the respondent continues or renews the alleged misconduct within six years through use, republication, or citation of the fabricated, falsified, or plagiarized material. UPIKE will document determinations that the subsequent-use exception does not apply and retain this documentation for seven years.

ii. Public Health or Safety Exception — The time limit does not apply if UPIKE, after consultation with ORI, determines that the alleged misconduct, if it occurred, would have a substantial adverse effect on the health or safety of the public.

IV. Assessment (new stage)

a. Upon receiving an allegation, the RIO (or designee) will promptly conduct an assessment (according to PHS guidance on institutional assessments) limited to readily accessible information to determine whether the allegation (a) falls within the definition of research misconduct, (b) is within §93.102 applicability, and (c) is sufficiently credible and specific to identify potential evidence. If met, the RIO will document the assessment, promptly sequester research records and other evidence, and initiate an inquiry; if not met, the RIO will document the reasons for not proceeding and retain the documentation for seven (7) years (42 CFR §§93.204, 93.306; ORI Assessments Guidance, 2025).

b. Investigation Procedures

i. The investigation committee will diligently pursue all significant issues and leads identified during the investigation, including any evidence of additional possible research misconduct, and will continue the investigation to completion, as required by 42 CFR §93.310(j) and in accordance with PHS guidance related to pursuing leads.

ii. Upon receipt of an allegation of research misconduct, the RIO will conduct an initial inquiry into the allegation within ninety (90) days from the initiation of the inquiry. As indicated by ORI, an inquiry is warranted if it, 1) falls within the definition of research misconduct (see definitions above), is within 42 C.F.R. § 93.102 and, 2) is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

1. The intent of this inquiry is to determine whether a full investigation is warranted. According to ORI, an investigation is warranted if, 1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct (see definitions above) and involves PHS supported biomedical or behavioral research, research training or activities related to that research or research training, as provided in 42 C.F.R. § 93.102 and, 2) preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance.
2. A written Inquiry Report must be completed by the RIO and include evidence as to why an allegation warrants further investigation or does not warrant further investigation.

iii. Prior to the RIO notifying the Respondent (the individual about whom allegations have been made), the RIO will promptly take all reasonable and practical steps to take custody of all research records needed to complete the investigation.

iv. UPIKE will inventory sequestered research records/evidence, maintain chain-of-custody, and where data reside on shared instruments, obtain substantially equivalent copies that preserve evidentiary value/metadata; respondents will receive copies or supervised access as appropriate (42 CFR §93.305(a)-(b) and in accordance with PHS/ORI Research Records Guidance, 2025).

v. The Respondent must be given the opportunity to review the Inquiry Report and provide a written response to be included in the Report.
vi. Inquiry report contents (per §93.309(a)) — the report will include:
    1. Names/aliases/positions of respondent & complainant;
    2. Description of allegation(s);
    3. PHS support (grant #s, apps, contracts, pubs listing PHS support);
    4. Composition of inquiry committee;
    5. Inventory of sequestered records & how sequestration was conducted;
    6. Transcripts of any transcribed interviews;
    7. Timeline & procedural history;
    8. Any scientific/forensic analyses;
    9. Basis for recommending investigation;
    10. Basis for any allegation not warranting investigation;
    11. Respondent/complainant comments;
    12. Any institutional actions implemented.
    13. The inquiry report will also note any potential evidence of honest error or differences of opinion considered (42 CFR §93.309(a); §93.307(g)(2); ORI Institutional Records & Honest Error Guidance, 2025).
vii. If, during the inquiry process, additional respondents are identified, the institution will notify them as indicated in 42 C.F.R. §93.307(b)). The investigation may proceed with the same committee, but the University will produce separate investigation reports and determinations for each respondent and provide written notice of any additional allegations. (42 CFR §93.310(c)(1)-(3)).
viii. The RIO will notify the Respondent whether or not the Inquiry Report indicates the need for an investigation and document when the decision is made not to investigate.
ix. The RIO will notify the Complainant who made the allegation as to whether the inquiry indicates an investigation is warranted and document when the decision is made not to investigate.
x. Within 30 days of determining that an investigation is warranted, the RIO will provide ORI with the Inquiry Report as required by ORI rule 42 C.F.R. § 93.309 and inform the ORI director if the decision was made to begin an investigation. The Inquiry Report will contain all the material required in 42 C.F. R §93.307(e) and §93.309(a)) (42 CFR §93.309(a): transmit inquiry report to ORI within 30 days of the decision that an investigation is warranted).
xi. When an investigation is deemed necessary, the RIO will appoint an investigator to gather information and facts regarding the allegation and notify ORI as indicated in 42 C.F.R. (§93.310(b)) and §93.304(d). The investigation must begin within thirty (30) days of determining that an investigation is warranted.
xii. The RIO will notify the Respondent in writing that an investigation is being undertaken and shall provide information regarding the investigative process.
xiii. The Respondent will be informed that they may provide a written response to the allegations.

xiv. The investigator will:
    1. Complete all investigative procedures and submit a final report to the RIO within 30 days of being assigned to the case.
    2. Record and transcribe all witness interviews and provide transcripts to those interviewed for review and correction, if needed. Transcripts must be included in the record of the investigation. Respondents will not be present during witness interviews, but will receive transcripts with corrections as required by 42 CFR §93.310(g)(5).
    3. Review relevant research records and include evidence relevant to the investigation in the research record.
    4. The investigator may seek guidance from experts in a particular field of research who are unconflicted as to the misconduct allegation, if the investigator believes this is necessary to ensure a fair and impartial investigation.

xv. Respondents will receive copies of, or reasonable supervised access to, sequestered research records, as required by 42 CFR §93.305(b).

xvi. Upon completion of the investigation the Research Integrity Committee (RIC) shall convene to evaluate the case. During this meeting, the investigator shall present their findings and the committee has the discretion whether to interview the respondent and/or witnesses.

xvii. The RIC shall discuss the case as a body and make a determination of responsibility within 30 days of the conclusion of the investigator's work. A finding of research misconduct requires that:
    1. There be a significant departure from accepted practices of the relevant research community.
    2. The misconduct be committed intentionally, knowingly, or recklessly; and
    3. The allegation can be proven by a preponderance of the evidence.

xviii. As indicated by ORI rules, research misconduct does not include honest error or differences of opinion.

xix. The chair of the RIC shall issue the findings and recommendations of the committee to the RIO within five (5) days of deliberation.

xx. The Institutional Deciding Official (IDO)—the President of the university—will review the investigation report and issue the University's final written determination of whether research misconduct occurred and, if so, the institutional actions to be taken. The IDO's decision becomes part of the institutional record (42 CFR §§93.218, 93.314; ORI Institutional Records & Sample Policies, 2025).

xxi. At the conclusion of the process and according to ORI rules, the Respondent must be provided a copy of the draft investigation report and, concurrently, a copy of, or supervised access to, the evidence on which the report is based. If the Respondent wishes to comment on the draft, the comments of the Respondent on the draft report, if any, must be submitted within thirty (30) days of the date on which the Respondent received the draft investigation report.

xxii. Following any comments submitted by the Respondent, the RIO will complete the final investigation report, in accordance with 42 C.F.R. § 93.313. As required by ORI, this final investigation report must be completed and submitted to ORI within 180 days of the start of the investigation. If an extension is necessary, this will be requested from ORI (42 CFR §93.311(a)-(b): 180-day completion or request extension from ORI).

xxiii. At the conclusion of the investigation and as required by ORI, the university will submit the following four items to ORI:

1. The investigation report (with attachments,
2. The final institutional actions,
3. The institutional finding,
4. Any institutional administrative actions taken.

xxiv. As required by ORI, if the university plans to end an inquiry or investigation before completion for any reason, the university will contact ORI before closing the case and submitting its final report.

xxv. If closure is based on a respondent admission or settlement, UPIKE will notify ORI in advance and provide:

1. The respondent's signed written admission specifying FFP conduct, affected research records, intent (intentional/knowing/reckless), and significant departure; and
2. UPIKE's written statement explaining how the admission fully addresses scope and confirms culpability.

UPIKE will not close the case until ORI has received these materials (42 CFR §93.317(a)-(c); ORI Admissions Guidance, 2025).

xxvi. The RIO will document the assessment outcome and retain this documentation for seven years, regardless of whether an inquiry is initiated, consistent with 42 CFR §93.306(c)(3) and §93.318.

xxvii. The investigation report will include all elements required under 42 CFR §93.313, including:

1. A description of accepted practices of the relevant research community.
2. Identification of whether any publications require correction or retraction.
3. A detailed rationale when the committee does not recommend a finding of research misconduct.

V. Sanctions

Following a finding of research misconduct, the university may impose sanctions on the respondent. Temporary measures, such as suspension of specific research activities, may be taken by the university during an investigation if warranted. Sanctions will be commensurate with the severity of the research misconduct and/or pattern of misconduct. Sanctions may include, but are not limited to verbal or written reprimand, reassignment of duties and/or privileges, or termination of affiliation with the university. Disciplinary action will be implemented in accordance with university policies and procedures applicable to the Respondent's position.

VI. Retaliation

The University of Pikeville does not tolerate any form of retaliation against any individual participating in a research misconduct proceeding. Retaliation by members of the university community will be referred for appropriate disciplinary action.

VII. Records

a. All records relating to research misconduct proceedings shall be maintained securely for a period of seven (7) years from the date of completion of the proceedings as indicated in 42 C.F.R. § 93.317.
b. All records will be maintained for seven years in accordance with 42 CFR §93.318 (Retention and custody of the institutional record and all sequestered evidence).
c. The University of Pikeville will maintain confidentiality for any records or evidence from which research subjects or complainants might be identified and will limit disclosure of records, including the identity of respondents, complainants, and witnesses which the institution will determine consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law while the institution is conducting the research misconduct proceedings, to those who need to know to carry out a research misconduct proceeding. Those who need to know may include institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions.
d. Before or at the time of notifying the respondent of the allegation(s) and whenever additional items become known or relevant, the institution will promptly take all reasonable and practical steps to obtain all research records and other evidence and sequester them securely. The institution will ensure that the 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, the institution will provide ORI with the complete inquiry report and add it to the institutional record.

VIII. Notification of Funding Agencies

If the research at issue receives or has received Federal funding, and, at any time during an investigation, it is ascertained that any of the following pertain, the university must notify the appropriate funding agency and ORI immediately:

a. The health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
b. A reasonable indication of possible violation of civil or criminal law.
c. Funding agency resources or interests are threatened.
d. Funding agency action may be necessary to safeguard evidence and protect the rights of those involved; or
e. The research community or public should be informed.

UPIKE will notify ORI immediately if federal action may be required to protect the interests of those involved in the research misconduct proceeding, as required by 42 CFR §93.305(g)(5).

IX. Multiple Institutions

When allegations involve research at multiple institutions and a joint proceeding is conducted, the institutions will designate a lead institution to obtain research records and testimony from other institutions; by mutual agreement, committees may include members from involved institutions; determinations to proceed, findings, and actions may be joint or assigned to the lead, in accordance with PHS multiple institutions guidance (42 CFR §93.305(e); ORI Multiple Institutions Guidance, 2025).

X. Institutional Record & Transmittal to ORI

a. UPIKE will compile the institutional record consistent with §93.220, including assessment documentation; the inquiry report and all records considered or relied on at inquiry; the investigation report(s) and all records considered or relied on at investigation (including interview transcripts); the IDO's written decision; a single index of all research records/evidence compiled; a general description of sequestered records not considered. After the IDO's final determination, UPIKE will transmit the entire institutional record to ORI and provide additional information upon request (42 CFR §§93.220, 93.316, 93.318(b); ORI Institutional Records Guidance, 2025).

b. UPIKE does not provide an internal appeal of the Institutional Deciding Official's (IDO) final determination. The IDO's decision constitutes the final institutional action under 42 CFR §93.314. Respondents retain all rights provided under 42 CFR Part 93, including ORI oversight review and, if applicable, access to the HHS Departmental Appeals Board process.

XI. Public Availability & Annual Assurance

a. UPIKE will make this policy and procedures publicly available and submit them with its annual ORI research integrity assurance (42 CFR §93.302(a)(4)(ii) & §93.302(b); ORI Writing Policies & Procedures Guidance, 2025).

b. UPIKE will make its policies and procedures for addressing allegations of research misconduct publicly available, consistent with 42 CFR §93.302(a)(4)(ii).

c. UPIKE will submit its Research Integrity Assurance and Annual Report on Possible Research Misconduct to ORI between January 1 and April 30 each year, as required by 42 CFR §93.302(b).

This policy was developed and revised in part from the ORI's *Sample Policies and Procedures For Addressing Allegations of Research Misconduct* dated June 2025. Code of Federal Regulations (CFR), ORI, and Public Health Service (PHS) citations are incorporated by reference.

Effective Date: April 30, 2026 — applies to allegations received on or after January 1, 2026 (Implementing the Revised Regulation (2025), §93.75 & §93.302(b): revised rule effective for allegations on/after Jan 1, 2026 and compliant policies due with annual report by Apr 30, 2026).