DEPARTMENT OF HEALTH AND HUMAN SE Public Health Service ANNUAL REPORT ON POSSIBLE RESEARCH MISCO	RVICES		FORM AF	PROVED: OMB	No. 0937-0198: F	=vnires: 03/31/00	
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	ANNUAL REPORT ON			Period Covered by this Report			
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Section I. Administrative Policy							
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established an administrative policy for responding to alleg certify that it will comply with that policy. This regulation do (FDA).	gations of resear	arch miscor	nduct that comp	olies with the Pl	HS regulation (	(42 CFR Part 9:	
Has your institution established the administrative policy	for responding	g to allegati	ions of researc	h misconduct re	equired by the	PHS regulation	?
☐ Yes ☐ No							
Section II. Types of Misconduct Activity Relate		-					
A. PLEASE CHECK THE BOX (to the left) if y of allegations during the reporting period that requests for PHS funding, then complete Set B. Please provide the requested information for each inc	our institution ha at (1) fall under t ection III. Otherw ident of alleged	nas <b>NOT</b> re the PHS d wise, pleas	ceived any alle efinition of rese se complete Se ct that involved	gations or condearch misconduction II.  a request for o	ct and (2) invol	ve receipt of or S funds that fel	l within
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Section I. Administrative Policy  Each institution which receives or applies for a PHS resear established an administrative policy for responding to alleg certify that it will comply with that policy. This regulation do (FDA).	gations of resear ses not cover req	raining or rearch miscoregulated res	esearch-related nduct that com search under th	ESS OF INSTITU d grant or coope blies with the Ph ne jurisdiction o	erative agreem HS regulation ( f the Food and	ent must have (42 CFR Part 9 I Drug Adminis	): it

B. (Continued)							
2. Activity begun in 2008:							
ORI Case Number, if assigned	Type of Activity	T <u>y</u>	pe of Miscondu	uct			
Incident Number		Fabrication	Falsification	Plagiarism			
1	_ Allegation	. 🗆					
	☐ Inquiry	. 🗆					
	☐ Investigation	. 🗆					
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	☐ Inquiry						
	☐ Investigation	. 🗆					
3	_ Allegation	. 🗆					
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	☐ Investigation						
Section III. Certification							
Official Certifying for Institution:							
NAME OF OFFICIAL (Please type)		TITLE					
SIGNATURE		DATE					
TELEPHONE NUMBER			FAX NUMBER				
( )			(	)			
E-MAIL ADDRESS OF OFFICIAL:							
STATEMENT OF BURDEN			RETURN	THIS FORM TO:			
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E-Mail: Robin.Parker@hhs.gov

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aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Hubert H. Humphrey

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D.C. 20201 (Attn: PRA) and to: Office of Management and Budget, Paperwork Reduction Project (0937-0198) Washington, D.C. 20502.

Please do not return this form to either of these addresses.

Section II. (Continued)