

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service <b>ANNUAL REPORT ON          POSSIBLE RESEARCH MISCONDUCT</b>	FORM APPROVED: OMB No. 0937-0198; Expires: xx/xx/xx See Statement of Burden on Reverse <hr/> <b>Period Covered by this Report</b> January 1, 2011 to December 31, 2011 <hr/> INSTITUTIONAL OFFICIAL'S NAME <hr/> INSTITUTIONAL OFFICIAL'S TITLE <hr/> NAME OF INSTITUTION <hr/> MAILING ADDRESS OF INSTITUTIONAL OFFICIAL <hr/>
Please make any mailing changes in the space to the right: <div style="border: 1px solid black; width: 300px; height: 150px; margin: 10px auto; text-align: center; vertical-align: middle;">           Place mailing label here.         </div>	

**Section I. Administrative Policy**

Each institution which receives or applies for a PHS research, research-training or research-related grant or cooperative agreement must have established an administrative policy for responding to allegations of research misconduct that complies with the PHS regulation (42 CFR Part 93) and certify that it will comply with that policy. This regulation does not cover regulated research under the jurisdiction of the Food and Drug Administration (FDA).

- Has your institution established the administrative policy for responding to allegations of research misconduct required by the PHS regulation?  
 Yes     No

**Section II. Types of Misconduct Activity Related to PHS Applications and Awards**

- A.  **PLEASE CHECK THE BOX** (to the left) if your institution has **NOT** received any allegations or conducted any inquiries or investigations of allegations during the reporting period that (1) fall under the PHS definition of research misconduct and (2) involve receipt of or requests for PHS funding, then complete Section III. Otherwise, please complete Section II.
- B. Please provide the requested information for each incident of alleged misconduct that involved a request for or receipt of PHS funds that fell within the PHS definition of research misconduct. Please note that, in accordance with section 93.310(b), all investigations are to be reported to the Office of Research Integrity (ORI) before or immediately upon commencement of the investigation.

**PLEASE NOTE:** For each incident of alleged research misconduct resulting in an allegation, inquiry, and/or investigation at your institution: (1) provide the ORI case number, if assigned; (2) check the type of activity (allegation, inquiry, and/or investigation -- may include more than one activity type for each reported incident); and (3) check the type of misconduct involved with each activity (may include more than one type of misconduct). Attach a separate sheet if additional space or clarification is required.

Do **NOT** include any alleged fiscal misconduct, human or animal subject abuses, conflicts of interest, or violations of FDA regulated research.

**1. Activity continued into 2011:**

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1. _____		<input type="checkbox"/> Inquiry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____		<input type="checkbox"/> Inquiry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____		<input type="checkbox"/> Inquiry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on back

**Section II. (Continued)**

B. (Continued)

2. Activity begun in 2011:

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1. _____		<input type="checkbox"/> Allegation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____		<input type="checkbox"/> Allegation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____		<input type="checkbox"/> Allegation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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**

Public reporting burden for this collection of information is estimated to average 10 minutes to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Hubert H. Humphrey Building, Room 503-H, 200 Independence Avenue, S.W., Washington, 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.*

**RETURN THIS FORM TO:**

Assurance Program  
Office of Research Integrity  
1101 Wootton Parkway, Suite 750  
Rockville, MD 20852

Phone: (240) 453-8400  
FAX: (301) 594-0042  
E-Mail: Robin.Parker@hhs.gov