



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

RESEARCH INTEGRITY ASSURANCE AND ANNUAL REPORT ON POSSIBLE RESEARCH MISCONDUCT



Form Approved

OMB No. 0937-0198; Expires: XX/XX/XXXX
See Statement of Burden on Page 3

Period Covered by this Report

January X, XXXX to December 31, XXXX

INSTRUCTIONS

Institutions maintain their assurance with the Office of Research Integrity (ORI) by filing this form between January 1st and April 30th annually. Institutions must submit policies and procedures that comply with the Public Health Service (PHS) Policies on Research Misconduct (42 CFR Part 93) with this form; however, if an institution believes it qualifies as a small institution, it may complete and submit the Small Institution Statement with this form instead of submitting policies and procedures. A research integrity assurance cannot be maintained by ORI without either policies and procedures or the Small Institution Statement. For questions, contact ORI_Assurance@hhs.gov or call (240) 453-8400.

INSTITUTIONAL CERTIFYING OFFICIAL'S NAME

INSTITUTIONAL CERTIFYING OFFICIAL'S TITLE

NAME OF INSTITUTION

MAILING ADDRESS OF INSTITUTIONAL CERTIFYING OFFICIAL

CITY	STATE	ZIP CODE	COUNTRY
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SECTION I. ASSURANCE OF COMPLIANCE

The Institutional Certifying Official must assure the following on behalf of the institution. The institution certifies that:

- ☐ It will comply with its policies and procedures for addressing allegations of research misconduct.
- ☐ It will comply with all provisions of 42 CFR Part 93.
- ☐ It has checked for an active assurance with ORI. *Institutions seeking to establish an ORI assurance should complete the Research Integrity Assurance Establishment form found at ori.hhs.gov. Institutions can check for active assurances in the Annual Report System at ori.hhs.gov/arprm/Login.php.*

CHOOSE ONE:

- ☐ It has established written policies and procedures for addressing allegations of research misconduct, in compliance with 42 CFR Part 93. Please attach your institutional policies and procedures with this form.

OR

- ☐ It qualifies as a small institution and has attached a Small Institution Statement with this form. The Small Institution Statement form can also be downloaded from ori.hhs.gov/small-institution-statement.

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 assessments, inquiries or investigations of allegations during the reporting period that (1) fall under the definition of research misconduct in 42 CFR Part 93 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 42 CFR 93.310(b), institutions must notify ORI of the decision to begin an investigation on or before commencement of the investigation.

PLEASE NOTE: For each incident of alleged research misconduct resulting in an assessment, inquiry, and/or investigation at your institution (1) provide the ORI case number, if assigned; (2) check the type of activity (assessment, 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.

(continued on next page)

SECTION II.B (CONTINUED)

1. Activity continued into 2026:

							Misconduct activity in conjunction with another federal agency (if applicable)	
Your Institution's Unique Case Identifier: (if applicable)	Incident Number	ORI's assigned identification (ORI case number or accession number, as applicable):	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism	Agency Name (e.g. NSF, DOD, VA, etc)	Agency's Unique Case Identifier
	1.		<input type="checkbox"/> Assessment	<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"/> Assessment	<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"/> Assessment	<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. Activity begun in 2027:

							Misconduct activity in conjunction with another federal agency (if applicable)	
Your Institution's Unique Case Identifier: (if applicable)	Incident Number	ORI's assigned identification (ORI case number or accession number, as applicable):	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism	Agency Name (e.g. NSF, DOD, VA, etc)	Agency's Unique Case Identifier
	1.		<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/> Assessment	<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"/> Assessment	<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"/> Assessment	<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: Identify the person responsible for serving as the Research Integrity Officer (42 CFR § 93.233).

NAME OF OFFICIAL

TELEPHONE NUMBER
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E-MAIL ADDRESS

SECTION IV: Identify the person responsible for assuring that the institution fosters a research environment that promotes research integrity and the responsible conduct of research and discourages research misconduct.

NAME OF OFFICIAL

TELEPHONE NUMBER
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SECTION V. CERTIFICATION

I certify that the information provided in this form is complete and accurate to the best of my knowledge.

INSTITUTION CERTIFYING OFFICIAL NAME

TITLE

SIGNATURE

DATE (mm/dd/yyyy)

TELEPHONE NUMBER

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E-MAIL ADDRESS

STATEMENT OF BURDEN

RETURN THIS FORM TO:

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: PRA@hhs.gov 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.

Assurance Program
Office of Research Integrity
1101 Wootton Parkway, Suite 240
Rockville, MD 20852

Phone: (240) 453-8400

E-Mail: ORI_Assurance@hhs.gov

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