



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

INSTITUTIONAL RECORD TRANSMITTAL FORM



Form Approved

OMB No. 0937-0198; Expires: XX/XX/20XX

See Statement of Burden at bottom of form

INSTRUCTIONS

Complete and submit this form with the materials requested by the Office of Research Integrity (ORI) at the conclusion of institutional research misconduct proceedings. Transmit this form and the accompanying materials through ORI's file transfer system. Please contact the Director of the ORI Division of Investigative Oversight with any questions or call (240) 453-8800.

NAME OF INSTITUTION

ORI / DIO ACCESSION NUMBER

DATE OF FINAL REPORT SUBMISSION (mm/dd/yyyy)

SECTION I. INSTITUTIONAL RECORD

Research Integrity Officers must complete this section.

I certify that my institution is submitting all items required for completing institutional research misconduct proceedings in accordance with the Public Health Service Policies on Research Misconduct (42 CFR Part 93). The institutional record encompasses documentation and reporting of an institutional assessment, inquiry, and/or investigation, as applicable (§ 93.220). Include the written decision from the Institutional Deciding Official, if applicable (§ 93.314). I certify that I have included with this form:

☐ All items encompassing the institutional record.

SECTION II. RESEARCH INTEGRITY OFFICER

Please provide the Research Integrity Officer's contact information below.

NAME (first name and last name)

ADDRESS 1

ADDRESS 2

CITY

STATE/PROVINCE

ZIP CODE/COUNTRY CODE

COUNTRY

TELEPHONE NUMBER

E-MAIL ADDRESS

RESEARCH INTEGRITY OFFICER SIGNATURE

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: 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.

RETURN THIS FORM TO:

Please attach this form when submitting your final report in the ORI file transfer system.

For more information, contact:

Office of Research Integrity
Division of Investigative Oversight

1101 Wootton Parkway, Suite 240
Rockville, MD 20852

Phone: (240) 453-8800