



RES-004 Research Misconduct

Effective Date Sunday, October 23, 2005

Status Final

Last Revised Thursday, January 1, 2026

Policy Type [University](#)

Contact Office [Vice President for Research \(Office of the\)](#)

Oversight Executive

Executive Vice President and Provost

Applies To Academic Division and the Medical Center.

Table of Contents

[Policy Statement](#)

1. [General Principles](#)
2. [Assessment](#)
3. [Inquiry](#)
4. [Investigation](#)
5. [When Sponsor Requirements are Involved](#)
6. [Record Retention](#)
7. [Compliance with Policy](#)

[Procedures](#)

Reason for Policy

The University of Virginia is committed to maintaining a culture that promotes faithful attention to high ethical standards and the discovery of new knowledge in research. Research misconduct in any form can threaten research, the health and safety of the public, researchers, and the institution. When allegations of research misconduct are made, the University is committed to a careful assessment of such allegations while protecting all involved.

Research misconduct is narrowly defined as falsification, fabrication, and plagiarism. The purpose of this policy is to protect the integrity of the research record. Other conduct may need to be addressed through a different policy (such as academic misconduct) or concurrently through multiple policies. Information obtained during a research misconduct proceeding can be used to inform actions under other policies.

The policy governs the procedures taken to determine whether research misconduct has occurred, not disciplinary actions which may be taken as a result of information gathered during these proceedings.

Definition of Terms

[Assessment](#)

Description

Reviewing an allegation of research misconduct to determine whether to move forward to an Inquiry. This is the first part of a research misconduct proceeding and this phase aims to determine whether the allegation falls within the definition of research misconduct and whether it is sufficiently credible and specific to identify potential evidence of research misconduct.

Deciding Official (DO)

Description

The person responsible for making the final determination regarding allegations of research misconduct and institutional recommendations and/or corrective actions. The vice president for research is the DO.

Inquiry (1)

Description

The second part of a research misconduct proceeding that involves gathering information and conducting preliminary fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation.

Investigation (1)

Description

The third part of a research misconduct proceeding that involves a formal examination and evaluation of relevant facts to make a finding whether research misconduct has occurred, or if has already been confirmed, to assess its extent and consequences.

Research Integrity Officer (RIO)

Description

The person appointed by the vice president for research to assume the responsibilities assigned to the RIO under this Policy and applicable regulations.

Research Misconduct

Description

Fabrication, falsification, or plagiarism, in proposing, performing, or reviewing research or in reporting research results. It does not include honest error or differences of opinion.

- **Fabrication:** Making up data or results and then recording or reporting them.
- **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.
- **Plagiarism:** The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Respondent

Description

The person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.

Sponsored Research

Description As defined in [FIN-001](#).

Complainant (2)

Description

The person bringing an allegation with specific rights and responsibilities under this policy and applicable regulations.

Policy Statement

Regulations mandate that the University maintain a research misconduct policy that meets specific standards. This policy covers both circumstances when research is not sponsored, such as dissertations, and circumstances related to sponsored research (e.g., Department of Health and Human Services and National Science Foundation). Research misconduct is prohibited and addressing it is an essential administrative function of the University. Research misconduct allegations shall be addressed in accordance with this policy and applicable regulations¹. Individuals in violation of this policy may be subject to the imposition of sanctions.

This policy applies to all research conducted by faculty, staff, and students under the auspices of the University.

¹See, e.g., 42 CFR Part 93; 45 CFR part 689; 10 CFR 733.

1. General Principles:

a. Applicability of Federal Regulations:

If an allegation involves federal funding, the University will follow the applicable regulations as to that allegation.

b. Time Limitations:

This policy only applies to: alleged research misconduct within six years of the date the University receives the allegation; and circumstances as outlined in federal regulation, for example, when the respondent continues any incident of alleged research misconduct that occurred before the six-year limitation through use of, republication of, or citation to the portion(s) of the research record.

c. Procedural Deviation:

The policy and associated procedures will normally be followed when an allegation of research misconduct is received by a University official. The Deciding Official (DO) or Research Integrity Officer (RIO) may allow or direct deviation from this policy and related procedures when in the best interests of the University and Federal sponsors. Any change from applicable procedures will ensure fair treatment to the respondent.

d. Evidentiary Standards:

A finding of research misconduct must be proved by a preponderance of evidence. The University has the burden of proof for making a finding of research misconduct. The respondent has the burden of asserting and proving, by a preponderance of the evidence, any affirmative defense.

e. **Responsibility to Report Misconduct:**

Anyone can report an allegation, and all University employees should report observed, suspected, or apparent research misconduct to the RIO or [Compliance Helpline](#). All potential research misconduct issues must be reviewed by the RIO. If the circumstances described do not meet the definition of research misconduct, the RIO may refer the individual or allegation to other offices or officials with responsibility for addressing the issue.

f. **Confidentiality:**

The University recognizes the importance of addressing allegations of research misconduct in a timely fashion and with fairness, thoroughness, and confidentiality. The University limits disclosure of the identity of the respondents, complainants, and witnesses while conducting the research misconduct proceedings, to the extent possible, to those who need to know (including institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions).

Maintaining confidentiality does not prohibit University officials from consulting, on a confidential basis and to the extent necessary, with other offices or individuals at the University and/or persons outside the University community with relevant experience or expertise to thoroughly investigate the allegations.

The University may disclose the identity of respondents, complainants, or other relevant persons to the U.S. Department of Health and Human Services (HHS) Office of Research Integrity (ORI) or other government agencies. The University may also contact relevant publications regarding data that may be unreliable, without revealing the details of any research misconduct proceeding.

g. **Protecting the Respondent:**

Respondents may consult with their own attorney or a non-attorney personal adviser (who is not a respondent or witness in the case) to seek advice and may bring the attorney or personal adviser to interviews or meetings on the case. Respondent's attorney or non-lawyer adviser is not permitted to speak or coach the respondent during the respondent's interviews. The Office of University Counsel is available to advise the inquiry panel or investigation committee and does not represent the Respondent in a proceeding.

As appropriate, the RIO and other University officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct but against whom no finding of research misconduct is made.

h. **Cooperation with Inquiries and Investigations:**

Individuals subject to this policy must cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations.

i. **Sequestration:**

The RIO will promptly: take reasonable and practical steps to obtain research records and other evidence, which may include copies, so long as those copies are substantially equivalent in evidentiary value needed to conduct the research misconduct proceeding; inventory the research records and other evidence; and sequester them in a secure manner. Whenever possible, the RIO will obtain research records or other evidence:

- i. Before or at the time the University notifies the respondent of the allegation(s); and
- ii. Whenever additional items become known or relevant.

j. Protection of the Complainant and Others:

The RIO will monitor the treatment of people who submit allegations in good faith and who cooperate in research misconduct proceedings and take measures to prevent retaliation and protect the reputation of respondents involved.

If relevant, the DO will determine whether the allegation of research misconduct was made in good faith. If an allegation was not made in good faith, the DO will determine whether any action should be taken or recommended against the complainant. During the research misconduct proceeding and upon its completion, regardless of whether or not the University or a federal agency determines that research misconduct occurred, the RIO shall undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any Complainant in good faith and of any witnesses and Committee members who cooperate in good faith with the research misconduct proceeding.

k. Institutional Administrative Actions:

The University will take appropriate administrative actions against individuals when an allegation of research misconduct has been substantiated. University officials may also take interim administrative actions at any time to protect people and property, University interests, and Federal funds, preserve evidence, and ensure that the purposes of the Federal financial assistance are carried out. During the proceeding, the DO will report to the appropriate sponsoring agency office if there is reason to believe special circumstances exist as defined by 42 C.F.R. § 93.305(g)(1-6).

Regardless of whether the DO determines that the alleged research misconduct is substantiated by the findings, the University may take other actions under other policies and procedures. The actions may include:

- i. Withdrawal or correction of all pending and published abstracts and papers emanating from the research where research misconduct was found.
- ii. Removal of the respondent and other people from the particular project, special monitoring of future work, suspension of privileges to work on research, and additional training.
- iii. Review of the underlying conduct by University officials for potential sanctions.
- iv. Restitution of funds as appropriate.
- v. Referral to the Institutional Review Board, Institutional Animal Care and Use Committee, Office of Threat Assessment, or other relevant offices at the University.

To the extent required by regulation or by the sponsor, the RIO shall, at any time during a research misconduct proceeding, notify appropriate federal or other officials of facts that may be relevant to protect public health, federal or other sponsor funds and equipment, and the integrity of the sponsor-supported research process and shall make other interim reports required by research sponsors. None of these actions limit the authority of the federal sponsor to impose its own sanctions or corrective actions.

l. Admission:

An allegation may be resolved on the basis that the Respondent has admitted responsibility and a resolution with the Respondent has been satisfactorily reached, provided that applicable federal agency requirements regarding early termination of the research misconduct process are met. Should a Respondent make an admission, the RIO, in consultation with the DO and other appropriate University officials, shall promptly consult with any appropriate federal agencies to determine the next steps that should be taken. If resolving an allegation due to Respondent admission, the RIO must ensure this action would not prejudice or interfere with the University's review of another

allegation against that Respondent or against a different Respondent.

m. **Termination of Institutional Employment or Resignation:**

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation has been reported, will not preclude or terminate the research misconduct proceeding.

2. **Assessment:**

An assessment's purpose is to determine whether an allegation warrants an inquiry. Upon receiving an allegation of research misconduct, the RIO or other designated official will promptly assess the allegation to determine whether the allegation:

- i. falls within the definition of research misconduct in this policy and any applicable federal regulations; and
- ii. is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

The RIO will inform the DO of any potential conflict of interest that the RIO has with the complainant or respondent. The DO will determine if someone else will serve in place of the RIO or document that no conflict exists that requires a substitute for the RIO. If the assessment indicates an inquiry is warranted, the RIO will initiate the inquiry and sequester research records and other evidence.

3. **Inquiry:**

An inquiry's purpose is to conduct an initial review of the evidence to determine only whether an allegation warrants an investigation and not whether research misconduct occurred. An inquiry does not require a full review of the evidence related to the allegation. The inquiry will be performed by an Inquiry Official or Inquiry Panel. The RIO may engage subject matter experts to assist in the inquiry.

a. **Inquiry Panel or non-RIO Inquiry Official:**

Where the allegations and apparent evidence are straightforward, the RIO may serve as or designate an Inquiry Official. In complex cases, the RIO may appoint a panel of three or more people to conduct the inquiry. The members of the inquiry panel shall be people with appropriate expertise to evaluate the evidence and issues related to the allegation. The RIO may seek recommendations from other University officials when choosing an inquiry panel member. The RIO may select inquiry panel members from outside the University. The RIO will review all potential inquiry panel members for potential conflicts of interest and will document the result of the conflict review for each inquiry. If the RIO later learns that an inquiry panel member or RIO has a conflict, that person will be removed from the research misconduct proceeding.

The RIO will assess whether other institutions need to be involved and contact other RIOs as appropriate. The RIO will prepare a charge for the inquiry panel or non-RIO Inquiry Official.

b. **Notifications:**

The RIO will make a good faith effort to notify the respondent in writing at the time of or before beginning an inquiry. Only allegations specific to a particular respondent will be included in the notification to that respondent. Respondent(s) will be notified in writing of additional allegations raised against them. The RIO will notify the respondent of the allegation(s) and the proposed inquiry official or inquiry panel members at the beginning of an inquiry.

c. **Sufficient Evidence of Possible Research Misconduct:**

The Inquiry Official or inquiry panel may interview witnesses or respondents, but interviews are not required. If interviews are recorded or transcribed, the transcript will be provided to the interviewee

for review and included with any corrections in the record of the inquiry. Then the inquiry panel will evaluate the evidence and testimony obtained during the inquiry. An investigation is warranted if:

- i. there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct; and
- ii. preliminary information gathering and fact finding from the inquiry indicates that the allegation may have substance.

Findings of research misconduct, including the determination whether the alleged misconduct is intentional, knowing or reckless, cannot be made at the inquiry stage. The scope of the inquiry does not include conducting exhaustive interviews and analyses. Any potential evidence of honest error or difference of opinion will be included in the inquiry report.

d. Inquiry Decision and Notification:

The RIO will transmit the final inquiry report and any comments to the DO, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible research misconduct to warrant an investigation.

4. Investigation:

The purpose of the investigation is to explore the allegations, examine the evidence, and make a finding of whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. An investigation committee shall interview the complainant(s), the respondent(s), and other individuals who might have relevant information. During the investigation phase, the RIO will continue to obtain and sequester any relevant research records.

a. Appointment of the Investigation Committee:

The RIO, in consultation with other institutional officials as appropriate, will appoint an investigation committee, generally within 30 days of notifying the respondent that an investigation is planned or as soon thereafter as practicable. The investigation committee should consist of at least three individuals who do not have conflicts of interest in the case and have the necessary expertise to evaluate the evidence and issues related to the allegations. Committee members may be from inside or outside the University. Investigation committee members may also have served on the inquiry panel. For allegations against current University faculty members, a majority of the investigation committee members shall be members of University faculty, unless the DO determines that such composition is inappropriate or impracticable.

b. Investigation Report Purpose:

To make a finding of research misconduct the investigation committee must find by a preponderance of evidence that: research misconduct as defined by this policy and/or applicable Federal agency regulations or policies occurred; it was a significant departure from the accepted practices of the relevant research community; and the respondent committed the research misconduct recklessly, knowingly, or intentionally.

c. Comments on the Draft Report:

The RIO will provide the respondent with a copy of the draft investigation report for comment and may provide the complainant with portions of the draft report that refer to complainant's statements.

d. Institutional Review and Decision:

The DO makes the final determination whether research misconduct occurred and whether to accept the investigation report, its findings, and the recommended institutional actions, if any. The DO may also: return the report to the investigation committee with a request for further fact-finding or analysis; or reject the investigation committee findings. If the DO determines research misconduct did not occur despite findings of the investigation committee, the DO shall document the reasons for

such determination. The DO determination about research misconduct is final and cannot be appealed.

e. Disciplinary Actions:

Other policies govern the disciplinary or administrative action that may be taken by the University as a result of the research misconduct determination (see Related Information).

5. When Sponsor Requirements Are Involved:

Particular attention must be paid related to HHS Public Health Service (PHS) funding and other sponsored research misconduct requirements. In addition to this policy, regulatory requirements are also met via compliance with Standard Operating Procedures. ORI or HHS findings of research misconduct or settlements of research misconduct proceedings, or the absence thereof, do not affect the University's institutional findings or actions taken based on its own policies.

6. Record Retention:

The RIO will keep records of research misconduct proceedings for seven years after completion of the University's proceedings, or any ORI or HHS proceedings under Subparts D and E of 42 C.F.R Part 93, whichever is later. The RIO will not maintain custody of the records that have been transferred to HHS, and when ORI has advised that the records no longer need to be maintained. ORI or other authorized HHS personnel will be given access to the relevant records upon request when PHS funding is involved. Records destruction and/or transfer will follow the procedures of the [Records & Information Management Office](#).

7. Compliance with Policy:

Failure to comply with the requirements of this policy may result in disciplinary action up to and including termination or expulsion in accordance with relevant University policies. In addition, any other applicable steps may be taken as described in Section [1.k. Institutional Administrative Actions](#).

Direct questions about this policy to the [Office of the Vice President for Research](#).

Procedures

[Standard Operating Procedures for Addressing Allegations of Research Misconduct](#)

Related Information

[RES-011: Investigator Eligibility Requirements and Responsibilities Related to Sponsored Programs](#)

[IRM-017: Records & Information Management](#)

[HRM-014: Standards of Conduct for University Staff Employees](#)

[PROV-035: Misconduct and Discipline of Academic Faculty](#)

[University Code of Ethics and Mission Statement](#)

[Professional Conduct & Ethics](#)

Major Category [Research Administration](#)

Next Scheduled Review Monday, January 1, 2029

Revision History

Revised to (1) provide a clearer framework for the review of an allegation of research misconduct and (2) align with updated HHS regulations 1/1/26; Confirmed 9/10/24; Updated to align with HHS regulations 10/30/19.

Supersedes Policy Text XV.E.4 Research Ethics.

Approved By President of the University

Approved Date Sunday, October 23, 2005