

Duke University Policy and Procedures Governing Misconduct in Research
Effective November 1995
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The following policy and procedures shall apply to all research conducted at Duke University. The procedures delineated herein shall be the exclusive method for handling allegations of misconduct in research made against faculty. Allegations involving non-faculty researchers shall typically be handled in accordance with the procedures for those non-faculty groups. However, in all cases in which the research is funded externally, the Misconduct Review Officer (see paragraph one under Procedures below) shall be notified of the allegation and shall determine the procedure to be followed.

Policy

Duke University strives to foster an atmosphere of honesty and trust in which pursuit of knowledge can occur. Integrity of research forms the foundation of respect among scholars and students and between the academic world and the public. All members of the university community share responsibility for maintaining this climate of trust. Occasionally, however, scholars may, inadvertently or not, violate accepted norms of professional behavior, thereby jeopardizing the reputation of the university and possibly damaging their careers and those of colleagues. Misconduct is especially serious in collaborative research, where the reputations of several researchers pursuing different components of an integrated project may be damaged by the actions of one or more partners. Colleagues in a cooperative venture bear mutual responsibility for ensuring the integrity of research performed and published jointly under their names.

Principal investigators must bear primary responsibility for ensuring the integrity of collaborative research performed under their supervision whether by faculty or non-faculty. Investigators, department and division chairpersons, and center directors are expected to make periodic and reasonable inquiries concerning the integrity of the activities conducted under their supervision. The policy and procedures concerning misconduct in research are regularly reviewed and modified, as necessary, by the Research Policy Committee, a standing committee of the university. The Committee is also responsible for notifying the academic community of misconduct in research policy and procedures; for ensuring that the research community is educated in the standards for the conduct, reporting, and supervision of research; and for consulting with individuals about the policy and procedures governing misconduct in research.

Misconduct--What Is It?

Misconduct in research is defined as fabrication, falsification, or plagiarism. Fabrication is defined as making up data or results and recording or reporting them. Falsification is 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 is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. In addition, other practices that seriously deviate from those that are commonly accepted within the research community for proposing, conducting, or reporting research may also constitute misconduct in research. The

definition does not include honest error or honest differences in interpretations or judgments of data.

Examples of Activities Representing Misconduct in Research

The following are but examples of misconduct; the list does not include all activities that would constitute misconduct:

1. claiming the ideas or words of another to be one's own;
2. including false statements or data in research proposals, progress reports, publications, or related documents;
3. manipulating research procedures or data so as to bias results; and,
4. misusing confidential material such as manuscripts and grant proposals received in the peer review process and proprietary information or materials.

Examples of Research Practices That Are Inappropriate But Do Not Generally Represent Misconduct in Research

1. maintaining inadequate research records, especially for results that are published or are relied on by others;
2. failing to give appropriate recognition to people who have made significant contributions to the research;
3. conferring or requesting authorship on the basis of a specialized service or contribution that is not significantly related to the research reported in the paper;
4. refusing to give peers reasonable access to unique research materials or data that support published papers;
5. releasing preliminary research results, especially in the public media, without providing sufficient data to allow peers to judge the validity of the results or to reproduce the experiments; and,
6. neglecting to supervise others properly in work for which the faculty member is responsible.

Addressing Additional Issues in the Conduct of Research

Institutional mechanisms are currently in place to address disputes centering on questions of authorship and data utilization (Authorship Dispute Board), financial improprieties (Internal Audit Office), human research subjects (Institutional Review Board), and the use of animals in research (Institutional Animal Care & Use Committee). Although such cases will be reviewed and governed by those bodies as to compliance with relevant regulations and ethical standards, they are not precluded from additional review under the

procedures governing misconduct in research. Criminal acts will be handled through the appropriate law enforcement agencies.

Procedures: The Structure

Two parallel structures for handling allegations and investigations of misconduct in research have been established: for the Schools of Medicine and Nursing (Medical Center), the vice chancellor for medical center academic affairs (the vice chancellor) has ultimate authority; for the Schools of Arts & Sciences, Engineering, Earth and Ocean Sciences, Law, and Business (university), the vice provost for research (the vice provost) has responsibility.

Misconduct Review Officer

Two members of the academic administration are designated as Misconduct Review Officers (MRO)--one for the university, appointed by the provost, and one for the Medical Center, appointed by the chancellor for health affairs. The MRO is responsible for:

1. receiving and handling allegations of misconduct in research in the manner provided for in the procedures set forth below;
2. providing necessary administrative support for the relevant Standing Committee on Misconduct in Research and, as necessary, for an ad hoc committee;
3. coordinating communications with the parties involved in the misconduct review process, and maintaining a secure repository for misconduct review documentation; and,
4. taking appropriate action to safeguard and preserve relevant data or evidence relating to the allegation, and/or to ensure the health and safety of patients or personnel at Duke University.

Standing Committee on Misconduct in Research

Two Standing Committees on Misconduct in Research (SCMR) are established—one for the university and one for the Medical Center:

1. the Executive Committee for the Academic Council provides a list of nominees for the University SCMR to the provost, who appoints the University Committee; and,
2. the Basic Science Faculty Steering Committee and the Clinical Sciences Faculty Council on Academic Affairs provide a list of nominees for the Medical Center SCMR to the chancellor for health affairs, who appoints the Medical Center Committee.

The SCMR is responsible for:

1. conducting an inquiry into allegations (with or without admissions of misconduct) referred from the relevant MRO to distinguish between misconduct and carelessness or incompetence;
2. determining if the allegation warrants a formal investigation;
3. advising the MRO of the need to ensure the health and safety of research participants and to preserve and protect physical evidence such as research data; and,
4. reporting to the MRO on the outcome of the inquiry in a written report accompanied by all relevant documents.

Ad Hoc Committee on Misconduct in Research

A decision that an investigation is warranted is made by the vice provost or the vice chancellor (as appropriate), on the basis of the SCMR's inquiry into the allegation or as a result of an appeal by the complainant(s) of the SCMR's finding. If the decision is to proceed with an investigation, the vice chancellor/vice provost will appoint an ad hoc committee to determine whether misconduct occurred. Additionally, a legal advisor shall be appointed to serve the ad hoc committee. Formation of the ad hoc committee will be governed by two principles: first, the need for total impartiality on the part of the committee members, and second, the need for specific knowledge of the research field. The ad hoc committee will consist of at least three members selected to ensure that the investigation is carried out as completely and competently as possible. The ad hoc committee may include senior professors and external experts with knowledge of the research field of the individual suspected of misconduct and/or persons with expertise in other areas as necessitated by the nature of the research field or by the nature of the allegations.

Procedures: The Process

Duke University recognizes the importance of addressing allegations of misconduct in research in a timely fashion and with the utmost fairness, sensitivity, and confidentiality. Thus, the university has established a process for handling these allegations. This process is in conformance with guidelines promulgated by the National Science Foundation and Public Health Service; in certain instances, it may be modified to the extent necessary to conform to additional requirements of funding agencies. To the extent allowed by law, the University shall maintain the identity of respondents and complainant(s) securely and confidentially and shall not disclose any identifying information as it conducts the research misconduct proceeding and any subsequent proceedings, except to:

1. those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and,
2. in the case of research supported by the Department of Health and Human Services, the Office of Research Integrity.

To the extent allowed by law, any information obtained during the research misconduct proceeding that might reveal the identity of human subjects participating in the research shall be maintained securely and confidentially and shall not be disclosed, except to those who need to know in order to carry out the research misconduct proceeding. The procedures outlined below are designed to ensure that charges of alleged misconduct are addressed as judiciously as possible, and that any retaliation against a person bringing an allegation in good faith is strictly prohibited. The objective is to define clearly the responsibility for integrity shared by the Duke community, and to make the preservation of trust more secure.

The Allegation

Any individual having reason to believe that a researcher has committed misconduct in research (as defined above) should report the matter in writing to the researcher's department or division chairperson, division chief, dean, or the appropriate MRO. Allegations addressed to other than a MRO shall be promptly forwarded to the appropriate MRO, who will immediately notify the provost and the vice provost (university) or the chancellor for health affairs and the vice chancellor (Medical Center) that such an allegation has been made.

Appropriate efforts will be made to protect the positions and reputations of those making allegations of misconduct, or providing related information, from any reprisals or retaliation unless those allegations or that information is judged to be baseless and malicious or reckless in nature. If, at any point in the misconduct review process, it is determined that the allegation or information was in fact baseless and malicious or reckless, the matter will be dealt with in accordance with existing university policies and mechanisms, e.g. the Harassment Policy or the Human Resources Work Rules.

Assessment of the Allegation by the Misconduct Review Officer

Within seven (7) days after receiving an allegation of misconduct in research the MRO will assess the allegation to determine if it meets the definition of research misconduct and is sufficiently credible and specific so that the potential evidence of research misconduct may be identified. Specifically, the MRO will:

1. as necessary, ask the complainant(s) for more information;
2. discuss the allegation with the person(s) accused of misconduct, the respondent(s);
3. determine if the issues which form the basis of the allegation are appropriate for consideration through misconduct review mechanisms, including whether they should be handled through other mechanisms (such as the Authorship Dispute Board, Internal Audit Office, Institutional Review Board, or Institutional Animal Care & Use Committee);
4. refer the matter to the appropriate review body(ies) as necessary. The MRO may consult with others in making this determination and referral; and,

5. as necessary, safeguard and preserve relevant data or evidence and ensure the health and safety of personnel and research subjects.

The confidentiality of the allegation will be maintained to the extent possible. If, at the conclusion of his or her assessment, the MRO determines that there are no adequate grounds for the allegation and that no further assessment is warranted, the MRO will submit to the vice provost /vice chancellor a written report documenting the reasons for the decision and will advise the complainant(s) of the decision.

If the individual who reported the suspected misconduct disagrees with the conclusions of the MRO's assessment, he or she may make a direct request to the vice provost or the vice chancellor to review the matter. The vice provost/vice chancellor, on his/her own review of the conclusions and circumstances surrounding the allegation of misconduct, may decide that no further action is required or may require a formal inquiry by the SCMR.

If the MRO or the vice provost/vice chancellor determines that the issues are appropriate for consideration through misconduct review mechanisms, the MRO will notify the chairperson of the appropriate SCMR of the need for action and will provide to the chairperson all materials in his or her possession related to the allegation. The MRO will notify in writing the vice chancellor/vice provost, the chancellor for health affairs/provost, the appropriate school dean, the person suspected of misconduct, and the complainant(s) that an allegation inquiry will be conducted under these procedures. The notification will include the substance and the source of the allegation.

Allegation Inquiry by Standing Committee on Misconduct in Research

The appropriate SCMR shall conduct an inquiry into the allegations (with or without admission of misconduct) referred from the MRO or the vice provost/vice chancellor to distinguish between carelessness or incompetence and misconduct; to determine if the allegation warrants a formal investigation; to advise the MRO of the need to ensure the health and safety of research participants, and to preserve and protect physical evidence such as research data; and report to the MRO the outcome of the inquiry in a written report accompanied by all relevant documents. Prior to or at the beginning of the inquiry, the respondent(s) will be provided written notification of the inquiry and contemporaneously the MRO will sequester all research records and other evidence needed to conduct the research misconduct proceeding. If the inquiry subsequently identifies additional respondents, they shall be promptly notified in writing. A copy of the Duke University Policy and Procedures Governing Misconduct in Research will be provided to all respondents.

Upon notification by the MRO or the vice provost/vice chancellor that an allegation inquiry is required, the chairperson of the SCMR will promptly convene the committee. During the allegation inquiry process, the SCMR shall review available evidence of the alleged misconduct (e.g., plagiarized text, papers containing falsified data,

etc.) to the extent necessary for it to determine whether a formal investigation is warranted. As noted above, the committee shall recommend action as necessary to ensure the health and safety of research participants and to preserve and protect physical evidence such as research data. All individuals involved in the process are expected to cooperate with all efforts to obtain or safeguard data. The respondent(s) will be given the opportunity to respond to the allegation during an interview with the SCMR, and in writing if desired. The committee may conduct additional interviews with any individuals who may have knowledge of the events in question and may request additional documents as necessary to fulfill its responsibilities. The allegation inquiry will remain confidential to the extent possible. At the conclusion of its inquiry the SCMR will submit a written report to the MRO; this report shall contain the following information:

1. the names and positions of the respondent(s) and complainant(s);
2. a description of the allegations of research misconduct;
3. any external support involved, including, for example, grant numbers, grant applications, contracts, and publications listing external support;
4. the basis for recommending that the alleged actions do or do not warrant an investigation; and,
5. any comments on the report by the respondent(s) or the complainant(s).

Unless there are extenuating circumstances, the SCMR inquiry shall be concluded within sixty (60) days of inauguration by the MRO. If the report is not submitted within that period, the report will document the reasons for the delay.

If the SCMR determines that an investigation is not warranted, the report will detail the reasons for the determination. The report and all records obtained by the SCMR during its inquiry will be sent to the MRO and will become a permanent institutional record, but no record will appear in the personnel record of the person suspected of misconduct. The MRO will promptly provide a copy of the report to the respondent(s) and to the vice provost/vice chancellor, and will notify in writing the complainant(s) and third parties as necessary of the findings. If the complainant(s) disagrees with the conclusions he/she may submit, within seven (7) days of receipt of the SCMR notification of findings, a direct written request to the vice provost/vice chancellor to review the conclusions. The vice provost/vice chancellor shall review the material received from the SCMR, and shall determine either that no further action is required or that investigation by an ad hoc committee is warranted.

If an investigation is determined to be warranted, the MRO will provide a copy of the SCMR's report and all relevant documents to the respondent(s) and to the vice provost/vice chancellor, advise the complainant(s) of the conclusions, and advise third parties on a need-to-know basis. In such cases, any written comments from the

respondent(s) must be provided to the MRO within fourteen (14) days of receipt of the allegation inquiry report; these comments shall be appended to the report.

Investigation by Ad Hoc Committee

On the basis of the SCMR's allegation inquiry, and/or an appeal by the complainant(s) of the SCMR's finding, the vice provost/vice chancellor shall determine in writing whether an investigation is warranted. If an investigation is deemed to be warranted, the vice provost/vice chancellor will appoint an ad hoc committee to determine whether misconduct did or did not occur. The vice provost/vice chancellor also will appoint a legal advisor to serve the ad hoc committee. The MRO will promptly provide to the chairperson of the ad hoc committee the entire record amassed by the SCMR. The university shall take all reasonable steps to ensure an impartial and unbiased research misconduct proceeding: those conducting the investigation shall be selected on the basis of the expertise that is pertinent to the matter and, prior to selection, potential committee members shall be screened for any unresolved personal, professional, and/or financial conflicts of interest with the respondent(s), complainant(s), potential witnesses, or others involved in the matter. Any such conflict that a reasonable person would consider to demonstrate potential bias shall disqualify the individual member from selection for service on the ad hoc committee. Within thirty (30) days after the submission of the SCMR's report to the MRO, the ad hoc committee will initiate its investigation into the alleged misconduct. The ad hoc committee is authorized to obtain expert consultation and to secure any necessary documentation or data, and all personnel are obliged to cooperate.

The respondent(s) shall be notified in writing of the allegations to be investigated. Such notice will be sufficiently in advance of the interview with the ad hoc committee to allow for interview preparation. The respondent(s) shall also receive written notice of any new allegations within a reasonable time after the ad hoc committee makes a determination to pursue allegations not addressed in the inquiry or in the initial notice of the investigation.

The respondent(s) will have access to materials used in the investigation, but will not be provided with committee minutes, summaries or notes prepared by the committee or individual committee members, or other deliberative documents. Throughout the investigation, the person suspected of misconduct has the right to legal counsel at his/her own expense; such legal counsel may be present during interviews by the ad hoc committee but may not speak on behalf of the respondent(s). Counsel's role will be as an observer who may advise the respondent(s) in private, but without material disruption of the progress of the investigation. Interviews will be conducted with the complainant(s) and respondent(s), as well as others who might have information regarding key aspects of the allegations; refusal to participate will be dealt with according to existing university mechanisms for upholding faculty and employee standards of conduct.

Written summaries of interviews will be provided to the interviewed party for comment, and written comments received from the interviewed party will be included in the record. It is recognized that new elements of misconduct may come to light during the investigation; this information will be considered. The point at which the additional

information or an additional allegation of misconduct is received, as well as its relation to the original allegation, will be considered in decisions as to whether the information or allegation is treated as a separate issue or as part of the current investigation. The MRO will inform the respondent(s) promptly of any additional acts potentially constituting misconduct in research which have been identified, and the manner in which that information will be reviewed. In sum, in conducting an investigation the ad hoc committee shall:

1. make diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations;
2. interview each respondent(s), complainant(s), and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent(s), and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of investigation; and,
3. pursue diligently all significant issues and leads discovered that are determined to be relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.

The ad hoc committee will prepare its final report within one hundred and twenty (120) days of initiation of the investigation unless there are extenuating circumstances. In developing its findings, the ad hoc committee shall act by simple majority vote of the committee members, based upon the preponderance of evidence. The ad hoc committee's report, in draft form and without any recommended course of action or sanctions, will be made available by the MRO to the respondent(s) and, if deemed appropriate, to the complainant(s), so as to resolve, if possible, any fundamental factual discrepancies.

Concurrent with the provision of the draft report, the respondent(s) will be provided either supervised access to the evidence on which the report is based or copies of such evidence, unless such evidence had been provided previously to the respondent(s). The respondent(s)--and complainant(s), if applicable—will have thirty (30) days to provide written comments to the MRO. These comments will be considered by the ad hoc committee in its preparation of its final report, to which such comments will be attached. The final report of the investigation will do the following:

1. include a list of the committee members;
2. describe the nature of the allegations of research misconduct;
3. describe how and from whom information was obtained;
4. list the individuals interviewed by the committee;

5. describe and document the external research support related to the case, including, for example, grant numbers, grant applications, contracts, and publications listing sponsored support;
6. describe the specific allegations of research misconduct considered in the investigation;
7. include the institutional policy and procedures under which the investigation was conducted;
8. identify and summarize the research records and evidence reviewed during the investigation, and identify any evidence sequestered but not reviewed. The report should also describe any relevant records and evidence not sequestered and explain why.
9. provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the investigation, and if misconduct was found,
 - a. identify it as falsification, fabrication, or plagiarism (or another form of misconduct in research) and whether it was intentional, knowing, or in reckless disregard,
 - b. summarize the facts and the analysis supporting the conclusion and consider the merits of any reasonable explanation by the respondent(s) and any evidence that rebuts the respondent's explanations,
 - c. identify any relevant external support,
 - d. identify any publications that need correction or retraction,
 - e. identify the person(s) responsible for the misconduct, and
 - f. list any current support or known applications or proposals for support that the respondent(s) has pending; and,
10. include any written comments made by the respondent(s) and/or complainant(s) on the draft investigation report.

The report will be addressed and delivered to the vice provost/vice chancellor. A copy of the final report will be provided to the MRO and respondent(s), and the complainant(s) will be informed of the ad hoc committee's findings by the MRO. If, on the basis of the investigation, an individual is found to have engaged in misconduct, the report will also recommend an appropriate course of action. The recommended action may include sanctions as well as adequate steps to ensure that the institution meets its obligations to affected third parties, including funding sources, journals, the scientific community, research subjects, and referral sources.

The vice provost/vice chancellor may relieve the person suspected of misconduct from some or all duties at any time during the course of the investigation, but only if it is determined that serious harm to the individual or to others could be caused by the individual's continued performance. Salary payments will continue during any such suspension.

Admission of Misconduct in Research

The procedural stages described above anticipate denial of the allegation by the respondent(s). If the respondent(s) admits to an allegation of misconduct at any stage, the MRO will be informed immediately. Depending upon the procedural stage at which the admission occurs, the respondent(s) should work with the MRO, SCMR, or ad hoc committee to develop a written statement that is fully responsive to the allegation. The statement should also include language attesting that the admission is a true admission, freely given, and not a false one derived from circumstances that may have pressured the respondent(s) into making a false admission. The statement should be signed by the respondent(s) and witnessed by the MRO or chair of the committee involved. Whenever such an admission of misconduct is forthcoming, the MRO or committee involved will exercise due diligence to ascertain that the admission is freely given and that no circumstances are present that might have pressured the respondent(s) into making a false admission.

Such admissions will alter some of the specific procedures described in above sections of this document. However, the overall scope and intent of the procedural stages are retained, and the following guidance is provided. If misconduct in research is admitted to the MRO during the initial assessment, then at the completion of that stage, the MRO will notify the vice provost/vice chancellor and forward the file to the Standing Committee. In such a situation, the role of the SCMR will differ from its usual role: its particular function will be to undertake an independent evaluation of the admission of misconduct, issue a report of its findings, and recommend an appropriate course of action, including sanctions. The SCMR will:

1. review the materials available and interview the respondent(s);
2. conduct a limited inquiry to determine if the admission by the respondent(s) is freely given; and,
3. ascertain whether acts of misconduct other than those admitted by the respondent(s) might have occurred.

The SCMR has the discretion to interview other individuals in conducting its review of the admission of misconduct, including the complainant(s). In completing its Report, the SCMR will include a list of the evidence reviewed, a summary of relevant interviews, its evaluation of the admission of misconduct, and the conclusions of its inquiry. If misconduct in research is admitted at the SCMR or ad hoc committee stage, then the committee receiving the admission will inform the MRO, who will inform the vice

provost/vice chancellor. The committee will then proceed to complete its report of findings in the manner described above for the SCMR. When an admission of misconduct occurs during a committee stage of procedure, that committee's evaluation of the admission of misconduct will be sufficient, with no mandatory need for additional committee review as in the case of admission to the MRO.

Final Determination by University Official

Within fourteen (14) days of receipt of the ad hoc committee's report, the vice provost/vice chancellor shall review the report, render in writing a final determination, including the imposition of sanctions as appropriate, and provide a copy of the determination to the respondent(s). In making this determination, the vice provost/vice chancellor shall not be expected to review independently the evidence considered by the ad hoc committee, but may request clarification or additional information from the ad hoc committee if necessary. The complainant(s) and appropriate third parties will be advised of the final determination.

The respondent(s) has the right to appeal in writing, within fourteen (14) days of receipt of the final determination by the vice provost/vice chancellor. The appeal must be delivered to the vice provost/vice chancellor and to the provost/chancellor for health affairs. If the respondent(s) elects to appeal the determination, the provost/chancellor for health affairs will consider whether the final determination and the sanctions imposed are supported by facts referenced in the ad hoc committee's report. The provost/chancellor for health affairs may request clarification or additional information from previous review bodies if necessary, and the respondent(s) will be afforded an opportunity to meet with the provost/chancellor for health affairs. The chancellor for health affairs will inform the provost of any decisions affecting faculty status. Unless there are extenuating circumstances, the entire appeals process must be completed within thirty (30) days of receipt of the final determination.

If misconduct in research is found and the appropriate sanction is determined to be dismissal from the university, the president and the respondent(s) will be so notified. The respondent(s) will be entitled to a hearing in accordance with existing procedures for dismissal; for faculty members, the procedures are detailed in the Faculty Handbook, Appendix N. If there are no existing procedures applicable to the individual in question, the opportunity for a hearing will be afforded under appropriate related procedures.

Notification of External Research Sponsors

If, on the basis of the allegation inquiry, it is determined that an investigation is warranted, and if the individual accused of misconduct is participating in an externally funded research project, the MRO will advise the appropriate office in the sponsoring entity in writing. In the case of a pending proposal, the MRO will follow the sponsor's guidelines in regard to notification. Notification will occur on or before the date the investigation begins and will include the name of the person(s) involved, the general nature of the allegation, and any identifying application or grant number. Sponsors will also be notified in writing if at any stage of the inquiry or investigation any of the following conditions exists:

1. the health or safety of the public is at risk;
2. there is an immediate need to protect human or animal subjects;
3. there is an immediate need to protect funds or equipment, e.g., HHS resources or interests are threatened;
4. there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;
5. it is probable that the alleged incident is going to be reported publicly;
6. there is a reasonable indication of possible violations of civil or criminal law--in which case notification within twenty-four (24) hours of obtaining that information is required; or,
7. the institution determines that the research community or public should be informed.

If an investigation is initiated and the ad hoc committee determines at the end of ninety (90) days that it will be unable to complete its investigation in the usual one hundred and twenty (120) days, the sponsor will be so notified in writing. The notification will include an explanation for the delay, an interim progress report, and an estimated date of completion. All documents or reports required by law or regulation to be sent to federal agencies will be forwarded in a timely manner consistent with legal requirements. All sponsors will be advised of the resolution of the investigation at the conclusion of the process. In the interim, administrative action will be taken to protect sponsor funds and to insure that the purposes of the sponsored activity are carried out. With regard to external sponsors, the Duke University administration will make diligent efforts to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed; they will also undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, have made allegations.

The vice provost will file “assurances of compliance” and other documents as appropriate with sponsoring and regulatory agencies.

Record Retention

All documents related to allegations of misconduct in research will become permanent institutional records and will be maintained in strictest confidence under the direction of the MRO.