SHREVEPORT
Office of the Chancellor

POLICY STATEMENT NO. 2 09.00

COORDINATED BY Office of Academic Affairs

EFFECTIVE PAGE

REVISED

SUBJECT

Policies & Procedures for Dealing with Allegations of Misconduct in Science (Research Fraud)

I. General Statement

Scientific research depends on personal trust. Individual scientists will primarily be responsible to uphold the basic principles of science - truthfulness and honesty. LSUS requires that scientists maintain high standards in the conduct of research in their laboratories.

LSUS also requires firm commitment by the researcher and laboratory director or supervisor of research to the highest ethical standards of science in the laboratory and to the creation of a climate which discourages dishonesty and fosters unquestionable integrity. The minimum standards are open communication, submission of work for peer review, avoidance of conflict of interest and commitment to self-regulation.

II. Definitions

The procedures in Part III are to be initiated in response to any allegations of research fraud, which may be defined as:

a. Serious deviation, such as fabrication, falsification or plagiarism, from accepted practices in carrying out research or in reporting the results of research; or

b. Material failure to comply with campus, state, or federal requirements affecting specific aspects of the conduct of research - e.g., the protection of human subjects and the welfare of laboratory animals.

III. Processing Initial Reports of Misconduct

1. From the onset this institution shall protect, to the best of its ability, the rights and reputations of all parties involved, including the individual or individuals who report perceived misconduct in good faith.

2. Initial reports of suspected misconduct should be brought to the attention of the faculty member or department chair responsible for the individual whose actions are in question. That person should in turn report the allegations immediately to the next person in the line of responsibility.

3. If the initial report of misconduct is not regarded as blatantly frivolous in nature, the report should promptly be referred to the Dean of the appropriate College. The Dean should in turn immediately inform the Vice Chancellor for Academic Affairs (VCAA), who shall initiate a review by the Faculty Research Committee. If a member of this standing committee is an associate of the laboratory or department in questions this would be considered a conflict of interest; and a replacement Committee member should be appointed in conformity with Faculty Senate procedures.

4. Following this initial review a determination should be made by the VCAA and the Dean as to whether the report warrants more thorough investigation. If it is determined that there is sufficient basis for pursuing the allegations, the researcher(s) in question should be given written notification of the allegations, and collaborators should be informed of the pending investigation. In instances in which it is determined, on the basis of the initial inquiry, that it is not necessary to undertake an investigation, there must be documentation of the reasons for the decision and the findings from the inquiry. Such documentation will be filed in the offices of both the VCAA and the dean.

IV. Investigation of Reported Misconduct That Appears Substantial

1. If reported misconduct seems substantial, the Dean of the faculty member(s) involved will appoint immediately an ad hoc Investigation Committee to conduct a prompt and thorough investigation of the reported misconduct and should consider the merits of involving outside, objective parties in the investigation at this stage. The ad hoc committee will follow any due process procedures that pertain, and will make its report jointly to the dean and the VCAA.

2. A researcher under suspicion should be treated as a colleague whose cooperation in providing access to data and procedures is expected. The individual in question should have ample opportunity to communicate with the investigation committee in the course of the inquiry and prior to the formulation of conclusions. The individual should be advised of any decision to disseminate information about the investigation or to seek information about the research from others.

3. The sponsoring agency should be notified by the VCAA when formal investigation has begun, even if the investigation has not been completed.

4. During the investigation consideration should be given to the review of all research with which the individual is involved.

5. The investigation committee should determine whether there was intentional fabrication or dishonesty.

6. Confidential handling of information about an investigation must be the responsibility of all involved. Thus, information concerning any investigation should be available only to those who need to know.

7. Throughout the investigation, the individual and any collaborators or supervisors whose role in the alleged misconduct is questionable should be advised of the progress of the investigation and be afforded the opportunity to respond and to provide additional information.

V. Final Disposition (Subsequent Actions Following Completed Investigation)

1. If the alleged fraud is substantiated by a thorough investigation, the following actions are recommended:

   a. The sponsoring agency should be notified of the findings of the investigation and appropriate restitution should be made.

   b. All pending abstracts and papers emanating from the fraudulent research should be withdrawn and editors of journals in which previous abstracts and papers regarding the fraudulent research appeared should be notified.

   c. Institutions and sponsoring agencies with which the individual has been previously affiliated should be notified, if there is reason to believe that the validity of previous research might be questionable.

   d. Appropriate action should be taken to terminate or alter the status of faculty members whose misconduct is substantiated, in conformity with established due process on appointment, non-reappointment, and tenure.

e. Institutional administrators (chancellor, VCAA, and the dean involved) should consider, in consultation with legal counsel, release of information about the incident to the public press, particularly when public funds were used in supporting the fraudulent research.

2. If the alleged fraud is not substantiated by a thorough investigation, formal diligent efforts, where appropriate, should be undertaken to restore fully the reputation of the researcher(s) and others under investigation. In addition, appropriate action should be taken against any parties whose involvement in leveling unfounded charges was demonstrated to have malicious intent or to be intentionally dishonest.

3. Subsequent to the completion of an investigation, faculty practices and institutional policies and procedures for promoting the ethical conduct of research and investigating allegations of misconduct should be scrutinized and modified, if needed, in light of the experience gained.

VI. Responsibility and Timelines

Unless specified differently elsewhere, the VCAA bears responsibility for carrying out procedures outlined in this policy statement, and adhering to federally mandated timelines, as in the "Initial Assurance" form incorporated here by reference (Appendix I).

Authorized ~~Authorized~~ Wilfred L. Guerin — Dec. 14 1989
Wilfred L. Guerin
Provost and Vice Chancellor for Academic Affairs
Date

Approved
E. Grady Bogue
Chancellor
Date

P.S. 2 09.00

Department of Health and Human Services (HHS)
Public Health Service (PHS)

APPENDIX I

Initial Assurance

Regarding Procedures for Dealing with and Reporting Possible Misconduct in Science

Dr. E. Grady Bogue
~~PRESIDENT/DIRECTOR~~ Chancellor
LOUISIANA STATE UNIV SHREVEPORT
~~8515 YOUREE DR~~ One University Place
SHREVEPORT, LA ~~71105~~ 71115

If the address area to the left is blank, please fill in your institution's name and address. If the address was completed for you, please make any necessary corrections.

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Each institution which receives or applies for a research, research-training, or research-related grant or cooperative agreement under the Public Health Service Act must submit an annual assurance certifying that the institution has established administrative policies as required by the Final Rule (42 CFR Part 50, Subpart A), and that it will comply with those policies and the requirements of the Final Rule as published at 54 FR 32446, August 8, 1989.

1. **In accordance with 42 CFR Part 50, the administrative policies provide for the following, and otherwise comply with 42 CFR 50.101-50.105:**

- An impartial process for receipt of allegations of scientific misconduct and for initiating immediate inquiry into each allegation.
- Subject to Part 50, completion of each inquiry within 60 calendar days from receipt of allegation, including preparation of a written report.
- Maintenance of detailed documentation of an inquiry for at least three (3) years, which must, upon request, be provided to authorized HHS personnel.
- Initiation of an investigation within 30 calendar days of the completion of an inquiry, if findings from that inquiry provide sufficient basis for conducting an investigation.
- Subject to Part 50, completion of an investigation within 120 calendar days.
- Selection of impartial experts to conduct inquiries and investigations.
- Precautions against real or apparent conflicts of interest in an inquiry or an investigation.
- Affording the affected individual(s) confidential treatment to the maximum extent possible, a prompt and thorough investigation, and an opportunity to comment on allegations and findings of the inquiry and/or the investigation.
- Notification to the PHS's Office of Scientific Integrity (OSI), at the National Institutes of Health, that an investigation will be conducted.
- Notification to OSI within 24 hours of obtaining a reasonable indication of possible criminal violations.
- Preparation and maintenance of the documentation to substantiate an investigation's findings for at least three (3) years after PHS acceptance of the final report.
- Taking appropriate interim administrative actions to protect Federal funds and ensure that the purposes of the Federal financial assistance are being carried out.

- Promptly advising OSI of any developments during the course of the investigation which disclose facts that may affect current or potential Department of Health and Human Services funding for the individual(s) under investigation or that the PHS needs to know to ensure appropriate use of Federal funds and otherwise protect the public interest.

- Making efforts to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed.

- Protecting, to the maximum extent possible, the positions and reputations of those persons who, in good faith, make allegations of scientific misconduct, and those against whom allegations of misconduct are not confirmed.

- Imposing appropriate sanctions on individuals when the allegation of misconduct has been substantiated.

- Notifying the OSI of the final outcome of the investigation with a written report that thoroughly documents the investigative process and findings.

- Informing its scientific and administrative staff of the policies and procedures and the importance of compliance with those policies and procedures.

2. **Name and Title of Official Signing for the Organization**	Telephone *(area code, number, and extension)*
E. Grady Bogue Chancellor	(318) 797-5200

Address

One University Place
Shreveport, LA 71115

I certify that:

(a) this organization has established – and will comply with – policies and procedures, incorporating the provisions set out in Item 1 above, for inquiring into and investigating allegations of scientific misconduct;

(b) this organization will comply with the requirements of the PHS regulations on responsibilities of awardee and applicant institutions for dealing with and reporting possible misconduct in science (42 CFR Part 50, Subpart A); and

(c) this organization will provide its policies and procedures to the Public Health Service upon request.

Signature of the person named in Item 2 *(In ink. "Per" signature not acceptable.)*	Date:
	12/16/89