
PROTOCOLS FOR RESPONDING TO ALLEGATIONS OF RESEARCH MISCONDUCT IN **PHS-SUPPORTED** PROGRAMS

I. INTRODUCTION

A. GENERAL STATEMENT

These procedures codify the responsibilities of Lipscomb University (“**Lipscomb**”) under the **PHS** Policies on Research Misconduct, set forth in 42 **CFR** Part 93. These procedures apply to **allegations of research misconduct (plagiarism, falsification, and fabrication)** involving:

- An **Institutional Member**; and
- (a) **PHS support** for biomedical or behavioral **research, research** training or activities related to that **research** or **research** training, such as the operation of tissue and data banks and the dissemination of **research** information, (b) applications or proposals for **PHS** support for biomedical or behavioral **research, research** training or activities related to that **research** or **research** training, or (c) **plagiarism** of **research** records produced in the course of **PHS supported research, research** training or activities related to that **research** or **research** training. This includes any **research** proposed, performed, reviewed, or reported, or any **research record** generated from that **research**, regardless of whether an application or proposal for **PHS** funds resulted in a grant, contract, cooperative agreement, or other form of **PHS support**.

B. PURPOSE

The purpose of these protocols is to:

- Establish the responsibilities and administrative actions of Lipscomb in reporting and responding to **research misconduct**, including **allegations and research misconduct proceedings**, pursuant to the requirements of 42 **CFR** Part 93;
- Establish consistent procedures for reporting any and all occurrences of **research misconduct** to the U.S. Department of Health and Human Services (“**HHS**”), **PHS**, and the U.S. Office of Research Integrity (“**ORI**”);
- Define **research misconduct** at **Lipscomb**; and
- Protect the health and safety of the public and promote the integrity of **research** and the **research** process (including **PHS research**).
- Ensure that **institutional** protocols are publicly available and clearly identify the **Institutional Deciding Official** (“**IDO**”) and **Research Integrity Officer** (“**RIO**”).
- Establish protocols for handling and securing the **institutional record** and **evidence** of possible **research misconduct**.

C. APPLICABILITY AND SCOPE

These protocols require all **institutional members** to report observed, suspected, or apparent **research misconduct** to Lipscomb’s **RIO**, whose contact information is available to the public and the **Lipscomb** community **Lipscomb**’s Office of Research and Grants website.

These protocols are only applicable to research misconduct inquiries, meetings and other actions initiated as a result of allegations received on or after January 1, 2026.

These protocols apply to any **institutional member** (including any student, faculty, staff, administrator of **Lipscomb**) as well as any third-party person (including contractor, subcontractor, and/or other partner of **Lipscomb**) regarding **allegation of research misconduct** involving the following six (6) **allegations** as provided in [42 CFR § 93.102](#):

1. Applications or proposals for **PHS support**, whether or not any such application or proposal is for funding support, for biomedical or behavioral **research**, biomedical or behavioral **research** training, or activities related to that **research** or **research** training.
2. **PHS-supported** biomedical or behavioral **research**.
3. **PHS-supported** biomedical or behavioral **research** training programs.
4. **PHS-supported** activities that are related to biomedical or behavioral **research** or **research** training, such as, but not limited to, the operation of tissue and data banks or the dissemination of **research** information.
5. **Research records** produced during **PHS-supported research**, **research** training, or activities related to that **research** or **research** training.
6. **Research** proposed, performed, reviewed, or reported, as well as any **research record** generated from that **research**, regardless of whether an application or proposal for **PHS** funds resulted in an awarded grant, contract, cooperative agreement, subaward, or other form of **PHS support**.

These protocols apply only to **PHS-supported research misconduct** occurring within six (6) years of the date **HHS** or **Lipscomb** receives an **allegation of research misconduct**, subject to the following exceptions:

1. The six-year time limitation does not apply if the **respondent** continues or renews any incident of alleged **research misconduct** that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the **research record** alleged to have been **fabricated, falsified, or plagiarized**, for the potential benefit of the **respondent** (“subsequent use exception”). For alleged **research misconduct** that appears subject to this subsequent use exception, but **Lipscomb** determines is not subject to the exception, the **institution** will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven (7) years after completion of the **institutional research misconduct proceeding** or the completion of any **HHS** proceeding.
2. The six-year time limitation also does not apply if the **ORI** or **Lipscomb**, following consultation with **ORI**, determines that the alleged **research misconduct**, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

II. DEFINITIONS

Unless otherwise identified, the following terms utilized in these protocols, marked in bold within the narrative, are taken from [42 CFR Part 93 Subpart B—Definitions](#). Defined terms are in bold font throughout these protocols.

- A. **Accepted practices of the relevant research community** means those practices established by [Title 42 CFR Part 93](#) and by **PHS** funding components, as well as commonly accepted professional codes or norms within the overarching community of researchers and institutions that apply for and receive **PHS** awards.
- B. **Administrative action** means an **HHS** action, consistent with [42 CFR § 93.407](#), taken in response to a **research misconduct proceeding** to protect the health and safety of the public, to promote the integrity of **PHS-supported** biomedical or behavioral **research**, biomedical or

- behavioral **research** training, or activities related to that **research** or **research** training, or to conserve public funds.
- C. **Allegation(s)** is a disclosure of possible **research misconduct** through any means of communication and brought directly to the attention of an institutional or **HHS** official.
- D. **Assessment** means a consideration of whether an allegation of **research misconduct** appears to fall within the definition of **research misconduct**; appears to involve **PHS**-supported biomedical or behavioral **research**, biomedical or behavioral **research** training, or activities related to that **research** or **research** training; and is sufficiently credible and specific so that potential **evidence** of **research misconduct** may be identified. The assessment only involves the review of readily accessible information relevant to the **allegation**.
- E. **CFR** means the U.S. Code of Federal Regulations.
- F. **Complainant** means an individual who in good faith makes an **allegation** of **research misconduct**.
- G. **Evidence** means anything offered or obtained during a **research misconduct proceeding** that tends to prove or disprove the existence of an alleged fact. Evidence includes documents, whether in hard copy or electronic form, information, tangible items, and testimony.
- H. **Fabrication** means making up data or results and recording or reporting them.
- I. **Falsification** means 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.
- J. **Good faith.** (a) Good faith as applied to a complainant or witness means having a reasonable belief in the truth of one's **allegation** or testimony, based on the information known to the **complainant** or witness at the time. An **allegation** or cooperation with a **research misconduct proceeding** is not in good faith if made with knowledge of or reckless disregard for information that would negate the **allegation** or testimony. (b) Good faith as applied to an **institutional** or committee member means cooperating with the **research misconduct proceeding** by impartially carrying out the duties assigned for the purpose of helping an **institution** meet its responsibilities under [42 CFR Part 93](#). An **institutional** or committee member does not act in good faith if their acts or omissions during the **research misconduct proceedings** are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the **research misconduct proceeding**.
- K. **Inquiry** means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of 42 **CFR** § 93.307 through § 93.309.
- L. **Institution** means any person who applies for or receives **PHS** support for any activity or program that involves the conduct of biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training. This includes, but is not limited to, colleges and universities, **PHS** intramural biomedical or behavioral research laboratories, research and development centers, national user facilities, industrial laboratories or other research institutes, research institutions, and independent researchers. This term may be used as an adjective, e.g., **institutional**, referring to, for example, institutional policies or institutional research community.
- M. **Institutional Deciding Official**, or **IDO**, means the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the **IDO** and the Research Integrity Officer. At Lipscomb, the **IDO** shall be the Provost.
- N. **Institutional member(s)** means an individual (or individuals) who is employed by, is an agent of, or is affiliated by contract or agreement with an **institution**. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, or attorneys, or employees or agents of contractors, subcontractors, or sub-awardees.

- O. **Institutional record** comprises: (a) The records that the **institution** compiled or generated during the **research misconduct proceeding**, except records the institution did not consider or rely on. These records include but are not limited to (1) documentation of the assessment as required by 42 **CFR** § 93.306(c); (2) if an **inquiry** is conducted, the **inquiry** report and all records (other than drafts of the report) considered or relied on during the **inquiry**, including, but not limited to, **research records** and the transcripts of any transcribed interviews conducted during the **inquiry**, information the **respondent** provided to the **institution**, and the documentation of any decision not to investigate as required by 42 **CFR** § 93.309(c); (3) if an **investigation** is conducted, the **investigation** report and all records (other than drafts of the report) considered or relied on during the **investigation**, including, but not limited to, **research records**, the transcripts of each interview conducted pursuant to 42 **CFR** § 93.310(g), and information the **respondent** provided to the **institution**; (4) decision(s) by the **IDO**, such as the written decision from the **IDO** under 42 **CFR** § 93.314; (5) the complete record of any **institutional** appeal consistent with 42 **CFR** § 93.315; (b) a single index listing all the **research records** and **evidence** that the **institution** compiled during the **research misconduct proceeding**, except records the **institution** did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.
- P. **Intentionally** means to act intentionally means to act with the aim of carrying out the act.
- Q. **Investigation(s)** means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of 42 **CFR** §§ 93.310 through 93.317.
- R. **Knowingly** means to act knowingly means to act with awareness of the act.
- S. **PHS** means Public Health Service.
- T. **PHS regulation** means the **research misconduct** regulations outlined in [Title 42 CFR Part 93](#). This definition is not included in the **PHS** regulation but is utilized throughout these protocols.
- U. **PHS support** means **PHS** funding, or applications or proposals for **PHS** funding, for biomedical or behavioral **research**, biomedical or behavioral **research** training, or activities related to that **research** or training, that may be provided through funding for **PHS** intramural **research**; **PHS** grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those **PHS** funding instruments; or salary or other payments under **PHS** grants, cooperative agreements, or contracts. **Plagiarism** means the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit. Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a **research** project. Self-plagiarism and authorship disputes do not meet the definition of **research misconduct**.
- V. **Preponderance of the evidence** means proof by **evidence** that, compared with **evidence** opposing it, leads to the conclusion that the fact at issue is more likely true than not.
- W. **Recklessly** means to act recklessly means to propose, perform, or review **research**, or report **research** results, with indifference to a known risk of fabrication, falsification, or plagiarism.
- X. **Research** means a systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) by establishing, discovering, developing, elucidating, or confirming information or underlying mechanisms related to biological causes, functions, or effects; diseases; treatments; or related matters to be studied.
- Y. **Research Integrity Officer**, or **RIO**, refers to the **institutional** official responsible for administering the **institution's** written protocols for addressing **allegations** of **research misconduct** in compliance with 42 **CFR** Part 93.
- Z. **Research misconduct** means **fabrication**, **falsification**, or **plagiarism** in proposing,

performing, or reviewing **research**, or in reporting **research** results. Research misconduct does not include honest error or differences of opinion.

- AA. **Research misconduct proceeding(s)** means any actions related to alleged **research misconduct** taken under 42 CFR Part 93, including **allegation** assessments, **inquiries**, **investigations**, **ORI** oversight reviews, and appeals under subpart E of 42 CFR Part 93.
- BB. **Research record(s)** means the record of data or results that embody the facts resulting from scientific inquiry. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the research record include, but are not limited to, **research** proposals, raw data, processed data, clinical **research** records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.
- CC. **Respondent(s)** means the individual against whom an **allegation** of **research misconduct** is directed or who is the subject of a **research misconduct proceeding**.
- DD. **Retaliation** means an adverse action taken against a **complainant**, witness, or committee member by an **institution** or one of its members in response to (a) a good faith allegation of **research misconduct** or (b) good faith cooperation with a **research misconduct proceeding**.

III. GENERAL PROCEDURES

A. PRINCIPLES

All **institutional members** are expected to conduct **research** with honesty, rigor, and transparency. Each **institutional member** is responsible for contributing to an organizational culture that establishes, maintains, and promotes **research** integrity and the responsible conduct of **research**.

Lipscomb strives to reduce the risk of **research misconduct**, support all **good faith** efforts to report suspected misconduct, promptly and thoroughly address all **allegations** of **research misconduct**, and seek to rectify the scientific record and/or restore researchers' reputations, as appropriate.

Research misconduct is contrary to the interests of **Lipscomb**, the health and safety of the public, the integrity of **research**, and the conservation of public funds. Both **Lipscomb** and its **institutional members** have an affirmative duty to protect those funds from misuse by ensuring the integrity of all **research** conducted on behalf of **Lipscomb**.

Lipscomb is responsible for ensuring that these protocols for addressing **allegations** of **research misconduct** meet the requirements of the **PHS regulation**. The **institution** will establish and maintain these protocols, inform all **institutional members** about these protocols, and make these protocols publicly available. **Lipscomb** is committed to following these protocols when responding to **allegations** of **research misconduct**.

B. LIPSCOMB'S GENERAL RESPONSIBILITIES FOR COMPLIANCE

To apply for or receive **PHS support** for biomedical or behavioral **research**, biomedical or behavioral **research** training, or activities related to that **research** or **research** training, **Lipscomb** is required under [42 CFR § 93.301](#) to provide **HHS** with an assurance of compliance with [42 CFR 93](#) and seeks to remain in continual compliance with [42 CFR § 93.302](#) by:

1. Establishing protocols for addressing **allegations** of **research misconduct** according to [42 CFR 93](#), maintaining its protocols in compliance with [42 CFR 93](#), and upon request,

- providing it to ORI and other **HHS** components.
2. Complying with its protocols for addressing **allegations** of **research misconduct**.
 3. Complying with all provisions of [42 CFR 93](#), including record retention requirements.
 4. Taking all reasonable and practical specific steps to foster **research** integrity consistent with [42 CFR § 93.300](#), including but not limited to:
 - (i) Informing **institutional members** about its protocols for addressing **allegations** of **research misconduct**, and the **institution's** commitment to compliance with the protocols (including within regular training in the Responsible Conduct of Research); and
 - (ii) Making its protocols for addressing **allegations** of **research misconduct** publicly available.

C. ROLES, RIGHTS AND RESPONSIBILITIES

1. Lipscomb

a. Lipscomb's General Responsibilities

To the extent possible, **Lipscomb** will limit disclosure of the identity of **respondents**, **complainants**, and witnesses while conducting the **research misconduct proceedings** to those who need to know, inform all **institutional members** about these protocols, and make these protocols publicly available. This limitation on disclosure no longer applies once **Lipscomb** has made a final determination of **research misconduct** findings. The **institution** will respond to each **allegation** of **research misconduct** under [42 CFR Part 93](#) in a thorough, competent, objective, and fair manner. **Lipscomb** will take all reasonable and practical steps to ensure the cooperation of **respondents** and other **institutional members** with **research misconduct proceedings**, including, but not limited to, their providing information, **research records**, and other **evidence**. The **institution** agrees to cooperate with **ORI** during any **research misconduct proceeding** or compliance review, including addressing deficiencies or additional **allegations** in the **institutional record** if directed by **ORI** and to assist in administering and enforcing any **HHS administrative actions** imposed on **institutional members**. **Lipscomb** may also take steps to manage published data or acknowledge that data may be unreliable.

b. Lipscomb's Responsibilities During and After a Research Misconduct Proceeding

Except as may otherwise be prescribed by applicable law, **Lipscomb** will maintain confidentiality for any records or **evidence** from which **research** subjects might be identified and will limit disclosure to those who need to know to carry out a **research misconduct proceeding**. Before or at the time of notifying the **respondent** of the **allegation(s)** and whenever additional items become known or relevant, **Lipscomb** will promptly take all reasonable and practical steps to obtain all **research records** and other **evidence** and sequester them securely. **Lipscomb** will ensure that the **institutional record** contains all required elements, i.e., **research records** that were compiled and considered during the **research misconduct proceeding**, **assessment** documentation, and **inquiry** and/or **investigation** reports. Upon completion of the **inquiry**, **Lipscomb** will provide **ORI** with the complete **inquiry** report and add it to the **institutional record**. **Lipscomb** will maintain the **institutional record** and all sequestered **research records** and other **evidence** in a secure manner for seven (7) years after completion of the **institutional** and/or **HHS** proceeding.

Lipscomb will provide information related to the alleged **research misconduct and proceedings** to **ORI** upon request and transfer custody or provide copies of the **institutional record** or any component of it and any sequestered **evidence** to **HHS**, regardless of whether the **evidence** is included in the **institutional record**. Additionally, **Lipscomb** will promptly notify **ORI** of any special circumstances that may arise.

Disclosure of the identity of **respondents, complainants**, and witnesses while **Lipscomb** is conducting the **research misconduct proceedings** is limited to those who need to know, which **Lipscomb** will determine consistent with a thorough, competent, objective, and fair **research misconduct proceeding**, and as allowed by law. Those who need to know may include **institutional** review boards, journals, editors, publishers, co-authors, and collaborating **institutions**.

c. **Lipscomb's Responsibilities to the Complainant(s)**

Lipscomb will provide confidentiality consistent with [42 CFR Part 93](#) for all **complainants** in a **research misconduct proceeding**. **Lipscomb** will also take precautions to ensure that individuals responsible for carrying out any part of the **research misconduct proceeding** do not have potential, perceived, or actual personal, professional, or financial conflicts of interest with the **complainant(s)**. **Lipscomb** agrees to take all reasonable and practical steps to protect the positions and reputations of **complainants** and to protect these individuals from **retaliation** by **respondents** and/or other **institutional members**. If **Lipscomb** chooses to notify a **complainant** of the **inquiry** results in a case, all **complainants** will be notified by **Lipscomb**, to the extent possible.

d. **Lipscomb's Responsibilities to the Respondent(s)**

As with **complainants**, **Lipscomb** will provide confidentiality consistent with [42 CFR Part 93](#) to all **respondents** in a **research misconduct proceeding**. **Lipscomb** will make a **good faith** effort to notify the **respondent(s)** in writing of the **allegations** being made against them. **Lipscomb** will take precautions to ensure that individuals responsible for carrying out any part of the **research misconduct proceeding** do not have unresolved personal, professional, or financial conflicts of interest with the **respondent**. **Lipscomb** is responsible for giving the **respondent(s)** copies of or supervised access to the sequestered **research records**. **Lipscomb** will notify the **respondent** whether the **inquiry** found that an **investigation** is warranted, provide the **respondent** an opportunity to review and comment on the **inquiry** report, and attach their comments to the **inquiry** report. If an **investigation** is commenced, **Lipscomb** must notify the **respondent**, give written notice of any additional **allegations** raised against them not previously addressed by the **inquiry** report, and allow the **respondent(s)** an opportunity to review the witness transcripts. **Lipscomb** will give the **respondent(s)** an opportunity to read and comment on the draft **investigation** report and any information or **allegations** added to the **institutional record**. **Lipscomb** will give due consideration to admissible, credible **evidence** of honest error or difference of opinion presented by the **respondent**.

Lipscomb will bear the burden of proof, by a **preponderance of the evidence**, for making a finding of **research misconduct**. **Lipscomb** will make all reasonable, practical efforts, if requested and as appropriate, to protect or restore the reputation of **respondents** against whom no finding of **research misconduct** is made.

e. Lipscomb's Responsibilities to the Committee Members

Lipscomb will ensure that a committee, consortium, or person acting on the institution's behalf conducts **research misconduct proceedings** in compliance with the **PHS regulation**. Lipscomb will take all reasonable and practical steps to protect the positions and reputations of good faith committee members and to protect these individuals from **retaliation**.

f. Lipscomb's Responsibilities to the Witness(es)

Lipscomb will provide confidentiality consistent with [42 CFR Part 93](#) for all witnesses. Lipscomb will take precautions to ensure that individuals responsible for carrying out any part of the **research misconduct proceedings** do not have unresolved personal, professional, or financial conflicts of interest with the witnesses. Lipscomb will also take all reasonable and practical steps to protect the positions and reputations of witnesses and to protect these individuals from **retaliation**.

2. Research Integrity Officer

Lipscomb's **RIO** is the official responsible for administering written protocols for addressing **allegations** of **research misconduct** in compliance with [42 CFR Part 93](#). Unless otherwise indicated, Lipscomb's **RIO's** name and contact information is as follows:

Name:	Danielle Duke
Title:	Post-Award Specialist
Institution:	Lipscomb University
Office:	Office of Research and Grants
Office:	615-966-5736
Email:	danielle.duke@lipscomb.edu
Direct Supervisor:	Dr. Trace Hebert Associate Provost of Research and Graduate Studies

While a different **RIO** may be assigned or reassigned at any time by Lipscomb's provost for any reason, at no time will the **IDO** also serve as the **RIO**, even on an interim basis. Lipscomb may choose to have the **RIO** or another designated **institutional** official conduct the **inquiry** in lieu of a committee, and, if needed, this individual may utilize a subject matter expert(s) to assist in the **inquiry**.

Upon receiving an **allegation** of **research misconduct**, the **RIO** or another designated **institutional** official will promptly assess the **allegation** to determine whether the **allegation**: (a) is within the definition of **research misconduct** under the **PHS regulation**; (b) is within the applicability criteria of the regulation at 42 **CFR** § 93.102; and (c) is sufficiently credible and specific so that potential **evidence** of **research misconduct** may be identified. If the **RIO** or another designated **institutional** official determines that the requirements for an **inquiry** are met, they shall document the **assessment**, promptly sequester all **research records** and other **evidence** per the **PHS regulation**, and promptly initiate the **inquiry**. If the **RIO** or another designated **institutional** official determines that requirements for an **inquiry** are not met, they will keep sufficiently detailed documentation of the **assessment** to permit a later review by **ORI** of the reasons why Lipscomb did not conduct an **inquiry**. Lipscomb will keep this documentation and related records in a secure manner for seven (7) years and provide them to **ORI** upon request.

3. Complainant

The **complainant** is the person who in **good faith** makes an **allegation** of **research misconduct**. The **complainant** will make **allegations** in **good faith**, as it is defined in the **PHS regulation**, as having a reasonable belief in the truth of one's **allegation** or testimony, based on the information known to the **complainant** at the time. The **complainant** brings **research misconduct allegations** directly to the attention of an **institutional** or **HHS** official through any means of communication.

Lipscomb supports a clear and transparent complaint system, and encourages complaints to be directed to the **RIO**, unless the **complainant** believes there is a real or perceived conflict of interest in the role of the **RIO** with any **allegations**. Should there be any such circumstance, complaints may be directed to any executive-level administrator, including but not limited to Lipscomb's Chief Research Officer ("CRO"), President, Provost, Senior Vice President of Finance and Technology (or its equivalent), Vice President of Human Resources, or their immediate supervisor(s). Void of any such circumstance, any complaints alleging **research misconduct** received by any **institutional member** shall be directed to the **RIO**.

In general, anonymous complaints are overly difficult for **Lipscomb** to administer, providing no mechanism to request additional information, conduct interviews, or provide accurate reporting to the Federal government. As such, **Lipscomb** requires that all complaints identify the **complainant(s)** unless the **institution** is otherwise directed by **HHS**.

4. Respondent

The **respondent** is the individual against whom an **allegation** of **research misconduct** is directed or who is the subject of a **research misconduct proceeding**. The **respondent** has the burden of going forward with and proving, by a **preponderance of evidence**, affirmative defenses raised. The **respondent's** destruction of **research records** documenting the questioned research is **evidence** of **research misconduct** where a **preponderance of evidence** establishes that the **respondent intentionally** or **knowingly** destroyed records after being informed of the **research misconduct allegations**. The **respondent's** failure to provide **research records** documenting the questioned research is **evidence** of **research misconduct** where the **respondent** claims to possess the records but refuses to provide them upon request.

The **respondent** will not be present during the witnesses' interviews but will be provided a transcript of the interview after it takes place. The **respondent** will have opportunities to: (a) view and comment on the **inquiry** report; (b) view and comment on the **investigation** report; and (c) submit any comments on the draft **investigation** report to **Lipscomb** within 30 days of receiving it.

If admitting to **research misconduct**, the **respondent** will sign a written statement specifying the affected **research records** and confirming the misconduct was **falsification**, **fabrication**, and/or **plagiarism**; committed **intentionally**, **knowingly**, or **recklessly**; and a significant departure from **accepted practices of the relevant research community**.

5. Committee and Consortium Members

Committee members (and consortium members, where applicable) are experts who act in **good faith** to cooperate with the **research misconduct proceedings** by impartially carrying out their assigned duties for the purpose of helping **Lipscomb** meet its responsibilities under [42 CFR Part](#)

93. Committee and consortium members will have relevant scientific expertise and be free of real or perceived conflicts of interest with any of the involved parties.

Committee or consortium members or anyone acting on behalf of **Lipscomb** will conduct **research misconduct proceedings** consistent with the **PHS regulation**. They will determine whether an **investigation** is warranted, documenting the decision in an **inquiry** report. During an **investigation**, committee or consortium members participate in recorded interviews of each **respondent**, **complainant**, 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)**. They will also determine whether or not the **respondent(s)** engaged in **research misconduct** and document the decision in the **investigation** report. They consider **respondent** and/or **complainant** comments on the **inquiry/investigation** report(s) and document that consideration in the **investigation** report.

An **investigation** into multiple **respondents** may convene with the same **investigation** committee or consortium members or anyone acting on behalf of **Lipscomb**, but there will be separate **investigation** reports and separate **research misconduct** determinations for each **respondent**. Committee or consortium members may serve for more than one (1) **investigation**, in cases with multiple **respondents**. Committee members may also serve for both the **inquiry** and the **investigation**.

Committee or consortium members may, at the discretion of **Lipscomb**, be provided extra compensation or release(d) time resulting from a directive to support any component of a **research misconduct proceeding**. In the event that any external individual (e.g., physician, data scientist, etc.) is necessary to provide subject matter expertise as a committee or consortium member, compensation to the expert may be provided by **Lipscomb** to the individual(s) at a fair-market hourly rate value for participation in any **research misconduct proceeding** (which may include, as appropriate, both the **inquiry** and the **investigation**). In any such circumstance, estimated compensation budgets shall be approved by **Lipscomb's CRO** and/or **IDO** prior to requesting such support, including identification of **institutional** fund or account number to be used for compensation.

No committee or consortium member shall have any real conflict of interest, whether personal, professional, or financial conflict of interest with any component of the **research misconduct proceeding** and shall provide a disclosure to the **RIO** promptly upon identification of any real or perceived conflict of interest.

6. Witnesses

Witnesses are individuals whom **Lipscomb** has reasonably identified as having information regarding any relevant aspects of the **investigation**. Witnesses are responsible to provide information for review during **research misconduct proceedings**. Witnesses will cooperate with the **research misconduct proceedings** in **good faith** and have a reasonable belief in the truth of their testimony, based on the information known to them at the time.

7. Institutional Deciding Official

The **IDO** makes the final determination of **research misconduct** findings. The **IDO** cannot serve as the **RIO**. The **IDO** documents their determination in a written decision that includes whether **research misconduct** occurred, and if so, what kind and who committed it, and a description of

the relevant actions Lipscomb has taken or will take. The **IDO**'s written decision becomes part of the **institutional record**.

Unless otherwise indicated, Lipscomb's **IDO** and contact information is as follows:

Name:	Dr. Jennifer Shewmaker
Title:	Provost
Institution:	Lipscomb University
Office:	Academic Affairs, Office of the Provost
Phone:	615-966-1789
Email:	jashewmaker@lipscomb.edu
Supervisor:	Dr. Candice McQueen, President

IV. PROCEDURES FOR ADDRESSING ALLEGATIONS OF RESEARCH MISCONDUCT

A. ASSESSMENT

The purpose of an **assessment** is to determine whether an **allegation** warrants an **inquiry**. An **assessment** is intended to be a review of readily accessible information relevant to the **allegation**.

Upon receiving an **allegation** of **research misconduct**, the **RIO** or another designated **institutional** official will promptly determine whether the **allegation**: (a) falls within the definition of **research misconduct**; (b) is within the applicability criteria of [42 CFR Part 93 § 93.102](#); and (c) is credible and specific enough to identify and sequester potential **evidence**.

If the **RIO** or another **institutional** official determines that the **allegation** meets these three (3) criteria, they will promptly: (a) document the **assessment**; and (b) initiate an **inquiry** and sequester all **research records** and other **evidence**. The **RIO** or other **institutional** official must document the **assessment** and retain the **assessment** documentation securely for seven (7) years after completion of the **research misconduct proceedings**. If the **RIO** or another **institutional** official determines that the alleged misconduct does not meet the criteria to proceed to an **inquiry**, they will write sufficiently detailed documentation to permit a later review by ORI of why **Lipscomb** did not proceed to an **inquiry** and securely retain this documentation for seven (7) years.

B. INQUIRY

An **inquiry** is warranted if the **allegation**: (a) falls within the definition of **research misconduct** under [42 CFR Part 93](#); (b) is within the applicability criteria of [42 CFR § 93.102](#); and (c) is sufficiently credible and specific so that potential **evidence** of **research misconduct** may be identified. An **inquiry's** purpose is to conduct an initial review of the **evidence** to determine whether an **allegation** warrants an **investigation**. An **inquiry** does not require a full review of all related **evidence**. **Lipscomb** will complete the **inquiry** within ninety (90) days of initiating it unless circumstances warrant a longer period, in which it will sufficiently document the reasons for exceeding the time limit in the **inquiry** report.

1. Sequestering Evidence and Notifying the Respondent

Before or at the time of notifying the **respondent(s)**, **Lipscomb** will obtain the original or substantially equivalent copies of all **research records** and other **evidence** that are pertinent to the **research misconduct proceeding**, inventory these materials, sequester the materials in a secure manner, and retain them for seven (7) years. **Lipscomb** has a duty to obtain,

inventory, and securely sequester **evidence** that extends to whenever additional items become known or relevant to the **inquiry** or **investigation**.

At the time of or before beginning the **inquiry**, **Lipscomb** will make a **good faith** effort to notify the presumed **respondent(s)**, in writing, that an **allegation(s)** of **research misconduct** has been raised against them, the relevant **research records** have been sequestered, and an **inquiry** will be conducted to decide whether to proceed with an **investigation**. If additional **allegations** are raised, **Lipscomb** will notify the **respondent(s)** in writing. When appropriate, **Lipscomb** will give the **respondent(s)** copies of, or reasonable supervised access to, the sequestered materials.

If additional **respondents** are identified, **Lipscomb** will provide written notification to the new **respondent(s)**. All additional **respondents** will be given the same rights and opportunities as the initial **respondent**. Only **allegations** specific to a particular **respondent** will be included in the notification to that **respondent**.

2. Convening the Committee and Ensuring Neutrality

Lipscomb will ensure that all **inquiry** committee members understand their commission, keep the identities of **respondents**, **complainants**, and witnesses confidential, and conduct the **research misconduct proceedings** in compliance with the **PHS regulation**. In lieu of a committee, **Lipscomb** may task the **RIO** or another designated **institutional** official to conduct the **inquiry**, provided this person utilizes subject matter experts as needed to assist in the **inquiry**.

3. Determining Whether an Investigation Is Warranted

The **inquiry** committee, **RIO**, or other designated **institutional** official will conduct a preliminary review of the **evidence**. In the process of fact-finding, the **inquiry** committee may interview the **respondent** and/or witnesses. An **investigation** is warranted if: (a) there is a reasonable basis for concluding that the **allegation** falls within the definition of **research misconduct** under [42 CFR Part 93](#) and involves **PHS-supported** biomedical or behavioral **research**, biomedical or behavioral **research** training, or activities related to that **research** or **research** training, as provided in 42 CFR § 93.102; and (b) preliminary information-gathering and fact-finding from the **inquiry** indicates that the **allegation** may have substance.

The **inquiry** committee will not determine if **research misconduct** occurred, nor assess whether the alleged misconduct was intentional, knowing, or reckless; such a determination is not made until the case proceeds to an **investigation**.

4. Documenting the Inquiry

At the conclusion of the **inquiry**, regardless of whether an **investigation** is warranted, the **inquiry** committee, **RIO**, or other designated **institutional** official will prepare a written **inquiry** report. The contents of a complete **inquiry** report will include:

- The names, professional aliases, and positions of the **respondent** and **complainant(s)**.
- A description of the **allegation(s)** of **research misconduct**.
- Details about the **PHS** funding, including any grant numbers, grant applications, contracts, and publications listing **PHS support**.
- The composition of the **inquiry** committee, if used, including name(s), position(s), and subject matter expertise.
- An inventory of sequestered **research records** and other **evidence** and description of how sequestration was conducted.

- Transcripts of interviews, if transcribed.
- **Inquiry** timeline and procedural history.
- Any scientific or forensic analyses conducted.
- The basis for recommending that the **allegation(s)** warrant an **investigation**.
- The basis on which any **allegation(s)** do not merit further **investigation**.
- Any comments on the **inquiry** report by the **respondent** or the **complainant(s)**.
- Any **institutional** actions implemented, including internal communications or external communications with journals or funding agencies.
- Documentation of potential **evidence** of honest error or difference of opinion.

5. Completing the Inquiry

Lipscomb will give the **respondent** a copy of the draft **inquiry** report for review and comment. **Lipscomb** may, at the discretion of the **RIO** based on circumstances of the complaint, provide relevant portions of the report to a **complainant** for review/comment. Appeals may not be submitted by the **respondent(s)** during the **inquiry** process but may be submitted after review of a draft report of the full **investigation**, should one be warranted.

Lipscomb will notify the **respondent** of the **inquiry's** final outcome and provide the **respondent** with copies of the final **inquiry** report, the **PHS regulation**, and these protocols. **Lipscomb** may, at the discretion of the **RIO** based on the circumstances of the complaint, notify all **complainants** whether the **inquiry** found that an **investigation** is warranted. If **Lipscomb** provides notice to one (1) **complainant** in a case, it must provide notice, to the extent possible, to all **complainants** in the case.

6. If an Investigation Is Not Warranted

If the **inquiry** committee, **RIO**, or other designated **institutional** official determines that an **investigation** is not warranted, **Lipscomb** will keep sufficiently detailed documentation to permit a later review by **ORI** of why **Lipscomb** did not proceed to an **investigation**, store these records in a secure manner for at least seven (7) years after the termination of the **inquiry**, and provide them to **ORI** upon request.

7 If an Investigation is Warranted

If the **inquiry** committee, **RIO**, or other designated **institutional** official determines that an **investigation** is warranted, **Lipscomb** must: (a) within a reasonable amount of time after this decision, provide written notice to the **respondent(s)** of the decision to conduct an **investigation** of the alleged misconduct, including any **allegations** of **research misconduct** not addressed during the **inquiry**; and (b) within 30 days of determining that an **investigation** is warranted, provide **ORI** with a copy of the **inquiry** report.

On a case-by-case basis, **Lipscomb**, at the discretion of the **RIO**, may notify the **complainant** that there will be an **investigation** of the alleged misconduct but is required to take the same notification action for all **complainants** in cases where there is more than one (1) **complainant**.

C. INVESTIGATION

The purpose of an **investigation** is to formally develop a factual record, pursue leads, examine the record, and recommend finding(s) to the **IDO**, who will make the final decision, based on a **preponderance of evidence**, on each **allegation** and any **institutional** actions. As part of its **investigation**, **Lipscomb** will pursue diligently all significant issues and relevant leads, including any **evidence** of additional instances of possible **research misconduct**, and continue the

investigation to completion. Within 30 days after deciding an **investigation** is warranted, **Lipscomb** will notify **ORI** of the decision to investigate and begin the **investigation**.

1. Notifying the **Respondent** and Sequestering **Evidence**

Lipscomb will notify the **respondent(s)** of the **allegation(s)** within 30 days of determining that an **investigation** is warranted and before the **investigation** begins. If any additional **respondent(s)** are identified during the **investigation**, **Lipscomb** will notify them of the **allegation(s)** and provide them an opportunity to respond consistent with the **PHS regulation**. If **Lipscomb** identifies additional **respondents** during the **investigation**, it may choose to either conduct a separate **inquiry** or add the new **respondent(s)** to the ongoing **investigation**. **Lipscomb** will obtain the original or substantially equivalent copies of all **research records** and other **evidence**, inventory these materials, sequester them in a secure manner, and retain them for seven (7) years after the **research misconduct proceeding** or any **HHS** proceeding, whichever is later.

2. Convening an **Investigation** Committee

After vetting **investigation** committee members for conflicts of interest and appropriate scientific expertise, **Lipscomb** will convene the committee and ensure that the members understand their responsibility to conduct the **research misconduct proceedings** in compliance with the **PHS regulation**. The **investigation** committee will conduct interviews, pursue leads, and examine all **research records** and other **evidence** relevant to reaching a decision on the merits of the **allegation(s)**. **Lipscomb** will use diligent efforts to ensure that the **investigation** is thorough, sufficiently documented, and impartial and unbiased to the maximum extent practicable. **Lipscomb** will notify the **respondent** in writing of any additional **allegations** raised against them during the **investigation**.

3. Conducting Interviews

Lipscomb will interview each **respondent**, **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**. **Lipscomb** will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. **Lipscomb** will record and transcribe interviews during the **investigation** and make the transcripts available to the interviewee for correction. **Lipscomb** will include the transcript(s) with any corrections and exhibits in the **institutional record** of the **investigation**. The **respondent** will not be present during the witnesses' interviews, but **Lipscomb** will provide the **respondent** with a transcript of each interview, with redactions as appropriate to maintain confidentiality.

To the greatest extent possible, **Lipscomb** will provide confidentiality to **respondents**, **complainants**, and witnesses and protect **complainants**, witnesses, and committee members from **retaliation**. It is the responsibility of the **RIO**, in consultation with the **CRO** and **IDO**, as applicable, to determine how to do so in practical terms.

4. Documenting the **Investigation**

Lipscomb will complete all aspects of the **investigation** within 180 days. **Lipscomb**, under the administration of the **RIO**, will conduct the **investigation**, prepare the draft **investigation** report for each **respondent**, and provide the opportunity for **respondents** to comment. **Lipscomb** will document the **IDO's** final decision and transmit the **institutional record**

(including the final **investigation** report and **IDO**'s decision) to **ORI**. If the **investigation** takes more than 180 days to complete, **Lipscomb** will ask **ORI** in writing for an extension and document the reasons for exceeding the 180-day period in the **investigation** report.

The **investigation** report for each **respondent** will include:

- Description of the nature of the **allegation(s)** of **research misconduct**, including any additional **allegation(s)** addressed during the **research misconduct proceeding**.
- Description and documentation of the **PHS support**, including any grant numbers, grant applications, contracts, and publications listing **PHS support**. This documentation includes known applications or proposals for support that the **respondent** has pending with **PHS** and non-**PHS** Federal agencies.
- Description of the specific **allegation(s)** of **research misconduct** for consideration in the **investigation** of the **respondent**.
- Composition of the investigation committee, including name(s), position(s), and subject matter expertise.
- Inventory of sequestered **research records** and other **evidence**, except records the **institution** did not consider or rely on. This inventory will include manuscripts and funding proposals that were considered or relied on during the **investigation**. The inventory will also include a description of how any sequestration was conducted during the **investigation**.
- Transcripts of all interviews conducted.
- Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), **PHS** funding applications, progress reports, presentations, posters, or other **research records** that contain the allegedly **falsified, fabricated, or plagiarized** material.
- Any scientific or forensic analyses conducted.
- A copy of these protocols.
- Any comments made by the **respondent** and **complainant(s)** on the draft **investigation** report and the committee's consideration of those comments.
- A statement for each separate **allegation** of whether the committee recommends a finding of **research misconduct**.

If the committee recommends a finding of **research misconduct** for an **allegation**, the **investigation** report will present a finding for each **allegation**. These findings will (a) identify the individual(s) who committed the **research misconduct**; (b) indicate whether the misconduct was **falsification, fabrication, and/or plagiarism**; (c) indicate whether the misconduct was committed **intentionally, knowingly, or recklessly**; (d) identify any significant departure from the **accepted practices of the relevant research community** and that the **allegation** was proven by a **preponderance of the evidence**; (e) summarize the facts and analysis supporting the conclusion and consider the merits of any explanation by the **respondent**; (f) identify the specific **PHS support**; and (g) state whether any publications need correction or retraction.

If the **investigation** committee does not recommend a finding of **research misconduct** for an **allegation**, the **investigation** report will provide a detailed rationale for its conclusion.

The **investigation** committee should also provide a list of any current support or known applications or proposals for support that the **respondent** has pending with **PHS** and non-**PHS** Federal agencies.

5. Completing the Investigation

Lipscomb will give the **respondent** a copy of the draft **investigation** report and, concurrently, a copy of, or supervised access to, the **research records** and other **evidence** that the **investigation** committee considered or relied on. The **respondent** will submit any comments on the draft report to **Lipscomb** within 30 days of receiving the draft **investigation** report and the **respondent(s)** may file an appeal at this time, should they so choose. Should an appeal be filed, the **RIO** will address all information and documentation promptly, including convening any subsequent committee meeting(s) for full consideration of appeal documentation. The final outcome of an appeal will be made by the committee, with appropriate consultation by the **IDO**, and pursuant to **ORI** approval, as provided. If **Lipscomb** chooses to share a copy of the draft **investigation** report or relevant portions of it with the **complainant(s)** for comment, at the discretion of the **RIO**, the **complainant's** comments will be submitted within 30 days of the date on which they received the report. Appeals are not accepted by the **institution** from **complainants**. **Lipscomb** will add any comments received to the **investigation** report.

6. IDO Review of the Investigation Report

The **IDO** will review the **investigation** report and make a final written determination of whether the **institution** found **research misconduct** and, if so, who committed the misconduct. In this statement, the **IDO** will include a description of relevant **institutional** actions taken or to be taken.

7. Creating and Transmitting the Institutional Record

After the **IDO** has made a final determination of **research misconduct** findings, **Lipscomb** will add the **IDO's** written decision to the **investigation** report and organize the **institutional record** in a logical manner.

The **institutional record** consists of the records that were compiled or generated during the **research misconduct proceeding**, except records **Lipscomb** did not rely on. These records include documentation of the **assessment**, a single index listing all **research records** and **evidence**, the **inquiry** report and **investigation** report, and all records considered or relied on during the **investigation**. The **institutional record** also includes the **IDO's** final decision and any information the **respondent** provided to **Lipscomb**. The **institutional record** must also include a general description of the records that were sequestered but not considered or relied on.

If the **respondent** filed an appeal during the 30-day review/comment period after reviewing the draft final **investigation** report, the complete record of any **institutional** appeal also becomes part of the **institutional record**. If an internal appeals process is initiated, **Lipscomb** will wait until the appeal is concluded to transmit the **institutional record** to **ORI**. After the **IDO** has made a final written determination, and any **institutional** appeal is complete, the **institution** must transmit the **institutional record** to **ORI**.

D. OTHER PROCEDURES AND SPECIAL CIRCUMSTANCES

1. Multiple Institutions and Multiple Respondents

If the alleged **research misconduct** involves multiple **institutions**, **Lipscomb** may work closely with the other affected **institutions** to determine whether a joint **research misconduct proceeding** will be conducted. If so, the cooperating **institutions** will choose an **institution** to serve as the lead **institution**. In a joint **research misconduct proceeding**, the lead **institution** will obtain **research records** and other **evidence** pertinent to the **research**

misconduct proceeding, including witness testimony, from the other relevant **institutions**. By mutual agreement, the joint **research misconduct proceeding** may include committee members from the **institutions** involved. The determination of whether further **inquiry** and/or **investigation** is warranted, whether **research misconduct** occurred, and the **institutional** actions to be taken may be made by the **institutions** jointly or tasked to the lead **institution**.

If the alleged **research misconduct** involves multiple **respondents**, **Lipscomb** may either conduct a separate **inquiry** for each new **respondent** or add them to the ongoing **research misconduct proceedings**. **Lipscomb** must give additional **respondent(s)** notice of and an opportunity to respond to the **allegations**.

2. Respondent Admissions

Lipscomb will promptly notify **ORI** in advance if at any point during the **research misconduct proceedings** (including the **assessment, inquiry, investigation**, or appeal stage) it plans to close a **research misconduct** case because the **respondent** has admitted to committing **research misconduct** or a settlement with the **respondent** has been reached. If the **respondent** admits to **research misconduct**, **Lipscomb** will not close the case until providing **ORI** with the **respondent's** signed, written admission. The admission must state the specific **fabrication, falsification, or plagiarism** that occurred, which **research records** were affected, and that it constituted a significant departure from **accepted practices of the relevant research community**. **Lipscomb** must not close the case until giving **ORI** a written statement confirming the **respondent's** culpability and explaining how **Lipscomb** determined that the **respondent's** admission fully addresses the scope of the misconduct.

3. Other Special Circumstances

At any time during the **research misconduct proceedings**, **Lipscomb** will immediately notify **ORI** if any of the following circumstances arise:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
- **HHS** resources or interests are threatened.
- **Research** activities should be suspended.
- There is reasonable indication of possible violations of civil or criminal law.
- Federal action is required to protect the interests of those involved in the **research misconduct proceeding**.
- **HHS** may need to take appropriate steps to safeguard **evidence** and protect the rights of those involved.

E. RECORDS RETENTION

Lipscomb, under the direction of the **RIO**, will maintain the **institutional record** and all sequestered **evidence**, including physical and digital objects (regardless of whether the **evidence** is part of the **institutional record**), in a secure manner for seven (7) years after the completion of the **research misconduct proceeding** or the completion of any **HHS** proceeding, whichever is later, unless custody has been transferred to **HHS**.

V. DISSEMINATION OF THESE PROTOCOLS

These protocols may be disseminated to the **Lipscomb** community by numerous means, including but not limited to:

- Notice to faculty of the adoption of the protocols;

- Reference to the protocols in the Faculty Handbook; and
- Maintenance of the protocols on **Lipscomb**'s website.

VI. CONFLICT

As aligned with [42 CFR 93.102\(c\)-\(e\)](#), these protocols, and/or any procedures contained herein, are not intended to and do not supersede **PHS regulations** as outlined in [42 CFR Part 93](#) or establish any alternative to any applicable statutes, regulations, policies, or procedures for handling fiscal improprieties, the ethical treatment of human or animal subjects, criminal matters, personnel actions against Federal employees, addressing whistleblowers and/or **retaliation**, or any **institutional** process to address misconduct that does not involve **PHS support**. In the event of any conflict in interpretation between these protocols and applicable Federal regulations, applicable Federal regulations shall prevail. Any question related to any conflict(s) within these protocols may be addressed to the **institution's RIO**.

VII. CONTACT

For additional information or questions regarding these protocols, contact the Office of Research and Grants, which can be reached at 615.966.5907 or researchandgrants@lipscomb.edu.

VIII. EFFECTIVE DATE

These protocols were approved by the Office of the Provost on December 16, 2025.