Research Misconduct Policy

(Effective as of January 1, 2026)

SECTION 1: PURPOSE AND SCOPE

1.1 GENERAL PRINCIPLES

Cold Spring Harbor Laboratory (CSHL or Institution) is committed to upholding the highest standards of scientific rigor in research. CSHL's steadfast commitment to research integrity, truth, and accountability is fundamental to its scientific environment. CSHL actively promotes the responsible conduct of research, works to prevent and detect research misconduct, and responds promptly and appropriately to any allegations or evidence of potential research misconduct. To that end, CSHL expects its Institutional Members to uphold the highest standards of scientific and ethical conduct in their research and related academic activities. Each Institutional Member is responsible for fostering an organizational culture that establishes, maintains, and promotes research integrity and the responsible conduct of research.

Research misconduct threatens CSHL's mission, compromises the integrity of scientific research, endangers public health and safety, and results in the misuse of public funds. CSHL supports all Good Faith reports of suspected research misconduct, and will promptly and thoroughly address all such Allegations. CSHL bears primary responsibility for investigating, reporting, and resolving any Allegations of research misconduct. When appropriate, CSHL seeks to correct the scientific record and/or restore the reputations of researchers who were unjustly affected.

This Research Misconduct Policy and related procedures (Policy) are intended to meet CSHL's responsibilities under the Public Health Service (PHS) Policies on Research Misconduct (42 CFR Part 93) (the PHS regulation). The Public Health Service, however, retains ultimate authority for monitoring such investigations when PHS support is involved.

See Appendix I for the definitions of terms used in this Policy.

1.2 PURPOSE

The purpose of CSHL's Research Misconduct Policy is to define and communicate the procedures it will follow in cases when an Allegation is made or when an apparent instance of research misconduct arises. CSHL will respond to each Allegation of Research Misconduct under the PHS regulation (42 CFR Part 93) in a thorough, competent, objective, and fair manner. Institutional members are presumed innocent of research misconduct until a contrary conclusion is reached through the procedures described in this Policy.

A finding of research misconduct under this Policy requires each of the following:

- There is a significant departure from accepted research practices.
- The misconduct is committed intentionally, knowingly, or recklessly.

- The Allegation is proven by a preponderance of evidence.

Research misconduct represents a major breach of contract between Institutional Members and CSHL and may result in sanctions being instituted against the individual(s) involved.

CSHL will establish and maintain this Policy, inform all Institutional Members about this Policy, and make this Policy publicly available. CSHL is committed to following this Policy and related procedures when responding to Allegations of research misconduct. This Policy applies to CSHL's research and scientific Institutional Members and is particularly pertinent to those individuals involved with a research project supported by the Public Health Service and National Science Foundation or who have submitted an application for such support.

1.3 SCOPE OF THE RESEARCH MISCONDUCT POLICY

This Policy applies to all CSHL Institutional Members, regardless of rank, status, or funding source. If an Allegation or apparent instance of Research Misconduct is made against a CSHL Institutional Member, CSHL will respond objectively and ensure that no person involved in the proceedings has a conflict of interest. These persons include the Complainant, Respondent, President, Research Integrity Officer (RIO), witnesses, Inquiry Committee and Investigation Panel members, and any other Institutional Member involved in the Allegation. If any of these people have a conflict of interest, where possible, a fair and competent person will act as a replacement. The determination of a suitable replacement will be at the discretion of CSHL's General Counsel.

If an individual believes the RIO may be involved in the wrongdoing or has a conflict of interest, they should inform the President, who will then assume the responsibility otherwise assigned to the RIO under this Policy. If the President may be involved in the wrongdoing or has a conflict of interest that cannot be overcome, CSHL's Board of Trustees or a committee thereof will assume the President's responsibilities.

The RIO maintains the primary responsibility for implementing this Policy and carrying out all proceedings having to do with Allegations of Research Misconduct. The ultimate decision concerning Allegations of Research Misconduct will be made by the President.

This Policy and procedures only apply to Research Misconduct occurring within six years of the date the Department of Health and Human Services (HHS) or CSHL receives an Allegation of Research Misconduct, subject to the following exceptions:

- The six-year limit does not apply if the Respondent continues or renews any incident of alleged Research Misconduct that occurred before the six years through the use of, re-publication 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, in the event CSHL determines that it is not subject to the exception, CSHL will document its determination that the subsequent use exception does not apply and will retain this documentation for the later of seven years after completion of the institutional proceeding or the completion of any HHS proceeding.

- The six-year limit also does not apply if the Office of Research Integrity (ORI) or CSHL, following ORI's guidance, determines that the alleged Research Misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public, or is part of a long-term pattern of misconduct that requires the literature to be corrected.

This Policy applies to all research conducted at CSHL by Institutional Members, whether or not such research is PHS-supported. It does not supersede or establish an alternative to the PHS regulation or to any existing regulations governing the handling of Research Misconduct involving non-PHS-supported research. The Policy does not replace the PHS regulation, and in the event of any conflict between this Policy and the provisions of the PHS regulation (42 CFR Part 93), the PHS regulation will prevail. This Policy is intended to enable CSHL's compliance with all applicable PHS regulations, as well as with the requirements imposed by other third-party funding organizations.

SECTION 2: COLD SPRING HARBOR LABORATORY'S RESPONSIBILITIES

2.1 CONFIDENTIALITY

CSHL will limit, to the extent possible, the disclosure of the identities of Respondents, Complainants, and witnesses during Research Misconduct proceedings. Disclosure will be restricted to individuals who need to know this information, such as institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions, when necessary to ensure the process is conducted fairly and thoroughly.

Notwithstanding the foregoing, the RIO may at any time and at their discretion, report in writing the progress and/or the results of any proceeding to the Complainant(s) and any other appropriate persons including, but not limited to: (1) co-authors, co-investigators, or collaborators; (2) editors of journals in which work was published or to which work was submitted; (3) professional societies; (4) state professional licensing boards; and (5) other institutions with which the Respondent is or was affiliated. Any written report provided pursuant to this paragraph will also be provided to the Respondent(s).

This limitation on disclosure of the identity of Respondents, Complainants and witnesses no longer applies once CSHL has made a final determination of Research Misconduct findings.

2.2 COOPERATION

CSHL will take all reasonable and practical steps to ensure the cooperation of all Respondents, CSHL Institutional Members, and those who were CSHL Institutional Members during the time frame the alleged misconduct occurred. They are all expected to fully cooperate with Research Misconduct proceedings, including, but not limited to, providing information, Research Records, and other evidence. CSHL agrees to cooperate with ORI, to the extent applicable, during any Research Misconduct proceeding or compliance review, including addressing deficiencies or additional Allegations in CSHL's record if directed by ORI, and to assist in administering and enforcing any HHS administrative actions imposed on Institutional Members. CSHL may also take steps to manage published data or acknowledge that data may be unreliable.

If another institution is conducting an Inquiry or Investigation involving a CSHL Institutional Member, all CSHL Institutional Members are expected to cooperate fully to the best of their ability throughout the proceedings. Such cooperation may include providing information, Research Records, and other relevant evidence.

2.3 RETALIATION PROHIBITED

CSHL will take reasonable and practical steps to protect the positions and the reputations of Complainants who acted in Good Faith and protect them from false accusation or retaliation by Respondents and others within CSHL. As such, any retaliation against a Complainant who made an Allegation in Good Faith, or against a person who in Good Faith provides information about the alleged Research Misconduct, will not be tolerated.

2.4 ADDRESSING OBSTRUCTION OF THE RESEARCH MISCONDUCT PROCEEDINGS

Obstruction (including, but not limited to, intentionally withholding or destroying evidence in violation of a duty to disclose or preserve information; falsifying evidence; encouraging, soliciting, or giving false testimony; or attempting to intimidate witnesses, potential witnesses, or potential leads to witnesses or evidence) during any CSHL proceedings or proceedings of another institution leading the investigation into alleged Research Misconduct involving a CSHL Institutional Member, is a violation of this Policy, and may in itself constitute Research Misconduct, resulting in sanctions or loss of employment.

2.5 RESPONSIBILITIES DURING AND AFTER THE RESEARCH MISCONDUCT PROCEEDINGS

Except as may otherwise be prescribed by applicable law, CSHL 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, CSHL will promptly take all reasonable and practical steps to obtain all Research Records and other evidence and sequester them securely.

All records and documents related to Research Misconduct proceedings will be maintained in a locked office for the short term and, in a locked storage area with access limited to authorized individuals for the long term. CSHL will ensure the institutional record contains all required elements (e.g., Research Records compiled and considered during the proceedings, Assessment documentation, and Inquiry and/or Investigation reports). Upon completion of the Inquiry, if PHS support is involved CSHL will provide ORI with the complete Inquiry report and add it to the Institutional record.

CSHL will maintain the Institutional record and all sequestered Research Records and other evidence in a secure manner for seven years after completion of the CSHL and/or HHS proceeding. After this period, records will be securely destroyed by shredding, and any original materials provided by other parties will be returned to the appropriate individuals or entities when appropriate.

If PHS support is involved, CSHL will provide information related to alleged Research Misconduct and proceedings to ORI upon request, and transfer custody or provide copies of CSHL's Institutional record or any component of it and any sequestered evidence to HHS,

regardless of whether the evidence is included in CSHL's Institutional record. Additionally, if PHS support is involved, CSHL will promptly notify ORI of any special circumstances that arise.

2.6 RESPONSIBILITIES TO THE COMPLAINANT(S) AND RESPONDENT(S)

CSHL will provide confidentiality consistent with 42 CFR Part 93 for all Complainants in a Research Misconduct proceeding. CSHL will also take precautions to ensure 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). If CSHL chooses to notify one Complainant of the Inquiry results in a case, all Complainants will be notified by CSHL, to the extent possible.

As with Complainants, CSHL will provide confidentiality consistent with 42 CFR Part 93 to all Respondents in a Research Misconduct proceeding. CSHL will make a Good Faith effort to notify the Respondent(s) in writing of the Allegations being made against them. CSHL 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.

CSHL is responsible for giving the Respondent(s) copies of, or supervised access to, the sequestered Research Records. CSHL 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 commences, CSHL 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. CSHL 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. CSHL will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the Respondent.

CSHL will bear the burden of proof, by a preponderance of the evidence, for making a finding of Research Misconduct. CSHL 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.

2.7 RESPONSIBILITIES TO THE INQUIRY COMMITTEE AND INVESTIGATION PANEL MEMBERS

CSHL will ensure that the Inquiry Committee (Committee), Investigation Panel (Panel), and individual(s) acting on CSHL's behalf conduct Research Misconduct proceedings in compliance with the PHS regulation. CSHL will take all reasonable and practical steps to protect the positions and reputations of Committee and Panel members and protect these individuals from retaliation.

2.8 RESPONSIBILITIES TO THE WITNESS(ES)

CSHL will provide confidentiality consistent with 42 CFR Part 93 for all witnesses. CSHL will take precautions to ensure that individuals responsible for carrying out any part of the proceedings do not have unresolved personal, professional, or financial conflicts of interest with

the witnesses. CSHL will also take all reasonable and practical steps to protect the positions and reputations of witnesses and to protect these individuals from retaliation.

SECTION 3: PARTIES TO THE PROCESS

3.1 RESEARCH INTEGRITY OFFICER

The Research Integrity Officer (RIO) is the institutional official responsible for administering CSHL's written policies and procedures for addressing Allegations of Research Misconduct in compliance with the PHS regulation. The RIO is the Director of Research at CSHL. The same individual cannot serve dual roles as the Institutional Deciding Official and the RIO. The President may choose to have the RIO conduct the Inquiry instead of a Committee, and, if needed, this individual may utilize one or more subject matter experts to assist them 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 (1) is within the definition of Research Misconduct under the PHS regulation, (2) is within the applicability criteria of the PHS Regulation at § 93.102, and (3) is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.

If the RIO determines the requirements for an Inquiry are met, they will document the Assessment, promptly sequester all Research Records and other evidence per the PHS Regulation, and promptly initiate the Inquiry. If the RIO determines that requirements for an Inquiry are not met, the RIO will maintain sufficient documentation of the Assessment to allow ORI, if applicable, to review and understand CSHL's rationale for not proceeding to an Inquiry. CSHL will keep this documentation and related records in a secure manner for seven years and provide them to ORI upon request.

3.2 COMPLAINANT

The Complainant is an individual who, in Good Faith, makes an Allegation of Research Misconduct. The Complainant may bring Research Misconduct Allegations directly to the attention of a CSHL or HHS official through any means of communication. The Complainant will make Allegations in Good Faith, having a reasonable belief in the truth of one's Allegation or testimony, based on the information known to the Complainant at the time.

3.3 RESPONDENT

The Respondent is an 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, the affirmative defenses raised. The Respondent's destruction of Research Records documenting the questioned research is evidence of Research Misconduct if a preponderance of evidence establishes 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 if 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 an interview transcript after it occurs. The Respondent will have opportunities to (1) view and comment on the Inquiry report, (2) view and comment on the Investigation report, and (3) submit any comments on the draft Investigation report to CSHL 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.

3.4 INQUIRY COMMITTEE MEMBERS AND INVESTIGATION PANEL MEMBERS

Inquiry Committee members and Investigation Panel members must act in Good Faith to cooperate with the Research Misconduct proceedings by impartially carrying out their assigned duties for the purpose of helping CSHL meet its responsibilities under 42 CFR Part 93. The Committee and Panel members must have relevant scientific expertise and be free of real or perceived conflicts of interest with any of the involved parties.

Inquiry Committee members and Investigation Panel members, or anyone acting on behalf of CSHL, will conduct Research Misconduct proceedings consistent with the PHS regulation. Committee members will determine whether an Investigation is warranted, documenting the decision in an Inquiry report. During an Investigation, Panel members participate in recorded interviews of each Respondent, Complainant, and any other individual who was 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 Inquiry Committee and Investigation Panel, but there will be separate Investigation reports and separate Research Misconduct determinations for each Respondent. Committee and Panel members may serve for more than one Investigation in cases with multiple Respondents. Committee and Panel members may also serve for both the Inquiry and the Investigation.

3.5 WITNESSES

Witnesses are individuals whom CSHL has reasonably identified as having information regarding any relevant aspects of the Investigation. Witnesses 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.

3.6 INSTITUTIONAL DECIDING OFFICIAL

The Institutional Deciding Official (IDO), which at CSHL is the President, 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 CSHL has taken or will take. The IDO's written decision becomes part of the institutional record.

SECTION 4: PROCEDURES FOR ADDRESSING ALLEGATIONS OF RESEARCH MISCONDUCT

4.1 REPORTING POSSIBLE MISCONDUCT

All Institutional Members should report observed, suspected, or apparent Research Misconduct to the RIO. Research Misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results, and also includes any other serious deviations or significant departures from accepted and professional research practices, such as the mistreatment or abuse of human or animal research subjects.

Examples of Research Misconduct include fabricating data or results; falsifying or omitting information from research records; plagiarizing another person's ideas, processes, results, or words; manipulating research materials or equipment; or misrepresenting authorship or credentials. Falsification also includes altering digital images in a manner that misrepresents original research results or creates a misleading impression of the data. Image manipulation that adds, removes, or obscures features, enhances or adjusts contrast to distort findings, or duplicates and relabels images undermines the accuracy and integrity of the research record.

If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, they may meet with or contact the RIO to discuss the suspected Research Misconduct informally, which may include discussing it anonymously and/or hypothetically. Research Misconduct does not include honest error or reasonable differences of opinion in interpretations or judgments of data.

If an individual thinks the President is involved in wrongdoing, they should inform the RIO, who will then take on the responsibility otherwise assigned to the President. If an individual thinks the RIO is involved in the wrongdoing, they should inform the President, who will then take on the responsibility otherwise assigned to the RIO. If an individual believes both the President and the RIO are involved in the alleged Research Misconduct, then they should inform the Chief Operating Officer, who will perform the initial Assessment of Allegations as described in Section 4.2 and, if the Allegation meets the requirements of Section 4.2, will then inform CSHL's Board of Trustees, who will then handle the case. To the extent practicable, the RIO will deal with Allegations from parties outside CSHL under this Policy.

It is a violation of this Policy for an individual to knowingly, recklessly, or in bad faith bring a false Allegation of Research Misconduct against another individual. The bringing of a false Allegation, if carried out knowingly, recklessly, or in bad faith, is considered a violation of this Policy and may result in disciplinary action, up to and including termination of status.

4.2 ASSESSMENT OF THE ALLEGATIONS

An Assessment's purpose is to determine whether an Allegation warrants an Inquiry and is intended to be a review of readily accessible information relevant to the Allegation. When an Allegation of Research Misconduct is made, the RIO or another designated institutional official will promptly conduct an initial Assessment to determine whether the Allegation warrants an Inquiry.

This Assessment involves reviewing readily accessible information to decide whether the Allegation (a) falls within the definition of Research Misconduct; and (b) is sufficiently credible and specific enough to identify and sequester potential evidence. The Assessment will also determine if the Allegation meets the applicability criteria of 42 CFR Part 93 § 93.102, in which case the PHS Regulation will control in all respects.

If the RIO or other designated institutional official determines that an Allegation meets the required criteria, they will promptly: (1) document the Assessment and (2) initiate an Inquiry while securely sequestering all relevant Research Records and evidence needed to conduct the Research Misconduct proceedings. The RIO or other designated institutional official must document the Assessment and securely retain the Assessment documentation for seven years after completion of the misconduct proceedings.

If the RIO or other designated institutional official determines that the Allegation of Research Misconduct does not meet the criteria to proceed to an Inquiry, they will prepare sufficiently detailed documentation explaining the basis for that determination. If PHS support is involved, this documentation must be adequate to permit a later review by ORI. CSHL will securely retain this documentation for seven years.

4.3 INQUIRY

If the RIO or other designated institutional official determines that the criteria for initiating an Inquiry are met, the Inquiry process will begin. The purpose of the Inquiry is to conduct an initial review of the evidence to determine whether an Allegation warrants an Investigation. An Inquiry is warranted if the Allegation (1) falls within the definition of Research Misconduct under 42 CFR Part 93, and (2) is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified. If the Allegation falls within the applicability criteria of § 93.102, the PHS Regulation will control in all respects.

An Inquiry may be conducted by the RIO with assistance, if needed, from subject matter experts or by an Inquiry Committee.

An Inquiry does not require a full review of all related evidence. CSHL will complete the Inquiry within 90 days of initiating it unless circumstances warrant a longer period, in which case it will sufficiently document the reasons for exceeding the time limit in the Inquiry report.

4.3.1 SEQUESTERING EVIDENCE AND NOTIFYING THE RESPONDENT ABOUT THE INQUIRY

Before or at the time of notifying the Respondent(s) that an Allegation of Research Misconduct was made against them, CSHL will take all reasonable and practical steps to gain custody of relevant original or substantially equivalent copies of all Research Records and other evidence pertinent to the proceeding, inventory these materials, and securely sequester the materials. CSHL also has a duty to obtain, inventory and securely sequester evidence whenever additional items become known or relevant to the Inquiry or Investigation. Where the research records or evidence are located on or encompass scientific instruments shared by a number of users, CSHL may obtain copies of the data or evidence on such instruments, so long as those copies are substantially equivalent in evidentiary value to the data or evidence on such instruments. When appropriate, CSHL must give a Respondent copies of or reasonable supervised access to the Research Records that have been sequestered.

CSHL will make a Good Faith effort at the time of or before beginning the Inquiry to notify the presumed Respondent(s) in writing that an Allegation(s) of Research Misconduct was raised against them, the relevant Research Records were sequestered, and an Inquiry will be conducted to decide whether to proceed with an Investigation. If additional Allegations are raised, CSHL will notify the Respondent(s) in writing.

If the Inquiry subsequently identifies additional Respondents, the RIO must also notify them in writing. The notice should include sufficient information about the Allegation to allow the Respondent(s) to prepare to respond.

4.3.2 RESPONDENT'S PARTICIPATION IN THE INQUIRY PROCEEDINGS

The Respondent must cooperate with all Inquiry proceedings under this Policy. During any interview related to an Inquiry proceeding, the Respondent may be accompanied by an advisor (a CSHL faculty member or outside scientist) or counsel. The Respondent may consult with the advisor or counsel during the interview, but these people may not direct questions or answers, offer arguments, or directly participate in the proceedings unless asked to by the RIO.

The Respondent(s) may submit one or more written responses to the Allegation to the appropriate individual(s) before or during any proceeding under this Policy. Any written responses will become part of the permanent record for that proceeding.

If additional Respondents are identified, CSHL 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.

4.3.3 CONVENING THE INQUIRY COMMITTEE AND ENSURING NEUTRALITY

The Inquiry Committee should be comprised of at least two qualified individuals who are CSHL employees. CSHL 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. No member of the Committee may have any unresolved personal, professional, or financial conflict of interest with those involved with the Inquiry, and all scientific members of the Committee must have the appropriate scientific expertise to evaluate the evidence and issues related to the Allegation.

In lieu of an Inquiry Committee, CSHL may task the RIO or other designated institutional official to conduct the Inquiry, provided this person utilizes subject matter experts as needed to assist in the Inquiry. The RIO may also ask CSHL's General Counsel to engage external counsel to conduct the Inquiry at the direction of the RIO, with assistance as needed from the General Counsel.

4.3.4 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 Committee may interview the Respondent and/or witnesses. An Investigation is warranted if (1) there is a reasonable basis

for concluding that the Allegation falls within the definition of Research Misconduct under 42 CFR Part 93, (2) it involves research, research training, or activities related to that research or research training, whether or not PHS-supported; and (3) preliminary information-gathering and fact-finding from the Inquiry indicates that the Allegation may have substance.

The Inquiry Committee, RIO or other designated institutional official conducting the Inquiry 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.

4.3.5 DOCUMENTING THE INQUIRY

At the conclusion of the Inquiry, regardless of whether an Investigation is warranted, the Committee, RIO, or other designated institutional official will prepare a written Inquiry report. The contents of a complete Inquiry report will include:

1. The names, professional aliases, and positions of the Respondent and Complainant(s).
2. A description of the Allegation(s) of Research Misconduct.
3. Details about the PHS support, if any, including any grant numbers, grant applications, contracts, and publications listing PHS support.
4. The composition of the Inquiry Committee, if used, including name(s), position(s), and subject matter expertise.
5. An inventory of sequestered Research Records and other evidence, and a description of how sequestration was conducted.
6. Transcripts of interviews, if transcribed.
7. Inquiry timeline and procedural history.
8. Any scientific or forensic analyses conducted.
9. The basis for recommending that the Allegation(s) warrant an Investigation.
10. The basis on which any Allegation(s) do not merit further investigation.
11. Any comments on the Inquiry report by the Respondent or the Complainant(s).
12. Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.
13. Documentation of potential evidence of honest error or difference of opinion.

4.3.6 COMPLETING THE INQUIRY

The RIO will provide the Respondent with a copy of this Policy and the draft Inquiry report for review and comment. If the Research Misconduct falls under the jurisdiction of 42 CFR Part 93, the Respondent(s) will be given a copy of 42 CFR Part 93. CSHL may, but is not required to, provide relevant portions of the draft Inquiry report relating to the Complainant's role and testimony to a Complainant for comment.

A confidentiality agreement is required for access to the draft Inquiry report. The Respondent(s) and Complainant(s) will have ten calendar days to provide their comments, if any, to the Committee. Any comments submitted will become part of the final Inquiry report and record. Based on the comments, the Committee may revise the draft report as appropriate.

The RIO will notify the Respondent(s), in writing, of the Inquiry's final decision as to whether an Investigation is warranted and provide the Respondent with copies of the final Inquiry report, the PHS regulation, and these Policies and procedures. CSHL may, but is not required to, notify a Complainant whether the Inquiry found that an Investigation is warranted. If CSHL provides notice to one Complainant in a case, it must provide notice, to the extent possible, to all Complainants in the case.

4.3.7 If an Investigation is Not Warranted

If the Inquiry Committee, RIO or other designated institutional official determines that an Investigation is not warranted, CSHL will keep sufficiently detailed documentation to permit a later review by ORI, if PHS support is involved, explaining why CSHL did not proceed to an Investigation. CSHL will securely store these records for at least seven years after the termination of the Inquiry, and provide them to ORI upon request.

The RIO, in consultation with others as necessary, will decide what actions, if any, CSHL should take against any Institutional Member who is found to have knowingly or recklessly brought a false accusation of Research Misconduct.

In addition, the RIO will also take appropriate steps to restore and protect the Respondent's reputation.

4.3.8 If an Investigation is Warranted

If the Inquiry Committee, RIO, or other designated institutional official determines an Investigation is warranted, CSHL must: (1) 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 (2) if PHS support is involved, provide ORI with a copy of the Inquiry report within 30 days of determining that an Investigation is warranted.

On a case-by-case basis, CSHL may choose to 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 Complainant.

4.4 Investigation

The purpose of an Investigation is to formally develop a factual record, pursue leads, examine the record, and recommend findings to the IDO (President), who will make the final decision, based on a preponderance of evidence, on each Allegation and any CSHL actions.

As part of its Investigation, CSHL will diligently pursue all significant issues and relevant leads, including any evidence of additional instances of possible Research Misconduct that would justify broadening the scope beyond the initial Allegations, and continue the Investigation to completion.

If PHS support is involved: (i) within 30 days after deciding an Investigation is warranted, CSHL will notify ORI of the decision to investigate and begin the Investigation; and (ii) ORI will be promptly advised of any developments during the Investigation's course that disclose facts

that may affect the current or potential HHS funding for individual(s) under investigation or that PHS needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.

4.4.1 NOTIFYING THE RESPONDENT AND SEQUESTERING EVIDENCE

The RIO will notify the Respondent(s) of the Allegation(s) within 30 days of determining an Investigation is warranted and before the Investigation begins. If additional Respondent(s) are identified during the Investigation, the RIO will notify them of the Allegation(s) and provide them an opportunity to respond consistent with the PHS regulation. If CSHL 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.

CSHL will obtain the original or substantially equivalent copies of all Research Records and other evidence, inventory these materials, securely sequester them, and retain them for seven years after its proceeding or any HHS proceeding, whichever is later.

4.4.2 CONVENING AN INVESTIGATION PANEL

The RIO, in consultation with other CSHL officials as appropriate, will appoint at least three individuals to the Investigation Panel and appoint a Panel Chair. The Panel must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the Inquiry or Investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the Allegation, interview the Respondent(s) and Complainant(s), and conduct the Investigation. Some, but not all, individuals appointed to the Panel may also have served on the Inquiry Committee.

Ideally, the Panel will include at least one non-CSHL employee. The designated individual(s) can consist of past or present members of CSHL's Board of Trustees, Scientific Advisory Council, or outside affiliates who advise CSHL. These individuals may be scientists, administrators, subject matter experts, lawyers, or other qualified persons. If CSHL cannot assemble an appropriate Panel, it will, if PHS support is involved, solicit ORI or the funding agency for additional guidance.

CSHL's Chief Operating Officer and General Counsel may assist the Panel, but they will participate in the Investigation only as non-voting members. The Panel may ask the General Counsel to engage external Investigation Counsel (which may be the same external counsel as engaged at the Inquiry stage) to support the Investigation at the direction of the Panel with assistance, as needed, from the General Counsel.

After confirming that all Panel members have no conflicts of interest, possess the appropriate scientific expertise, and have signed confidentiality statements, the RIO will convene the first Panel meeting and ensure that the Panel members: (1) review the Inquiry report and discuss the procedures and standards for the conduct of the Investigation, including the necessity for confidentiality and for developing a specific Investigation plan; (2) understand their responsibility to conduct the Research Misconduct proceedings in compliance with the PHS regulation; and (3) receive a copy of this Policy and, if PHS support is involved, a copy of 42 CFR Part 93. The RIO will be available throughout the Investigation to advise the Panel as needed. The Panel 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). Interviews will be conducted in a manner that ensures accuracy, including recordings and automated transcripts.

CSHL will use diligent efforts to ensure the Investigation is thorough, sufficiently documented, impartial and unbiased to the maximum extent practicable. CSHL will notify the Respondent in writing of any additional Allegations raised against them during the Investigation.

4.4.3 CONDUCTING INTERVIEWS DURING THE INVESTIGATION

The Panel will interview each Respondent, Complainant, and any other available individual who was reasonably identified as having information regarding any relevant aspects of the Investigation, including witnesses identified by the Respondent. CSHL will number all relevant exhibits and refer to any exhibits shown to the interviewee during the interview by that number. CSHL will record and transcribe interviews during the Investigation and make the transcripts available to the interviewee for correction. CSHL will include the transcript(s) with any corrections and exhibits in CSHL's Investigation record. The Respondent will not be present during the witnesses' interviews, but CSHL will provide the Respondent with a transcript of each interview, with redactions as appropriate to maintain confidentiality.

4.4.4 PARTICIPATION IN THE INVESTIGATION

The Panel will provide the Respondent with the opportunity to submit evidence and suggest witnesses. The Respondent is required to provide information to the Panel as requested. The Panel is not bound by the conclusions of the Inquiry conducted by the Committee. To the extent possible, confidentiality will be maintained throughout the Investigation to protect the professional reputations of all individuals involved, including the source of the Allegation.

Any party may obtain the assistance of counsel during the Investigation. It will remain the obligation of all involved individuals to appear personally and to directly participate in the Investigation. Throughout the Investigation, the individuals and any collaborator or supervisor whose role in the alleged misconduct is being questioned will be advised of the progress of the Investigation and allowed to respond and to provide additional information. The Panel's Chairperson will keep the IDO (President) and RIO informed about the Investigation's progress.

4.4.5 DOCUMENTING THE INVESTIGATION

CSHL will complete all aspects of the Investigation within 180 days. CSHL will conduct the Investigation, prepare the draft Investigation report for each Respondent, and provide the opportunity for the Respondent(s) to comment. CSHL will document the IDO's (President's) final decision and, if PHS support is involved, transmit CSHL's Institutional record, including the final Investigation report and the President's decision, to ORI. If PHS support is involved and the Investigation takes more than 180 days to complete, CSHL will ask ORI in writing for an extension and document the reasons for exceeding the 180 days in the Investigation report.

The Investigation report for each Respondent will include:

1. Description of the nature of the Allegation(s) of Research Misconduct, including any additional Allegation(s) addressed during the Research Misconduct proceeding.
2. If applicable, a 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.
3. Description of the specific Allegation(s) of Research Misconduct for consideration in the Investigation of the Respondent.
4. Composition of the Panel, including name(s), position(s), and subject matter expertise.
5. Inventory of sequestered Research Records and other evidence, except for records CSHL 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.
6. Transcripts of all interviews conducted.
7. 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 containing the allegedly falsified, fabricated, or plagiarized material.
8. Any scientific or forensic analyses conducted.
9. A copy of these policies and procedures.
10. Any comments made by the Respondent and Complainant(s) on the draft Investigation report and the Panel's consideration of those comments.
11. A statement for each separate Allegation of whether the Panel recommends a finding of Research Misconduct.

If the Panel recommends a finding of Research Misconduct, the Investigation report will present a finding for each Allegation. These findings will (1) identify the individual(s) who committed the Research Misconduct; (2) indicate whether the misconduct was falsification, fabrication, and/or plagiarism; (3) indicate whether the misconduct was committed intentionally, knowingly, or recklessly; (4) 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; (5) summarize the facts and analysis supporting the conclusion and consider the merits of any explanation by the Respondent; (6) identify the specific PHS support, if applicable; and (7) state whether any publications need correction or retraction.

If the Panel does *not* recommend a finding of Research Misconduct for an Allegation, the Investigation report will provide a detailed rationale for its conclusion.

The Panel will 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 or other third party funders.

CSHL's General Counsel should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO and the Panel.

4.4.6 COMPLETING THE INVESTIGATION

The RIO will give the Respondent(s) a copy of the draft Investigation report and, concurrently, a copy of, or supervised access to, the Research Records and other evidence that the Panel considered or relied on. The Respondent and the Complainant will submit any comments on the draft report to CSHL within 30 days of receiving the draft Investigation report. CSHL will review, consider, and incorporate any comments or perspectives received into its evaluation of the Investigation report.

A confidentiality agreement is required for access to the report. Any comments submitted will become part of the final Investigation report and record. The findings of the final report should include and take into account the comments submitted.

4.4.7 THE PRESIDENT'S REVIEW OF THE INVESTIGATION REPORT

The Panel's final written report will be kept confidential, with the President, the RIO, and the Chair of CSHL's Board of Trustees having sole authority to release its contents to any other party. The RIO will assist the Panel in finalizing the draft Investigation report, including ensuring that the Respondent's and Complainant's comments are included and considered, and transmit the final Investigation report to the President, who will determine in writing: (1) whether CSHL accepts the Investigation report, its findings, and the recommended institutional actions; and (2) the appropriate institutional actions in response to the accepted findings of Research Misconduct. If this determination varies from the findings of the Investigation Panel, the President will, as part of the written determination, explain in detail the basis for rendering a decision different from the findings of the Investigation Panel. Alternatively, the President may return the report to the Investigation Panel with a request for further fact-finding or analysis.

4.4.8 CREATING AND TRANSMITTING CSHL'S INSTITUTIONAL RECORD

After the President makes a final decision on Research Misconduct, the RIO will add the President's written decision to the Investigation report and organize CSHL's Institutional record in a logical manner. The President's decision regarding the Research Misconduct is final and not subject to appeal.

CSHL's Institutional record consists of the records compiled or generated during the Research Misconduct proceeding, except for records that CSHL 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. CSHL's Institutional record also includes the President's final decision and any information the Respondent provided to CSHL. CSHL's Institutional record will also include a general description of the records that were sequestered but not considered or relied on.

4.4.9 DECISION TO DISMISS

If the alleged Research Misconduct is not substantiated by a thorough Investigation, CSHL 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.

To restore the reputation of the Respondent(s) CSHL will, to the best of its ability:

- Notify all relevant parties that the Respondent has been exonerated, and request correction or withdrawal of any items that may have implied misconduct.
- Issue an internal statement clarifying that the Allegations were not substantiated.
- Reinstate any suspended privileges or research responsibilities.
- Take reasonable steps to support the Respondent's reintegration into CSHL's research community.

All involved individuals should be encouraged to make every effort to resolve their differences. So long as the Allegations were found to be in Good Faith, an individual making the Allegations should be protected from any future discrimination. On the other hand, appropriate action will be taken against any parties whose involvement in leveling unfounded charges was demonstrated to be malicious or intentionally dishonest.

SECTION 5: CONCLUSION OF THE INVESTIGATION AND SANCTIONS

5.1 ADMINISTRATIVE ACTIONS AND SANCTIONS

If a finding of Research Misconduct is made and sanctions are deemed warranted, the President and the RIO may decide to impose one or more of the following actions:

- Removal from the particular research project.
- Institutions and sponsoring agencies with whom an individual was affiliated will be notified of the Panel's findings and the sanctions placed upon the Respondent.
- In cases involving sponsored research funding, the awarding agency will be notified in accordance with the requirements of statutes, regulations, and the policies and procedures of that agency.
- Retraction or correction of publications.
- All pending abstracts and papers emanating from the fraudulent research will be withdrawn, and editors of journals in which previous abstracts and papers appeared will be notified.
- Special monitoring of future work.
- Restitution of funds to the grantor agency as appropriate.
- A formal letter of reprimand on file.
- Probationary period of employment.
- Suspension from employment without pay.
- Termination of employment or other relationship with the Laboratory.
- Termination of employment with restitution.
- Termination of employment with referral to civil authorities.

5.2 NOTIFICATION TO THE RESPONDENT AND COMPLAINANT

The RIO will promptly provide written notification to both the Respondent and the Complainant of the Investigation findings and any sanctions to be imposed on the Respondent. The RIO will provide written notification to both the Respondent and the Complainant.

If PHS support was involved, the RIO will notify ORI of CSHL's findings and actions. This notice will include: (1) a copy of the Investigation report, including all attachments; (2) a statement as to whether CSHL found Research Misconduct, and if so, who committed the misconduct; (3) a statement as to whether CSHL accepts the Investigation's findings; and (4) a description of any pending or completed administrative actions against the Respondent. This notification to ORI must occur within 180 days of completing the Investigation, unless ORI granted an extension.

After notifying the above parties, the President will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified about the case's outcome. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

SECTION 6: RECORDS RETENTION

CSHL will maintain the Institutional Record and all sequestered evidence, including physical objects, regardless of whether the evidence is part of the Institutional Record, in a secure manner for seven years after the completion of the proceeding or the completion of any HHS proceeding, whichever is later, unless custody was transferred to HHS.

If PHS support is involved, the RIO is also responsible for providing any information, documentation, Research Records, evidence, or clarification requested by ORI to carry out its review of an Allegation of Research Misconduct or CSHL's handling of such an Allegation.

SECTION 7: OTHER PROCEDURES AND SPECIAL CIRCUMSTANCES

7.1 DIGITAL IMAGE MISCONDUCT

The ease of image manipulation makes it tempting for authors to adjust or modify digital images. With simple forensic techniques, manipulations can be revealed that would not have been visible on a printout. Manipulations of digital images can be considered Research Misconduct under this Policy.

The digital images guidelines are as follows:

- No specific feature within an image may be enhanced, obscured, moved, removed, or introduced.
- Adjustments of brightness, contrast, or color balance are acceptable if they are applied to the whole image and control(s), and as long as they do not obscure, eliminate, or misrepresent any information present in the original.
- The grouping of images from different parts of the same gel, or from different gels, fields, or exposures must be made explicit by the arrangement of the figure (e.g., dividing lines) and in the text of the figure legend.

7.2 MULTIPLE INSTITUTIONS AND MULTIPLE RESPONDENTS

If the alleged Research Misconduct involves multiple institutions, CSHL 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 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, CSHL may either conduct a separate Inquiry for each new Respondent or add them to the ongoing proceedings. CSHL will give additional Respondent(s) notice of and an opportunity to respond to the Allegations.

7.3 RESPONDENT ADMISSIONS

If PHS support is involved, CSHL will promptly notify ORI in advance if, at any point during the proceedings, including the Assessment, Inquiry or Investigation stage, it plans to close a Research Misconduct case because the Respondent admitted to committing Research Misconduct or a settlement with the Respondent was reached, resulting in all further proceedings being cancelled by the RIO. Importantly, the proceedings may not be closed solely as a means of shortening the Research Misconduct proceedings.

If PHS support is involved and the Respondent admits to Research Misconduct, CSHL will not close the case until it provides 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. CSHL will compare the admission statement with the research records, testimony, and other documentation gathered during the proceedings to ensure the admission is consistent with the facts, does not contradict known evidence, and does not omit relevant information that could affect the finding. CSHL will also determine whether the evidence suggests any additional acts of misconduct that were not included in the admission. If PHS support is involved, CSHL must not close the case until giving ORI a written statement confirming the Respondent's culpability and explaining how CSHL determined that the Respondent's admission fully addresses the scope of the misconduct.

7.4 OTHER SPECIAL CIRCUMSTANCES

The safety of CSHL and its Institutional Members is of the highest priority. The RIO will be immediately notified if the Committee or Panel identifies evidence or becomes aware of any of the following: an immediate health or safety hazard; a need to protect human and/or animal research subjects; threats to CSHL funds, property, or equipment; risks to the Complainant or the Respondent; evidence of a potential criminal offense; or a likelihood that the Allegation may be publicly disclosed. The RIO, in consultation with the President, may take any actions deemed necessary to address these circumstances appropriately.

At any time during the entirety of the misconduct proceedings, if PHS support is involved, CSHL will immediately notify ORI if any of the following circumstances arise:

1. The health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2. HHS resources or interests are threatened.
3. Research activities should be suspended.
4. There is a reasonable indication of possible violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the Research Misconduct proceeding.
6. HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

* * * *

APPENDIX I
KEY DEFINITIONS

Accepted practices of the relevant research community means those practices established by 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.

Allegation means a disclosure of possible Research Misconduct through any means of communication and brought directly to the attention of a CSHL or HHS official. The disclosure may be a written or oral statement or other communication. All Allegations of Research Misconduct made by an anonymous Complainant will be reviewed for credibility and corroborating information. If warranted, appropriate steps will be taken to address the anonymous Allegation in accordance with this Policy.

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 or non-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.

Comment means a written statement by a Complainant or Respondent addressing the accuracy, completeness, or fairness of the analysis and findings of the Inquiry report or Investigation report.

Complainant means an individual who, in Good Faith, makes an Allegation of Research Misconduct.

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.

Fabrication means making up data or results and recording or reporting them.

Falsification means manipulating research materials, equipment, or processes, altering digital images, or changing or omitting data or results such that the research is not accurately represented in the research record or creates a misleading impression of the data. Image modifications that obscure, enhance, or duplicate results compromise the integrity of the scientific record and constitute a serious breach of research ethics.

Good Faith as (1) applied to a Complainant or witness, means having a belief in the truth of one's Allegation or testimony that a reasonable individual in the Complainant's or witness's position could have based on the information known to the Complainant or witness at the time. An Allegation of Research Misconduct, or cooperation with a Research Misconduct proceeding, is not in Good Faith if made with knowing or reckless disregard for information that would negate the Allegation or testimony. (2) Good Faith as applied to a Committee or Panel member means cooperating with the Research Misconduct proceeding by carrying out the duties assigned impartially for the purpose of helping an institution meet its responsibilities under this part. A

Committee or Panel 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.

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.

Institutional Deciding Official **(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 Institutional Deciding Official and the Research Integrity Officer. CSHL's IDO is its President.

Institutional Member means an individual(s) employed by, an agent of, or affiliated by contract or agreement with CSHL. Institutional Members may include, but are not limited to, officials, faculty, teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, agents, and contractors, subcontractors, and subawardees, and their employees.

The ***Institutional record*** is comprised of: (1) The records that CSHL compiled or generated during the Research Misconduct proceeding, except records CSHL did not consider or rely on. These records include but are not limited to: (a) documentation of the Assessment as required by § 93.306(c); (b) 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 CSHL, and the documentation of any decision not to investigate as required by § 93.309(c); (c) 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 § 93.310(g), and information the Respondent provided to the institution; (d) decision(s) by the President, such as the written decision from the President under § 93.314; (2) a single index listing all the Research Records and evidence that CSHL compiled during the Research Misconduct proceeding, except records CSHL did not consider or rely on; and (3) a general description of the records that were sequestered, but not considered or relied on.

Intentionally means to act with the aim of carrying out the act.

Interview means any formal or informal meeting, whether conducted in person or by electronic means, during the Research Misconduct proceeding, during which CSHL officials, the Inquiry Committee, or the Investigation Panel, obtain information or testimony from a Respondent, Complainant, witness, or other relevant individual.

Investigation means the formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.

Knowingly means to act with awareness of the act.

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; subgrants, 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 individual's ideas, processes, results, or words, without giving appropriate credit. (1) 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. (2) 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.

Preponderance of Evidence means proof by evidence that, when compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not true.

Reasonable Grounds means a set of facts or circumstances that would cause an individual of ordinary and prudent judgment to believe beyond a mere suspicion.

Recklessly means to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

Research Integrity Officer (RIO) means an appointed individual who is responsible for administering CSHL's written policies, and handling and running the proceedings associated with any Allegation of Research Misconduct at CSHL in compliance with 42 CFR Part 93. The RIO is the Director of Research at CSHL.

Research Misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results, and also includes any other serious deviations or significant departures from accepted and professional research practices, such as the mistreatment or abuse of human or animal research subjects. Research Misconduct does not include honest error or reasonable differences of opinion in interpretations or judgments of data.

Research misconduct proceeding means any actions related to alleged Research Misconduct taken under 42 CFR Part 93, including Allegation Assessments, Inquiries, Investigations, and ORI oversight reviews, under subpart E of 42 CFR Part 93.

Research Record 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.

Respondent means an individual against whom an Allegation of Research Misconduct is directed or who is the subject of a Research Misconduct proceeding.

Retaliation means an adverse action taken against a Complainant, witness, or Committee member by an institution or one of its members in response to (1) a Good Faith Allegation of Research Misconduct or (2) Good Faith cooperation with a Research Misconduct proceeding.

APPENDIX II
PROCEDURES AND TEMPLATES

The procedures outlined in this Policy for addressing Allegations of Research Misconduct are implemented in accordance with the requirements of 42 CFR Part 93. This Policy and its procedures will be reviewed periodically and updated as necessary to ensure ongoing compliance with applicable federal regulations and CSHL's requirements.

Available template documents for use during the Research Misconduct proceedings are as follows:

- **Assessment Results**. Documents the Assessment of the Research Misconduct Allegations.
- **Chain of Custody Log.** Used to track access to and use of records and evidence throughout the Research Misconduct proceeding.
- **Inquiry Report**. Documents whether there is sufficient evidence of possible fabrication, falsification or plagiarism to move forward to a Research Misconduct Investigation under CSHL's Policy.
- **Investigation Report**. Presents the findings of CSHL's full Investigation into the Allegation(s) of Research Misconduct.
- **Sequestration Inventory Record Log**. Documents the research records and other evidence obtained during a Research Misconduct proceeding. Included within the Sequestration Inventory Record Log are the Case Document Index and the Sequestered, Unused Records Log, both of which are required.
- **Sequestration Signature Receipt Log**. Used to collect the signatures of an individual from whom records/evidence are sequestered, and the official taking receipt of the records/evidence as recommended by the RIO.