

## University Rule

### 15.99.03.J1 Research Misconduct

Approved December 22, 2025

Next Scheduled Review: December 22, 2030

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#### Rule Summary

The Texas A&M University-Victoria (A&M-Victoria) community, including students, staff, faculty, and administrators, shares the responsibility to promote, develop, and maintain research policies and practices that encourage honesty and scientific integrity and advance ethical research. The credibility of academic research depends on the appropriate design, conduct, documentation, and communication of research outcomes. This rule governs research misconduct proceedings and applies to both non-sponsored and sponsored research activities, regardless of the funding source.

This rule is required by The Texas A&M University System (System) Policy *15.99.03, Research Misconduct*.

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#### Definitions

Definitions are consistent with System Regulation, [15.99.03, Research Misconduct](#).

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#### Rule

##### 1. GENERAL

1.1 Research must adhere to the highest standard of honesty and integrity. It is essential to comprehensively document all research data, primary sources, methods, and findings. The trustworthiness and long-term reputation of the institution rely on promoting, upholding, and rewarding high ethical standards and appropriate management of research funding. Prioritizing strong research integrity is more important than financial interests, personal benefits, and short-term recognition for individuals or the university. For the intent of this rule, research also encompasses contract testing performed by members of the organization.

1.1.1 This rule applies to research misconduct occurring within six years of the date that a funding agency, the System, or any member receives an allegation of misconduct, with specific exceptions for research funding by the Health and Human Services (HHS) outlined in section 7.

1.2 Overall, the System has adopted review processes for allegations of research misconduct and has established standards for research integrity that align with the requirements set by the HHS Office of Research Integrity (HHS ORI), including the time limits and expectations for subsequent use as outlined in §93.104 of 42 CFR Part 93. Furthermore, any research misconduct proceedings related to sponsored research must comply with the sponsor's relevant requirements, as applicable, with additional requirements in System Regulation 15.99.03. This includes specific stipulations for research funded by the HHS, the National Science Foundation (NSF), and other entities, such as the Office of Science and Technology Policy (OSTP), outlined in section 7 below.

1.2.1 In cases where there is a conflict between HHR ORI and other sponsors requirements, the sponsor's requirements will take priority if HHS is not funding the research. If a research project is funded by several sponsors, all sponsors need to be informed about the allegations, and a decision will be made regarding which sponsor, if any, will take the lead.

(a) A&M-Victoria will work with sponsors and oversight agencies throughout any investigation into research misconduct, including

(i) addressing any deficiencies or new allegations as instructed by these entities,

(ii) aiding in the implementation of any administrative measures imposed by sponsors and oversight agencies, and

(iii) transferring ownership or supplying copies of the institutional records or any related materials, as well as any sequestered evidence, to the sponsor or oversight agencies, irrespective of whether the evidence is part of the institutional records.

(b) A&M Victoria will take all reasonable and feasible actions to ensure that respondents and other individuals within the institution cooperate during research misconduct investigations, which encompass, but are not limited to, providing information, research records, and other evidence.

1.2.2 Research misconduct proceedings that are not related to sponsored research will follow this regulation and the HHS ORI guidance, as applicable.

1.3 Confidentiality is an essential component of research misconduct proceedings. Disclosure of the identity of respondents, complainants, witnesses, and research subjects that may be identifiable from research records during research misconduct proceedings is limited, to the extent possible, to those who need to know, as determined by the System and A&M Victoria, consistent with a thorough, competent, objective, and fair proceeding. Those who need to know may include:

a) Institutional Review Boards (IRBs) and other research compliance committees

b) Journals, editors, publishers, and co-authors

c) Other institutions of higher education

d) Sponsors of research that are part of the proceeding

## 2. DUTIES OF THE RESEARCH INTEGRITY OFFICER (RIO), DECIDING OFFICIAL (DO), and INSTITUTIONAL CERTIFYING OFFICIAL (ICO)

### 2.1 Deciding Official (DO)

2.1.1 The A&M Victoria President designates the DO, who is responsible for the following.

- (a) Take temporary administrative measures, when appropriate, to safeguard research participants and funds during the research misconduct process.
- (b) Make final decisions on research misconduct allegations and institutional actions once an investigation concludes. These decisions are documented in writing and included in the institutional records.
- (c) Appoints the RIO (the DO cannot also serve as the RIO).
  - (i) Appoints a Deputy RIO who may assist the RIO, if necessary
  - (ii) Helps the RIO identify committee members for inquiry and the investigation committees.

### 2.2 Research Integrity Officer (RIO)

2.2.1 The RIO is the primary person responsible for managing research misconduct proceedings. The RIO has the following responsibilities:

- (a) Conducts the assessment of research misconduct allegations.
- (b) Collaborates with necessary institutional departments to secure research data at the start of the inquiry.
- (c) Prepares and maintains all documentation collected or created during the research misconduct process, serving as the institutional record.

2.2.2 The RIO reports research misconduct proceedings to the System Office of General Counsel (OGC) and the Chief Research Compliance Officer (CRCO) immediately and notifies them at any point during the research misconduct proceedings if there is reason to believe any of the following conditions are present.

- (a) The health or safety of the public is at risk, including the urgent need to protect human research participants or animal subjects.
- (b) The research activities need to be suspended.
- (c) There is some evidence suggesting potential breaches of civil or criminal law.
- (d) Immediate reporting is required to HHS ORI, NSF, or other sponsors.

- (e) When a previously reported proceeding concludes with an inquiry and no research misconduct is found.

- (f) When a research misconduct process advances to the investigation stage.

2.2.3 Provides reports to sponsors and regulatory agencies, as applicable.

2.2.4 Manages inquiry and investigation committees.

- (a) Helps in identifying committee members.

- (b) Ensure that committee members and others involved with research misconduct proceedings do not have unresolved conflicts of interest.

- (c) Provides committee members with training on their responsibilities.

- (d) Manages committee deliberations to ensure compliance with this rule, as well as all sponsor and regulatory oversight requirements.

- (e) Manages the work conducted by the Deputy RIOs, as applicable.

### 2.3 Institutional Certifying Official (ICO)

The ICO ensures the institution has documented policies and procedures for handling research misconduct allegations and that it adheres to them. The DO, RIO, or another official within the institution may serve as the ICO, although it is preferred that either the DO or RIO serve in this role. If allegations of research misconduct are made against the RIO or DO, or if they have conflicts of interest with complainants, respondents, witnesses, or others involved in the misconduct proceedings, A&M Victoria can temporarily appoint another individual to this role after consultation with the appropriate authorities, OGC.

## 3. ASSESSMENT OF ALEGATIONS OF RESEARCH MISCONDUCT

3.1 Allegations can be communicated and brought to the attention of the System Official, member Institutional Official, or Sponsor Official.

3.2 The assessment of an allegation of research misconduct by the RIO is the process through which the institution decides if an inquiry is necessary.

- 3.2.1 If the RIO is unavailable or conflicts with the allegations, the institution will designate a different suitably qualified individual, other than the DO, to carry out the assessment.

3.3 Upon receiving an allegation of research misconduct, the RIO must promptly assess the allegations to determine whether the allegations meet the requirements for an inquiry:

- (a) Fall under the definition of research misconduct as per System Regulation 15.99.03 and/or sponsored requirements; and

- (b) Is sufficiently credible and specific to allow potential evidence of research misconduct to be identified.

3.4 When several allegations are received, the RIO must identify each one and evaluate them individually.

3.5 It is necessary to identify the sources of funding for the research during the assessment.

3.6 Assessments will be recorded with one of the following outcomes:

3.6.1 An inquiry should be initiated if the allegation satisfies the criteria for an investigation. If the assessment concludes that an inquiry is necessary:

- (a) The inquiry will promptly start after the conclusion of the assessment; and
- (b) All research records and other evidence must be sequestered; and
- (c) The person performing the assessment needs to pinpoint the exact allegations of research misconduct to be examined during the inquiry.

3.6.2 An inquiry is unnecessary if the criteria for conducting one are not met.

#### 4. INQUIRIES ABOUT ALLEGATIONS OF RESEARCH MISCONDUCT

4.1 Inquiries serve as an initial assessment of the evidence to decide if an allegation of research misconduct merits a full investigation. At this stage, a comprehensive review of all evidence connected to the allegation is not required. The inquiry committee's role is not to determine whether research misconduct has occurred.

4.1.1 Inquiries will be completed within 90 days unless circumstances require more time. If an extension is necessary, the RIO must document the reason(s) for exceeding 90 days and include this explanation with the inquiry report.

4.2 A sincere effort will be made to notify the respondent(s) in writing about the inquiry before or when it begins.

4.2.1 For inquiries involving multiple respondents, only the allegations of research misconduct relevant to each respondent can be shared with them.

4.2.2 If further allegations emerge during the investigation, the respondent(s) should be notified promptly.

4.3 Before or during the institution's submission of the allegation(s) to the respondent(s), A&M-Victoria must swiftly make all reasonable and practical efforts to:

4.3.1 Obtain all research records and other evidence necessary to conduct the research misconduct proceeding, including copies of data or other evidence, provided those copies are substantially equivalent in evidentiary value.

- (a) When research records or other evidence are stored on or involve scientific instruments used by multiple users, copies of the data or evidence from those instruments are obtained, provided that these copies are generally equivalent in evidentiary value to the original instruments.
- (b) When appropriate, during research misconduct proceedings, the respondent(s) should be provided with copies of, or have reasonably supervised access to, the secured research records.

4.3.2 Catalog the research records and other related documents, evidence, and

4.3.3 Securely sequester the records and evidence by inspecting devices and cloud storage platforms, whether they are member-owned or not.

4.4 The inquiry committee appointed by the DO must include at least three members, with at least one possessing suitable scientific expertise related to the allegation. All members must understand their responsibilities, maintain confidentiality regarding respondents, complainants, and witnesses, and carry out their duties in accordance with applicable regulations and oversight agency standards.

4.5 Expectations of the inquiry committee include:

- (a) Examine the allegations and the evidence on hand.
- (b) Interview the complainant(s), witnesses, and respondent(s) during the investigation. Interviews with the complainant and witnesses should take place without the respondent present. One respondent should be interviewed at a time.
- (c) Secure any additional evidence or items from the research record that become known or relevant to the inquiry, and
- (d) Newly identified respondents will be notified of the allegations.
- (e) A single inquiry and investigation will be conducted for all respondents.

4.6 An investigation is necessary when:

- (a) A reasonable basis exists to conclude that the allegation still qualifies as research misconduct.
- (b) Initial fact-finding suggests that the allegation might have validity and warrants further investigation.
- (c) If an honest mistake is identified as the cause of the research misconduct allegation, the inquiry can be halted early; however, a report still must be submitted.

4.7 The inquiry committee will not decide whether research misconduct happened or if it was intentional, knowing, or reckless; these determinations can only be made during an investigation.

- 4.8 The respondent(s) will be notified whether an investigation is required based on the inquiry results. The notification will include a copy of the inquiry report, references to applicable federal research misconduct regulations (such as 42 CFR Part 93), a copy of those regulations, and the member rule. The respondent(s) will have the opportunity to review the inquiry report and provide comments. Any comments they submit will be added to the report before it is forwarded to the DO.
- 4.9 At the end of the inquiry, a written report must be created and given to the DO. This report should determine whether the inquiry committee believes there is the potential for honest mistakes and differing opinions that could warrant further review during an investigation. The report must adhere to all relevant sponsor guidelines and formatting standards, and include:
- (a) The respondents' and complainants' names and positions.
  - (b) The claims of research misconduct reviewed.
  - (c) The funding details such as the grant number(s), grant application(s), contracts, and manuscript(s).
  - (d) Name, position, and subject matter expert on the inquiry committee.
  - (e) An inventory of sequestered research records and other evidence, along with a description of how the sequestration was carried out.
  - (f) Transcript of interviews, if applicable.
  - (g) Timeline and history of procedures.
  - (h) Any scientific or forensic analyses performed.
  - (i) Determinants to whether the allegations require additional investigation, including documenting potential evidence of honest mistake or differing perspectives.
  - (j) Any institutional actions taken, such as internal communications or external correspondence with journals or funding bodies, agencies.
  - (k) Any comments on the respondent's inquiry report as an appendix.
  - (l) If the allegation(s) lack substance and do not require further investigation, the institutional record, research record, and report should be retained according to the System Records Retention Schedule.
  - (m) If the inquiry report indicates that the allegation(s) has credibility and requires additional investigation, research sponsors should be contacted following their specified requirements.

## 5. INVESTIGATIONS OF ALLEGATIONS OF RESEARCH MISCONDUCT

- 5.1 Investigations must start within 30 days after determining whether an investigation is necessary. However, this can only happen after the respondent has been informed, as indicated by the date on the inquiry report, including any respondent comments attached, and it must be provided to the DO.
- 5.1.1 The DO will appoint the investigation committee, which can consist of members of the investigation committee.
- 5.1.2 Similar to the inquiry committee, the investigation committee will include at least three members, one of whom should have relevant scientific expertise related to the allegation.

5.2 Prior to the investigation:

- (a) The DO will notify the CRCO and the OGC.
- (b) The respondent(s) will receive written notification of the allegations and, if applicable, any additional claims that, due to timing, were not addressed during the inquiry.

5.3 Additional research records and evidence may be requested if necessary to carry out the investigation.

5.4 Investigations must be thoroughly and efficiently documented and conducted in an impartial and unbiased manner. The following must be included as part of an investigation:

- (a) All research records and evidence will be reviewed, although not all records or evidence might be relevant for deciding on each allegation of research misconduct.
- (b) Each respondent, complainant, and any other person reasonably identified as having relevant information about the investigation, including witnesses identified by the respondent, may be interviewed. Interviews with the complainant and witnesses will be conducted without the respondent present, and only one respondent may be interviewed at a time.
- (c) Any additional evidence or items from the research record must be kept separate once they become known or relevant to the inquiry.
- (d) Send written notice and allow a response to allegations from any newly identified respondents. A single inquiry and investigation will be conducted for all respondents.

5.5 All significant issues and leads identified during the investigation that are deemed relevant, including any signs of potential research misconduct, will be followed up on. If new allegations of research misconduct emerge during the investigation, the respondent(s) will be informed in writing about these additional claims, including any new respondents identified during the process.

5.6 Investigations should be finished within 180 days unless there are circumstances that justify a longer timeframe. In such cases, the RIO will provide documentation explaining the reasons for exceeding the 180-day limit and include this with the investigation report.

5.6.1 The investigation period includes preparing the draft investigation report for each respondent and providing it for comment within 150 days of starting the investigation (see 5.7.3), assuming the investigation does not exceed 180 days overall. It also covers the delivery of the final report and the decision by the DO to research sponsors.

5.7 At the end of the investigation, a written report must be created and given to the DO. It

should state whether the investigation committee found research misconduct. If an honest error is identified as the cause of the allegation, the investigation can be stopped early; however, a report is still necessary. For investigations involving multiple respondents, individual reports and misconduct determinations are required for each respondent.

5.7.1 A determination of research misconduct necessitates that:

- (a) There was a notable deviation from the accepted practices within the relevant research community, and
- (b) The misconduct was committed intentionally, knowingly, or recklessly, reflecting the respondent(s)' state of mind at the time of the research misconduct, and
- (c) A preponderance of the evidence supported the allegation(s).

5.7.2 The institution bears the responsibility for providing proof of research misconduct findings. Destroying research records documenting the questioned research, when done intentionally or knowingly after being informed of misconduct allegations, constitutes research misconduct. Additionally, if respondents possess such records but refuse to provide them when requested by the RIO, investigation committee, or other officials, this also constitutes research misconduct.

5.7.3 The respondent(s) will receive a copy of the draft investigation report and, at the same time, access to the research records and other evidence reviewed or relied upon by the investigation committee. The respondent(s) must submit any comments on the draft report to the institution within 30 days of receiving it.

5.7.4 The investigation report must follow all applicable sponsor guidelines and formatting requirements and must include:

- (a) The research misconduct allegations and any related accusations considered during the proceedings.
- (b) Description and documentation of research support, including grant numbers, grant applications, contracts, and publications listing research support. This documentation also covers any known applications or proposals for support that the respondent has pending with federal and state agencies.
- (c) Names, positions, and subject matter expertise of investigation committee members.
- (d) An inventory of sequestered research records and other evidence, excluding those the institution did not consider or rely on, will be prepared. This list will encompass manuscripts and funding proposals that were examined or used during the investigation. Additionally, the inventory will detail how any sequestration was carried out during the process.
- (e) Transcripts of all interviews conducted.
- (f) Identification of all published papers submitted manuscripts not yet accepted (including online publications), funding applications, progress reports, presentations, posters, and other research records containing potentially falsified, fabricated, or plagiarized content.

- (g) Any scientific or forensic analyses conducted.
- (h) A statement for each allegation indicating if the committee recommends a finding of research misconduct.
- (i) A copy of the Research Misconduct regulation and this rule.
- (j) Any comments provided by the respondent and complainant(s) on the draft investigation report, along with the committee's review of those comments, should be included as an appendix.

5.7.5 If the committee indicates one or more instances of research misconduct, the report must contain:

- (a) The person or persons responsible for the research misconduct;
- (b) Indicate whether the misconduct was falsification, fabrication, and/or plagiarism;
- (c) Indicate whether misconduct was committed intentionally, knowingly, or recklessly;
- (d) Identify any significant departure from the accepted practices of the relevant research community, and that a preponderance of the evidence proved the allegation;
- (e) Summarize the facts and analysis supporting the conclusion and consider the merits of any explanation by the respondent;
- (f) Identify the specific research support; and
- (g) State whether any publications need correction or retraction.

## 6. DECISIONS ON ALLEGATIONS OF RESEARCH MISCONDUCT BY THE DECIDING OFFICIAL

6.1 The DO will finalize whether research misconduct was found. The decision must be documented in writing and include:

6.1.1 The DO's final decision, based on a preponderance of the evidence, is to accept the investigation report, its findings, and the recommended institutional actions.

6.1.1.1 If the DO's conclusion differs from the investigation committees, the DO must keep documentation explaining the reasons for their different decision. This explanation should align with the Public Health Service definition of research misconduct, the institution's policies and procedures, and the evidence reviewed by the committee.

6.1.1.2 The DO can also send the report back to the investigation committee, requesting additional fact-finding or analysis.

6.1.2 Identify whether research misconduct was discovered and, if confirmed, who was responsible.

6.1.3 A description of the relevant institutional actions taken or to be taken.

- (a) When determining appropriate sanctions for respondents found guilty of research misconduct, the DO will evaluate the severity of the misconduct. This includes factors such as whether the misconduct was deliberate, intentional, or

reckless; if it was an isolated incident or part of a broader pattern; and the influence on the research record, research subjects, or public health and welfare.

- (b) If the actions performed by DO are less severe than termination or expulsion (or a recommendation for termination or expulsion, as applicable), the DO's decision will be final unless the respondent opts to appeal the research misconduct findings.
- (c) If there is a decision to terminate the employment of faculty respondents, they may request a further review in accordance with System Policy *12.01, Academic Freedom, Responsibility, and Tenure*. *Nonfaculty* employees who are respondents can pursue appeal options as outlined in 12.01 and System Regulation *32.01.02, Complaint and Appeal for Nonfaculty Employees*.
- (d) For this rule, any actions concerning the respondent(s)'s employment will also be equally applicable to their employment status.
- (e) If a decision is made to expel a respondent who is a student, the student has the right to request a further review according to the relevant student disciplinary rule.

## 7. NATIONAL SCIENCE FOUNDATION (NSF), HEALTH AND HUMAN SERVICES (HHS) OFFICE OF RESEARCH INTEGRITY (ORI) REQUIREMENTS

A&M-Victoria will follow NSF, HHS ORI, and Federal Research Misconduct assessment inquiry and investigation requirements as outlined in System Regulation *15.99.03, Research Misconduct*.

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## Related Statutes, Policies, or Requirements

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System Regulation [15.99.03, Research Misconduct](#)

[42 CFR, Part 93](#)

[45 CFR Part 689](#)

[Federal Research Misconduct Policy \(OSTP\)](#)

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## Contact Office

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Research and Sponsored Programs  
361-570-4374