Weill Cornell Medicine	WCM Administrative Policy and Procedure	
	Policy Title	Research Misconduct
	Policy Number	ORI-220.00
	Department/Office	WCM Office of Research Integrity
	Effective Date	January 1, 2026
	Last Reviewed	April 28, 2022
	Approved By	WCM-Executive Policy Review Group
	Approval Date	November 18, 2025

Purpose

In accordance with the U.S. Department of Health and Human Services (HHS), Office of Research Integrity (ORI), Public Health Service (PHS) Policies on Research Misconduct **42 CFR Part 93 (2025 Final Rule),** this policy establishes institutional standards and responsibilities for reducing the risk of research misconduct, encouraging good-faith reporting of research misconduct, and responding to allegations of research misconduct received on or after January 1, 2026. This policy ensures compliance with the updated federal regulations and applies to all research activities supported by the Public Health Service (PHS) and other federal sponsors that adopt these regulations.

Weill Cornell Medicine (WCM) is committed to:

1. Protecting the integrity of the research conducted at WCM and the public trust in research.
2. Ensuring fair, timely, and impartial review of all allegations.
3. Protecting the positions and reputations of individuals who make good-faith allegations or cooperate in proceedings.
4. Restoring the reputation of any respondent found not to have committed misconduct.
5. Complying fully with all reporting and record-retention requirements established by ORI.

Scope

This policy applies to all WCM Institutional Members, as specifically defined in this policy, engaged in proposing, performing, reviewing, or reporting research supported by PHS funds at WCM as well as subrecipients that maintain their own active ORI assurances.

This policy applies to allegations of research misconduct (as defined below) involving individuals who, at the time of the alleged misconduct, were a WCM Institutional Member of WCM and/or WCM-Qatar (WCM-Q). For individuals holding primary faculty appointments at another institution, this policy applies only to those functions performed as members of the faculty of WCM and/or WCM-Q.

Applicability

This policy applies to research misconduct that occurred within six (6) years of the date WCM receives an allegation(s) of research misconduct, subject to the following limited considerations:

a. The applicability of the subsequent use exception, and
b. The determination of a possible substantiation adverse effect on public health and safety.

Policy

A. Prohibited Conduct

WCM prohibits research misconduct (i.e., **fabrication, falsification, or plagiarism** (FFP)) in any form and expects all WCM Institutional Members engaged in research at WCM to conduct research with honesty and transparency. WCM Institutional Members, including Witnesses, are also expected to cooperate, when requested, during any research misconduct proceeding. Witnesses shall not provide false or misleading information during a proceeding and, in good faith, must have a reasonable belief in the truth of their testimony, based on the information known to them at the time. Conduct or actions intended to interfere with, tamper, or destroy evidence related to a proceeding, will be considered a violation of this policy, and in certain circumstances, may be considered evidence of research misconduct.

B. Research Misconduct Proceedings

WCM's Office of Research Integrity (WCM ORI)/Research Integrity Officer (RIO) is responsible for administering this policy and ensuring all allegations of research misconduct are handled and addressed in compliance with the PHS regulations. WCM ORI shall conduct all related research misconduct proceedings impartially, objectively, and equitably. All allegations of research misconduct will be assessed to determine if further inquiry and investigation is warranted as outlined below:

1. Assessment – A review to determine if the allegation falls within the definition and applicability criteria of research misconduct and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
2. Inquiry – As determined by the Assessment, the Inquiry Committee conducts a preliminary gathering and evaluation of facts and information to determine whether an investigation is warranted.
3. Investigation – When warranted, the Investigation Committee will further develop and examine the record of facts to determine whether there is a finding of research misconduct. Research misconduct is found when:
    i. There is a **significant departure** from Accepted Practices of the Relevant Research Community;
    ii. The misconduct was **committed intentionally, knowingly, or recklessly**; and
    iii. The allegation is **proven by a preponderance of the evidence**.

The Inquiry Delegate/Committee and Investigation Committee will conduct research misconduct proceedings in accordance with PHS. The Inquiry phase can be carried out by a committee, the RIO or an Institutional Official. The Investigation phase will be carried out by at least two individuals acting on behalf of WCM. Committee members will have relevant scientific expertise and be free of real or perceived conflicts of interest with any of the involved parties. Committee members are experts who act in good faith to cooperate with the research misconduct proceedings by impartially carrying out their assigned duties for the purpose of helping WCM meet its responsibilities under 42 CFR Part 93. During the Inquiry phase, committee members are responsible for determining whether an investigation is warranted, while in the Investigation phase, committee members determine whether the respondent engaged in research misconduct. The Deciding Official (DO), cannot also serve as the RIO, and is responsible for making the final determination of research misconduct findings. The DO documents the final 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 WCM has taken or will take. The DO's written decision becomes part of the institutional record.

C. Evidentiary Standards

WCM bears the burden of proof, by a preponderance of the evidence, for making a finding of research misconduct. Preponderance of the evidence is established when there is a greater that 50% chance of research misconduct. In other words, based on the evidence, it is more likely than not, that research

misconduct occurred. The Respondent bears the responsibility for presenting and proving any affirmative defenses (admits the basic facts of the allegation but provides additional facts or arguments that legally excuse or justify their actions) by a preponderance of the evidence.

Intentional or knowing destruction of research records related to the questioned research after being notified of allegations constitutes evidence of research misconduct when supported by a preponderance of the evidence. Similarly, failure to provide research records upon request, when the respondent claims to possess such records, constitutes evidence of research misconduct.

If the respondent admits to research misconduct, they must sign a written statement identifying the affected research records and confirming that the misconduct involved falsification, fabrication, and/or plagiarism; was committed intentionally, knowingly, or recklessly; and represented a significant departure from accepted practices within the relevant research community.

D. Obligation to Report and Prohibition on Retaliation

Any individual (i.e., Complainant) may report an allegation of research misconduct by any means (e.g., email directly, phone call, compliance hotline, etc.), in good faith, to the WCM ORI/Research Integrity Officer (RIO) upon having a reasonable belief in the truth of the allegation based on the information known to the individual at the time. WCM prohibits retaliation against Complainants who make good faith reports of such allegations of research misconduct. See WCM Policy OOC-400.06 – *Non-Intimidation and Non-Retaliation*. The RIO will take all reasonable and practical steps to protect the positions and reputations of Complainants, Witnesses, and Committee Members to protect these individuals from retaliation by respondents and/or other WCM Institutional Members.

WCM Institutional Members have an obligation to report such research misconduct. Allegations made in bad faith or intentional failure to report an allegation where there is a knowledge of research misconduct, may be considered a violation of this policy.

E. Maintaining Confidentiality and Integrity of Research Misconduct Proceedings

Throughout the research misconduct proceedings, the WCM RIO/Assistant Research Integrity Officer (ARIO) shall take all reasonable and practical steps to secure the evidence (i.e., sequester research records) and withhold disclosure of the identity of the parties to allegation (i.e., Complainant, Respondents, and witnesses) except to those individuals who need to know to carry out the research misconduct proceeding (i.e., institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions), to the extent practical or as otherwise required by law.

A final determination of research misconduct findings may preclude the restriction on the disclosures. However, if the allegation does not proceed, WCM 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.

The WCM RIO will take precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding(s) do not have potential, perceived, or actual personal, professional, or financial conflicts of interest with the Complainant(s) and Respondent(s).

Institutional WCM Definitions

Agent: An individual acting on behalf of the institution, exercising institutional authority or responsibility, or performing institutionally designated activities (i.e., human subjects research activities). This includes:

- Acting on behalf of the institution.
- Exercising institutional authority or responsibility.
- Performing institutionally designated activities.

- Representing human subjects research to others either orally or in writing as being WCM or NYP-WCM research.

Assistant Research Integrity Officer (ARIO): An individual designated to support the Research Integrity Officer (RIO) in implementing and overseeing WCM's Office of Research Integrity. The ARIO assists with managing allegations of research misconduct, coordinating inquiries and investigations, ensuring compliance with applicable regulations (such as PHS policies), and maintaining confidentiality and fairness throughout the process. The ARIO also serves as a point of contact for research integrity education.

Retaliation: Any form of intimidation, reprisal, punishment, or harassment of an individual because they reported, inquired about, or participated in an investigation of an alleged improper or wrongful activity. Retaliation includes, but is not limited to, (1) "retaliation" as defined in 42 CFR Part 93, and (2) in the case of employees, termination, demotion, reduction in pay, harassment, intimidation, or threats of such actions, or in the case of patients, denial of treatment.

Witnesses: Individuals whom the WCM ORI has reasonably identified as having information regarding any relevant aspects of the investigation and provide such information for review during research misconduct proceedings.

WCM Institutional Member: An individual who is employed by, acts as an agent of, or is otherwise affiliated with WCM (including WCM-Qatar) through a contract or agreement. Institutional members may include, but are not limited to, institutional officials, faculty (tenured or untenured), teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, attorneys, or employees or agents of contractors, subcontractors, or sub-awardees.

Regulatory Definitions *(as defined by 42 CFR Part 93)*

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: A disclosure of possible research misconduct through any means of communication and brought directly to the attention of a WCM or HHS official.

Assessment: A consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation.

Complainant: An individual who in Good Faith makes an allegation of research misconduct.

Deciding Official (DO): 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

Evidence: Anything offered or obtained, in any form (i.e., hard copy or electronic documents, information, tangible items, testimony, etc.) during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

Fabrication: Making up/inventing data or results and recording or reporting them as if they were real.

Falsification: Manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

Good Faith: (a) Good faith as applied to a complainant or witness means having a reasonable belief in the truth of one's allegation or testimony, based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowledge of or reckless disregard for information that would negate the allegation or testimony. (b) Good faith as applied to an institutional or committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities under 42 CFR Part 93.

Inquiry: The preliminary information gathering and preliminary fact-finding is the initial evaluation of evidence to determine whether an investigation is warranted. An inquiry **does not determine** whether research misconduct occurred. It must be completed **within 90 days** unless a longer period is justified and documented.

Institutional Record: The institutional record comprises: (a) The records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records include but are not limited to (1) documentation of the assessment as required by §93.306(c); (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the institution, and the documentation of any decision not to investigate as required by §93.309(c); (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to §93.310(g), and information the respondent provided to the institution; (4) decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under §93.314; (5) the complete record of any institutional appeal consistent with §93.315; (b) a single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on; and (c) a general description of the records that were sequestered but not considered or relied on.

Intentionally: To act with a conscious objective or purpose to bring about a particular result.

Investigation: The formal process of establishing a factual record and reviewing that record.

Knowingly: To act with awareness of the act.

Plagiarism: The appropriation of another person's ideas, processes, results, or words, without giving appropriate credit. (a) 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. (b) 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 the Evidence: Proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

Public Health Service (PHS) and PHS Support: "PHS" refers to the U.S. Public Health Service and its components, including the National Institutes of Health (NIH). "PHS support" means any funding, training, or resources provided through PHS mechanisms.

Recklessly: Acting with disregard for a known or obvious risk of **fabrication, falsification, or plagiarism** in proposing, performing, reviewing, or reporting research. This definition is specific to research activities and distinct from general negligence or carelessness.

Retaliation: an adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to:

(a) A good faith allegation of research misconduct; or

(b) Good faith cooperation with a research misconduct proceeding.

Research Integrity Officer (RIO): The institutional official responsible for receiving allegations, overseeing the sequestration of research records, managing the assessment, inquiry, and investigation phases, and ensuring compliance with 42 CFR Part 93.

Research Misconduct: Fabrication, falsification, or plagiarism in proposing, performing, reviewing, or reporting research results. Research misconduct does not include honest error or differences of opinion.

Research Record: The record of data or results that embody the facts resulting from scientific inquiry. It includes, but is not limited to, research proposals, laboratory records, progress reports, abstracts, theses, lab-meeting reports, records of oral presentations, manuscripts, publications, and correspondence.

Respondent: The person against whom an allegation of research misconduct is directed or who is the subject of a research-misconduct proceeding.

Procedure

A. Reporting Allegations

WCM Institutional Members and other individuals may report allegations to WCM's ORI/RIO via the following channels:

1. Department Leadership
2. WCM Office of Research Integrity
   - Email: ORI@med.cornell.edu
3. Compliance Hotline (reports can be made anonymously via the Hotline)
   - Website: https://secure.ethicspoint.com/domain/media/en/gui/6357/index.html

In any manner reported, confidentiality will be maintained to the extent practical or as otherwise required by law.

B. Phase 1: Assessment

Upon receipt of an allegation of research misconduct, the RIO/ARIO shall appropriately document the allegation, adhere to confidentiality standards pertaining to the assessment information, and promptly (i.e., without undue or unreasonable delay) conduct the Assessment to determine if the allegation meets the following criteria to warrant an Inquiry:

1. Falls within the definition of research misconduct (FFP);
2. The allegation is related to proposing, performing, reviewing, or reporting research;
3. The research is supported by Public Health Service (PHS) funds, or falls under institutional assurances to ORI; and
4. The allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

If the RIO/ARIO determine that requirements for an inquiry are not met, they will keep sufficiently detailed documentation of the assessment to permit a later review by ORI of the reasons why WCM did not conduct an inquiry. Documentation of the Assessment process and outcome must include:

1. Summary of allegation received;
2. Regulatory applicability determination;
3. Whether sequestration occurred;

4. Rationale for proceeding or closing the case; and
5. Referrals made to other units (if applicable).

If the RIO/ARIO determine that an Inquiry is warranted:

1. The Assessment process and outcome shall be appropriately documented;
2. Immediately sequestered all research records and other evidence (i.e., all data, notes, electronic files, and communications related to the research in question) and limit access to authorized personnel only;
3. Prepare a written inventory of sequestered materials, including:
    i. records reviewed or relied upon; and
    ii. a general description of records sequestered but not considered; and
4. The Inquiry shall be promptly initiated.

C. Phase 2: Inquiry

The Inquiry Committee member(s), as selected by the RIO/DO, must be comprised of at least two (2) impartial members with relevant expertise who are responsible for determining whether an investigation is warranted. In lieu of a committee, the institution may task the RIO or another designated institutional official to conduct the inquiry, provided this person utilizes subject matter experts as needed to assist in the inquiry. The Inquiry phase must be completed within ninety (90) days of initiating the Inquiry unless circumstances warrant a longer period, in which the Inquiry Committee must sufficiently document the reasons for exceeding the time limit in the inquiry report.

During the Inquiry phase, the following steps must be taken:

1. The Respondent(s) is notified, in writing, of:
    a. the determination to proceed to the inquiry phase;
    b. The specific allegations;
    c. Composition of the Inquiry Committee; and
    d. The opportunity to respond or object due to a conflict of interest.
2. Review of evidence and witness interviews. The RIO is responsible for giving the Respondent(s) copies of or supervised access to the sequestered research records; and
3. Provide a written Inquiry Report, including:
    a. Names and titles of committee members;
    b. Summary of evidence reviewed; and
    c. Basis for recommending an investigation or not;
4. Providing the Respondent an opportunity to review and comment.

If the Inquiry Committee makes the determination that there is sufficient evidence that research misconduct was possible, then the Inquiry Committee may request the misconduct allegation(s) advance to the Investigation phase. The Inquiry Report along with any comments by the Respondent are sent to the DO to determine whether to proceed to investigation.

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

Upon determination that an investigation is warranted, the RIO/DO will notify the respondent(s) of the determination to proceed with an investigation within thirty (30) days of the decision and additional allegations not initially reported. The RIO/DO will provide ORI (HHS) with a copy of the Inquiry Report within thirty (30) days of determination to proceed to the Investigation phase and add the Inquiry Report to the Institutional Record.

D. Phase 3: Investigation

1. Initiation of the Investigation Phase

To initiate the Investigation phase, the RIO appoints an Investigation Committee within thirty (30) days of the DO's decision. The Investigation Committee may be comprised of the same members as the Inquiry Committee or can be newly selected members. The Investigation Committee is charged with ensuring all evidence related to the allegation(s) is reviewed, pursue all reasonable leads, and document all steps (including transcription of interviews) taken during the investigation, as required.

An investigation into multiple Respondents may convene with the same Investigation Committee members acting on behalf of WCM, but there will be separate investigation reports and separate research misconduct determinations for each respondent. Committee members may serve for more than one investigation, in cases with multiple respondents. Committee members may also serve for both the inquiry and the investigation.

2. Notice

When the Investigation is initiated, the Respondent must receive notice, in writing, within thirty (30) days of the decision to proceed with an investigation. The written notice must appropriately inform the Respondent of:

a. The determination to proceed with the investigation;
b. The allegations under investigation as well as any allegations not initially reported;
c. Composition of the Investigation Committee; and
d. The right to respond and be heard.

During the Investigation phase, additional Respondent(s) may be added without a separate Inquiry, provided that they receive notice and are given an opportunity to respond.

3. Investigation Process and Report

Respondent(s), Complainant(s), and any person who was reasonably identified as having information relevant to the investigation, including Witnesses identified by the Respondent will be interviewed. The RIO/ARIO shall record and transcribe interviews during this phase, making the transcripts available to the interviewee(s) for review and correction prior to adding it to the Institutional Record.

The Investigation Committee shall prepare a written **Investigation Report** that must include:

a. The allegations considered;
b. Findings and rationale for each allegation;
c. Evidence reviewed and summary of interviews;
d. Inventory of sequestered evidence (except items not relied upon);
e. Conclusion as to whether research misconduct occurred; and
f. Recommended corrective actions or institutional measures.

If the Investigation Committee recommends a finding of research misconduct for any allegation, the Investigation Report must provide a determination for each allegation and include all required information. Upon completion of the draft Investigation Report, the Respondent is given an opportunity to read the draft report and provide comments within thirty (30) calendar days. The RIO/DO will give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent.

4. Appeals

A Respondent may appeal an institutional finding within ten (10) calendar days of receiving the investigation report and notice of finding (prior to submission to ORI (HHS). To request an appeal, the Respondent must

submit a formal request in writing. The appeal must clearly state the grounds for the request and provide supporting documentation.

E. Final Determination

The DO shall review the completed Investigation Report along with any comments by the Respondent(s) and may accept, reject, or modify findings, and document the rationale for any changes. The DO shall make the final determination as to whether there is a finding of research misconduct and issue a Final Determination Report that includes:

1. Findings of research misconduct (if any);
2. Sanctions and/or corrective actions;
3. Plans to restore the Respondent's reputation, if exonerated.

Absent any internal appeals, or completion thereof, the Final Institutional Record shall be sent to the ORI in a confidential and secure manner.

WCM shall make all reasonable and practical efforts to restore the reputation of Respondents found not to have committed misconduct.

F. Completion of Investigation

WCM must be complete in the investigation within one-hundred and eighty (180) calendar days of initiating the investigation. This period includes conducting all interviews, gathering and analyzing evidence, preparing the draft investigation report, providing it to the respondent for comment, and submitting the Final Institutional Report and all supporting documentation to the ORI (HHS).

If WCM determines that the Investigation cannot be completed timely with substantial justification for the delay, the RIO/ARIO will submit a written request for extension to ORI, before the deadline. The request must include:

1. The reason(s) for the delay;
2. The progress to date;
3. An estimated completion date; and
4. Any interim actions taken to protect research participants, data integrity, and federal funds.

G. Reporting Requirements

WCM shall adhere to all regulatory reporting requirements to the ORI (HHS). Through the ORI's secure designated reported systems, WCM must notify the ORI of the following:

1. Decisions to initiate investigations;
2. Final findings of misconduct;
3. Completion or closure of proceedings; and
4. Annual assurance updates and compliance certifications.

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

H. Record Retention and Confidentiality

The RIO/ARIO will ensure that the institutional record contains all required elements (i.e., research records that were compiled and considered during the proceedings, assessment documentation, and inquiry and/or

investigation reports). The RIO/ARIO will maintain the institutional record and all sequestered research records and other evidence in a secure manner for seven (7) years after completion of the institutional and/or HHS proceedings.

Compliance with this Policy

All WCM Workforce Members are responsible for following this policy. Failure to comply with this policy will be reviewed on a case-by-case basis and may result in corrective action, up to and including termination, in line with other WCM/WCM-Q and University policies. Instances of non-compliance that suggest a lapse in professionalism may involve the Office of Professionalism for evaluation and intervention.

For individuals who are no longer employed, contracted with, or affiliated with WCM, any actions resulting from a finding of research misconduct will be handled by the funding agency, the HHS Office of Research Integrity (ORI), and their respective institution. Misconduct findings may lead to intervention by the Suspension and Debarment Official, the HHS authority who can impose suspension or debarment—actions that prevent individuals or organizations deemed not currently responsible from doing business with the Federal Government.

Contact Information

WCM Office of Research Integrity
Email: ORI@med.cornell.edu

References

1. 42 CFR Part 93 — Public Health Service Policies on Research Misconduct. U.S. Department of Health and Human Services, Office of Research Integrity. Final Rule (2025), effective January 1, 2026.
2. Public Health Service Act, 42 U.S.C. §§ 289b–289b-3 — Establishes the Office of Research Integrity and HHS authority for research misconduct oversight.
3. Privacy Act of 1974, 5 U.S.C. § 552a — Governs confidentiality and protection of personal information in misconduct proceedings.
4. ORI Assurance and Annual Report Instructions (ORI Form PHS-6305).

Policy Approval

This policy was approved by the WCM-Executive Policy Review Group on November 18, 2025.

Version History

Date	Author	Revisions
04/28/2022	Office of Research Integrity	Original date of issue.
11/18/2025	Office of Research Integrity	Substantially updated to align with regulatory updates. Clarified procedures and updated timeline and documentation requirements. Retitled to, “Research Misconduct” (formerly “WCM Research Integrity Policy”) and assigned policy number “ORI-220.00.”

Appendix

N/A