

## **University Research Committee**

### **2007-2008 & 2008-2009 Annual Reports (combined)**

#### **Professor Robert S. Coleman, Chair**

#### **Introduction**

The newly reconstituted University Research Committee (URC) met for the first time on October 24, 2007. Former Chair Terry Conlisk called the meeting to order. The first order of business was to elect a Chair. Rob Coleman was nominated and elected by unanimous consent to be Chair for 2007-2008.

Meetings were held 2-3 times per quarter, on an as-needed basis. During the 2007-2008 academic year, the committee met 7 times (10/24, 11/28, 12/19, 01/23, 02/27, 04/23, and 06/04). At the final meeting of the 2007-2008 academic year, Rob Coleman was nominated and reelected as Chair for 2008-2009.

During the 2008-2009 academic year, the committee met 5 times (09/30, 12/02, 01/22, 03/10, and 06/02). At the final meeting of the 2008-2009 academic year, Dale Vandre was elected chair for 2009-2010.

Rather than provide a meeting-by-meeting breakdown narrative of accomplishments, it is more appropriate to provide a results-based analysis, as many topics were taken up on a continuing basis over several meetings.

Meeting minutes were kept by Linda Neidhardt (Office of Research).

#### **Policy on Research Misconduct**

The URC established a new policy on Research Misconduct that is in compliance with federal law. Significant input from members was provided on numerous details of the policy, and the policy was passed by unanimous consent. A copy of the final policy is attached. The policy needs to be converted to standard OSU policy format. Significant input and organization was provided by Todd Guttman. The policy was presented to Faculty Council and University Senate for comment in May 2008.

*The URC needs to establish a mechanism to educate faculty, staff, and students about Research Misconduct, and to distribute the Policy more widely.*

#### **Policy on Research Data**

The URC established a new policy on Research Data in order to clarify data access and ownership issues. The policy received significant input from members, particularly with respect to the issue of researcher access to data provided by a PI and to data researchers

themselves generate. After significant discussion and revision, the policy was passed by unanimous consent. The policy is currently in the final approval process and is out for comment (July 2009).

### **Policy on Authorship**

Subsequent to the establishment of a policy on Research Data, a sub-policy on Authorship was incorporated into the parent policy. Considerable discussion was elicited at Steering by the issue of whether a PI is the sole determinant of who is and is not a co-author on a paper or presentation. This issue was resolved when the National Academy of Sciences issued a new version of *On Being a Scientist*, wherein it was noted that inappropriate inclusion of co-authors by a PI can be and is considered research misconduct under certain circumstances. The logical conclusion followed that if it was possible for authorship issues to be considered research misconduct, establishing a simple procedure to provide recourse to inappropriate authorship issues was appropriate and reasonable. The authorship policy is part of the attached policy on Research Data.

*The URC needs to establish a mechanism to educate faculty about Research Data, and to distribute the policy widely.*

### **Policy on Export Control**

The URC was intimately involved in the development of the new policy on Export Control. A subcommittee of URC (Coleman, Conlisk, Vandre) met several times with Jennifer Yucel to provide input and to note points that needed clarification. The policy was presented discussed in detail in front of URC and was presented before Faculty Council on May 21, 2009. The comment period for this policy has now closed, and it will be presented to the Board of Trustees for approval.

### **Center Review Process**

The process of reviewing all centrally funded Centers and Institutes was initiated jointly with the Council on Academic Affairs (CAA) during the 2008-2009 academic year. Initially, a list of all Centers and Institutes was generated, and a letter was sent to each director of record requesting basic information (letter attached). Subsequent to the receipt of this information, Professor Coleman and Professor Dan Mendelson (chair of CAA) met with Randy Smith to triage the list of centers for review. Two centers were selected for the initial round of reviews: Campus Microscopy and Imaging Center (funded by OR) and the Center for Cognitive Science (funded by OR). Two subcommittees were formed to undertake the review process, each consisting of two members from CAA and URC. Dale Vandre chaired the subcommittee for review of the Campus Microscopy and Imaging Center and Rick Herrmann chaired the subcommittee for review of the Center for Cognitive Science. Both subcommittees drafted letters to center directors detailing information that was necessary for the review to proceed.

Considerable difficulties were encountered in both of these initial reviews with respect to full participation by the Center directors. Ultimately, after help from OR and by a sternly worded letter from Professor Coleman, both directors cooperated more fully. It is anticipated that both reviews will be finished by the end of SU09.

### **Life Sciences Merger**

The URC provided input on Dean Joan Herbers' proposal to merge three interdisciplinary graduate programs (OSBP, MCDB, and Biophysics). URC invited the directors of the three programs to meet with the committee and discuss their perspective on this proposal. Subsequently, the URC invited Dean Herbers to meet with the committee, and she, along with Deans Platz and Brueggemeier met with and answered questions from committee members. A report (attached) on this issue was drafted and circulated to concerned parties, including OAA and the Graduate School.

### **Research Principles Statement**

As a direct result of controversy surrounding the presentation of an Institutional Principles document by President Gee, which listed research fifth, the URC approved a statement of institutional principles of research and scholarship. This document was discussed at two URC meetings, with particular emphasis on an encompassing definition of research and scholarship. The URC feels this document provides a clear statement of the Research Principles of Ohio State University. Document is attached.

### **IRB Process**

The URC received periodic updates from the Office of Research on the ongoing reorganization of the IRB process of reviewing and approving research protocols involving human subjects.

### **Graduate Council**

The URC was consulted on several occasions by the Graduate School representatives during the process of creation of their new Graduate Council.



# University Policy and Procedures Concerning Research Misconduct

## I. POLICY STATEMENT

- A. *Objectives.* The University, in carrying out its research mission, expects and encourages members of the faculty to engage in research and to publish or otherwise disseminate the results of that research. This Policy and Procedures Concerning Research Misconduct (the "Policy") has been promulgated by the University Research Committee in order to serve two equally important objectives. First, the University wishes to protect both the integrity and the reputation of research and scholarship produced by members of the University community. This Policy shall therefore apply to all research and scholarship conducted within the University community, irrespective of the funding source, if any, which supports the research or scholarship. In addition, the terms "research" and "scholarship" shall be broadly construed, including activities ranging from scientific experimentation to artistic expression to research and scholarship in the humanities. The second objective served by this Policy is to protect the integrity and reputation of the University and its scholars from false or unproven allegations of research misconduct. For this reason, the University assumes that a person accused of research misconduct is innocent of any allegations until the contrary has been established by a final decision reached under this Policy and the applicable disciplinary rules or procedures. The procedures undertaken pursuant to this policy are intended to be investigatory, not adversarial.
- B. *Jurisdiction.* This policy shall apply to all University personnel who may be involved with research activities, including faculty members, staff, students, research associates and fellows, post-doctoral fellows, and other research trainees.
- C. *Duty to Cooperate.* All persons to whom this Policy applies, including those accused of research misconduct, are obligated to cooperate with all proceedings under this policy as well as any subsequent investigations. Such cooperation shall include providing Research Records and other relevant information to the Vice President for Research or his or her designee. While a person accused of research misconduct shall have the duty to furnish Research Records and other relevant information in his or her possession, the accused person shall have no duty to provide oral or written testimony.

D. *Confidentiality*. To the maximum extent possible, within the law and the need to conduct a thorough inquiry, all participants in the process shall keep confidential all information regarding the allegations and any proceedings under this policy until the University process, including any disciplinary action, has concluded and all avenues of appeal under University rules (if pursued) have been exhausted. University officials shall not be required to delay the release of information related to proceedings that are external to the University until the conclusion of such proceedings (e.g., investigations undertaken by a funding entity), if such a release is deemed necessary. The goal of maintaining confidentiality shall not prohibit University officials from consulting, on a confidential basis and to the extent necessary, with persons outside the University community with relevant experience or expertise necessary to thoroughly investigate the allegations. The Vice President for Research shall be the University official responsible for determining when a release of information is necessary or appropriate. In any case in which release of information outside the University is deemed necessary, the person accused of research misconduct shall be so informed in advance of the release. Releases of information may be required by law, by the rules of or contract with the funding entity, by the need to inform the research community of the conclusions reached in order to protect the integrity of the research involved, or as part of a disciplinary sanction imposed. When the research involves patients or clients, it shall be permissible to share information with such patients or clients to the extent necessary to protect their legitimate interests. Disclosure may also be made at the request of the person accused of research misconduct. If documents concerning the alleged research misconduct are properly disclosed, University officials may briefly comment in connection with such disclosure. If confidentiality is breached improperly, University officials shall take reasonable steps to minimize the damage to reputations that may result from inaccurate or untimely reports.

## II. ADMINISTRATION

- A. *Responsibility.* The Vice President for Research shall be responsible for handling all allegations of research misconduct. The Vice President for Research shall keep the Executive Vice President for Academic Affairs and Provost fully informed during the progress of any investigation. The Office of the Vice President for Research shall make this Policy and other materials concerning research misconduct that Office may produce readily available to all University personnel who are involved with research activities.
- B. *The Coordinator.* The Vice President for Research shall designate a Coordinator to assist in administering this policy. The person appointed as Coordinator shall not be University counsel acting in that capacity; the Coordinator shall, however, consult with University counsel to ensure that the requirements of law and University policy are being satisfied. The Coordinator, in addition to assisting generally in administering the process of the inquiry or any subsequent investigation, shall:
1. Advise members of the University community in response to requests for information or informal consultation concerning research misconduct;
  2. Keep the Vice President for Research informed of any allegations filed and the progress of any inquiry or investigation undertaken;
  3. Work with and advise the various University officials and committees involved in the inquiry and/or any subsequent investigation or disciplinary action. The Coordinator shall offer advice regarding University rules and policies governing the process;
  4. Assist the appropriate officials and committees in carrying out the inquiry and/or any subsequent investigation, including assembling evidence and conducting interviews;
  5. Attempt to achieve consistency and fairness in such inquiries and investigations;
  6. Be responsible for communications with any person or organization outside the University having a legitimate interest in the case, including any funding agency;
  7. Notify federal funding entities if he/she, along with the Vice President for Research, believes that any of the following conditions exist:

- a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
  - b. Federal resources or interests, including funds or equipment, are threatened;
  - c. Research activities should be suspended;
  - d. There is indication of possible violations of civil or criminal law;
  - e. Federal action is required to protect the interests of those involved in the research misconduct proceeding;
  - f. The institution believes the research misconduct proceeding may be made public prematurely so that the federal oversight agency may take appropriate steps to safeguard evidence and protect the rights of those involved; or
  - g. The research community or public should be informed.
8. Refer the matter to the appropriate University authorities and cooperate with and assist in coordinating any related actions or inquiries when, in the course of an inquiry or subsequent investigation, other University policies are implicated, such as those involving the use of human subjects, the use and care of laboratory animals, the use and care of hazardous substances, conflicts of interest, and consulting;
  9. Maintain objectivity regarding the veracity of the allegations throughout the proceedings. The Coordinator shall serve as a neutral facilitator, and shall not assume the role of a prosecutor or judge; and
  10. File an annual report with the Office of Research Integrity (ORI), which contains information specified by ORI on institutional compliance with federal regulations on Research Misconduct.
- C. *Administrative Actions.* The Vice President for Research may, during proceedings under this policy or any subsequent investigation, take whatever administrative actions that are in his or her judgment appropriate to protect research funds or equipment or the legitimate interests of patients or clients. Such administrative actions shall not be deemed disciplinary in nature, and may include “stop work” orders, termination of research agreements, locking university laboratories, or other appropriate measures, as needed to ensure the integrity of the investigation.

### III. DEFINITIONS

- A. *Research Misconduct*. "Research Misconduct" means Fabrication, Falsification or Plagiarism in proposing, performing, or reviewing research, or in reporting research results.
1. A finding of Research Misconduct requires:
    - a. That there be a significant departure from accepted practices of the relevant research community; and
    - b. The misconduct be committed intentionally, knowingly, or recklessly; and
    - c. The allegation be proved by a Preponderance of the Evidence.
  2. Research Misconduct does not include honest error or differences of opinion.
- B. *Frivolous Allegations*. "Frivolous Allegations" are those allegations that are made in bad faith or with malice, are unsupported by credible evidence, and which are found to be without merit. Allegations of research misconduct are serious charges and should be supported by sufficient credible evidence. Filing frivolous allegations is an abuse of the procedures set forth in this Policy, and may result in disciplinary action under other University rules or procedures
- C. *Complainant*. "Complainant" shall refer to the person who in good faith makes an allegation of research misconduct, including those persons who make allegations through the University Anonymous Reporting Line.
- D. *Allegations*. "Allegations" shall refer to an allegation of Research Misconduct received through any means of communication that triggers the procedures described by this policy.
- E. *Fabrication*. "Fabrication" is making up data or results and recording or reporting them.
- F. *Falsification*. "Falsification" is 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.
- G. *Plagiarism*. "Plagiarism" is the appropriation of the ideas, processes, results, or words of another person, without giving appropriate credit.



- H. *Preponderance of the Evidence*. "Preponderance of the Evidence" means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.
- I. *Research Records*. "Research Records" means any data or results that embody the facts resulting from scholarly inquiry. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.
- J. *Respondent*. "Respondent" shall refer to a person or persons accused of research misconduct.

#### **IV. PROCEDURES**

- A. *The Allegation.* An allegation of research misconduct may be filed by anyone, whether associated with the University or not. Such allegations may be filed with the Dean of a College, with the Executive Vice President for Academic Affairs and Provost, with the Vice President for Research, or with the University Anonymous Reporting Line. Informal requests for information or consultation concerning research misconduct will not, in and of themselves, be construed as formal charges of misconduct. Individuals are encouraged to consult initially with a supervisor, department chair or dean or with The Office of Research before bringing research misconduct allegations. Accusations of research misconduct are serious allegations. A Complainant should file allegations only when he/she is confident that sufficient credible evidence supports the accusation. Anyone receiving allegations shall immediately refer them to the Office of the Vice President for Research for further action as provided in this Policy. If allegations are made against more than one individual, a separate decision shall be reached regarding each individual.
- B. *Preliminary Assessment.* When allegations are filed with, or referred to, the Office of the Vice President for Research, the Dean of the College in which the Respondent is employed, together with the Coordinator, shall conduct a preliminary assessment to determine if the allegation fits within the definition of Research Misconduct in this Policy and if the allegation is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified. A Preliminary Assessment will also be conducted by the Dean and the Coordinator if the federal Office of Research Integrity (ORI) or the Office of the Inspector General of the National Science Foundation (OIG), or other federal or state regulatory oversight agency forwards an allegation to the institution for that purpose.
1. *The Assessment.* The Dean and Coordinator shall investigate the information or circumstances giving rise to the alleged research misconduct. They shall consult, confidentially, with the chair of the department involved, unless the chair is implicated in the allegations; they may further consult, confidentially, with University counsel, the Respondent, and others in the university community with relevant experience or expertise. The Dean and Coordinator should normally complete the Preliminary Review within one week of receiving an allegation. If the Respondent is consulted during the Preliminary Review, he/she shall be given an opportunity to review the allegation and to consult

with legal counsel (not University counsel) or other advisors, if he/she desires, prior to discussing the allegation with the Dean and/or Coordinator.

2. *Protecting Data.* The Dean shall take immediate action to protect data or other materials relevant to the accusation. The Dean shall have authority to promptly locate and secure the originals of all Research Records and other relevant materials if he/she believes such may become relevant in the course of an inquiry or an investigation of alleged research misconduct. Supervised access to the Research Records and other materials shall be provided to the investigative bodies looking into the allegation, to the Respondent, and any other person who has a legitimate reason, which is related to the investigation, to have access.
3. *Allegations that Fail to Indicate Possible Misconduct.* If the Dean and Coordinator find that an allegation does not fit within the definition of Research Misconduct in this Policy, or the allegation is not sufficiently credible or specific so that potential evidence of Research Misconduct may be identified, the Dean shall dismiss the allegation in writing. The Dean shall notify in writing the Vice President for Research and the Complainant of such dismissal. The dismissal shall be a final determination of the allegation unless, within one week of receiving the dismissal, the Complainant appeals in writing to the Vice President for Research. The Vice President for Research should reach a decision on the appeal within one week of receipt whether to affirm the dismissal or to send the allegation to a Committee of Inquiry. The decision of the Vice President for Research shall be final. If an allegation has been dismissed but may constitute a valid complaint under other University rules, the Coordinator shall direct the Complainant to the appropriate University authority.
4. *Allegations Indicating Possible Misconduct.* If the Dean and Coordinator determine that the allegation fits within the definition of Research Misconduct in this Policy and is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified, the Coordinator shall reduce the allegation to writing. The Dean shall then notify the Respondent of the misconduct allegation, provide the Respondent with the written description of the allegation. The Dean and Coordinator shall meet with the Respondent to inform him/her of the following:

- a. the allegation, in detail, and the procedures for handling such allegations detailed herein;
- b. the obligation under this policy to cooperate with the investigation process and to provide documentary evidence requested; and
- c. the serious nature of the allegations, the consequences that could result, and the possible desirability of consulting legal counsel or other appropriate advisors regarding the matter. The Respondent should be informed that University counsel serves as an advisor to the University and cannot render advice to the Respondent, but that the Respondent may obtain his or her own legal advisor at any time during the proceedings established by this Policy.

C. *Initial Inquiry.* If the Dean and Coordinator or the Vice President for Research determine under Section IV.B.3 or 4 of this Policy that the allegation indicates possible research misconduct, an Initial Inquiry shall be immediately initiated. The purpose of the Initial Inquiry is to conduct preliminary information-gathering and preliminary fact-finding to determine if an allegation or apparent instance of research misconduct has substance. If an allegation has substance, then an investigation is warranted under the disciplinary rules of the University.

1. *The Committee of Initial Inquiry.* The Vice President for Research shall form a Committee of Initial Inquiry. The size of the Committee shall depend upon the estimated complexity of the case. The Committee shall be composed of at least one member of the University Research Committee (to be chosen in consultation with the Chair of that Committee), one member to be chosen by the Dean of the College in which the Respondent is employed, and a member of the Senate Committee on Academic Freedom and Responsibility (to be chosen in consultation with the Chair of that Committee). In making appointments to the Committee, the Vice President for Research shall attempt to appoint persons able to provide relevant academic expertise. If The Vice President for Research determines that the complexity of the case requires that the Committee be larger than three voting members, additional members shall be chosen from the University Research Committee, in consultation with the Chair of that Committee. If the allegations of research misconduct implicate the interests of a graduate student, the Vice President for Research in consultation with the Dean of the Graduate School shall appoint a

representative of the Graduate School to the Committee. If the Vice President for Research decides that further special expertise would be appropriate to assist the Committee, one or more experts from disciplines appropriate to the particular case, from either within or outside the University, may be added to the Committee as non-voting consultants. The Vice President for Research shall appoint a chair of the Committee. The Coordinator shall serve as a neutral advisor to the Committee to assist in facilitating the Inquiry and advising the Committee as to issues of process and procedures; the Coordinator shall have no vote on the decisions reached by the Committee and shall not influence discussions concerning whether the case has substance. The Chair shall inform the Respondent in writing of the names of those appointed as Committee members and as consultants. The Respondent may, within one week of receiving the names of Committee members and consultants, file a written objection with the Chair. Such objection may be based on the grounds of a lack of the requisite expertise (in the case of a consultant) or a possible conflict of interest (of Committee members or consultants). The Chair shall promptly rule on such objections and, if they are found to have merit, the Committee shall be reconstituted to avoid the problem.

2. *The Inquiry.* The Committee shall collect and review preliminary evidence and interview individuals having relevant information, including the Respondent, which supports or refutes the allegations, with the objective of determining whether the allegation has substance. The Respondent shall be kept informed of the evidence and the substance of the interviews and shall be furnished with or have access to copies of all documentary evidence. However, the Respondent shall not have the right to be present when witnesses are interviewed or to question such witnesses at this stage of the proceeding. When the Respondent is interviewed, he or she may be accompanied by legal counsel or other advisor, but the role of such person in the process shall be limited to advising the Respondent. The Respondent may submit any relevant evidence for consideration by the Committee.
3. *Scope.* During the Initial Inquiry, additional information may emerge that justifies broadening the scope of the inquiry beyond the initial allegation. By majority vote of the Committee, the scope of the inquiry may be broadened when the additional evidence relates directly to the instance of research

misconduct currently being investigated. The Respondent must be promptly informed in writing of any such decision and of the nature of the broadened scope.

4. *Preliminary and Final Reports.* When the Committee has reached a conclusion on whether or not the allegations have substance, it shall prepare a preliminary report that sets forth the name and position of the Respondent, a description of the allegation, a description of any known federal research support, the names of Committee members and any non-voting consultants, a list of the documentary evidence reviewed, summaries of any interviews, and the basis for finding or not finding that the allegation has substance, as well as the determination by the Committee whether an investigation is warranted under the disciplinary rules of the University. If the Initial Inquiry took more than 60 days to be completed, the preliminary report must document the reasons for delay. The preliminary report shall be provided to the Respondent and Complainant. This preliminary report should ordinarily be made within four weeks of the constitution of the Committee. The Respondent may, within two weeks of receiving the preliminary report, file with the Committee a written response. If such a response is filed, the Committee shall reconsider its conclusion in light of the response and issue a final written decision, normally within ten days of receiving the response. That decision, along with copies of the preliminary report and the written response of the Respondent, shall constitute the final report and shall be forwarded to the Vice President for Research, Respondent, and Complainant.
5. *Allegations Having Insufficient Substance.* If the Committee determines in its preliminary report that the allegations do not have sufficient substance to warrant an investigation under the disciplinary rules of the University, the case shall be dismissed, unless, within one week of receiving the final decision, the Complainant appeals that determination in writing to the Vice President for Research. Within one week of receiving the appeal, the Vice President for Research shall rule on the appeal and provide written notice of his or her decision to the Committee, Respondent, and Complainant. If the Vice President for Research affirms the decision of the Committee, the case shall be dismissed. The Vice President may not reverse the decision of the Committee but may refer the matter back to the Committee for reconsideration. Such reconsideration shall normally be concluded within one

week of the decision of the Vice President. A written notice of the conclusion reached after reconsideration shall be provided to the Respondent and Complainant. If the Committee decides upon reconsideration that the case shall be dismissed, that decision shall be final.

6. *Allegations Having Sufficient Substance.* If the Committee determines in its final report that the allegations have sufficient substance to warrant an investigation under the disciplinary rules of the University, the Respondent may appeal this decision in writing to the Vice President for Research within one week of receiving notice of the decision. Within one week of receiving the appeal, the Vice President for Research shall rule on it and provide written notice of his or her decision to the Committee, Respondent, and Complainant. The Vice President may not reverse the decision of the Committee but may refer the matter back to the Committee for reconsideration. Such reconsideration shall normally be concluded within one week of the decision of the Vice President. A written notice of the conclusion reached after reconsideration shall be provided to the Respondent and Complainant. If the Committee decides upon reconsideration that the case shall be dismissed, that decision shall be final. If the Vice President for Research denies the appeal, the Committee Chair shall refer the case, the final report of the Committee, and all relevant supporting evidence to the appropriate disciplinary body.
- D. *Report to Sponsor.* If the Committee has determined in its final report that an allegation has sufficient substance to warrant an investigation under the disciplinary rules of the University, the Coordinator shall inform any sponsoring entity of the allegations as required by contract or law and shall keep the entity informed as appropriate. If the allegation involves Public Health Service (PHS) or National Science Foundation (NSF) funded research, the Coordinator must provide written notice to the ORI (for PHS-funded research), to the OIG for NSF-funded research, or to any other applicable federal regulatory agency. Others affected by the allegations, such as co-authors or co-investigators, shall be informed of the proceedings.
  - E. *Investigations.* When a Committee of Inquiry determines that the allegation has substance so as to warrant further investigation, such investigation and any disciplinary sanctions, if necessary, will be handled under the appropriate university practice or policy: for faculty, under University Rule 3335-5-04; for graduate students, by the Graduate School under the Policy on the Investigation of Allegations

of Research Misconduct; for undergraduate students, by the Committee on Academic Misconduct under the Code of Student Conduct; and for staff, by the supervisor of the employing unit of the Respondent, in consultation with the Office of Human Resources department of Consulting Services.

F. Proceedings under University Rule 3335-5-04 shall begin with the College Investigation Committee referenced in Rule 3335-5-04E. All such investigations shall comply with University policy and practice, as well as with this policy, and shall include the elements set forth below.

1. *Role of Coordinator.* The Coordinator shall serve as an ex officio advisor in any investigation of the research misconduct to enable the fulfillment of his or her duties as set forth in this policy.
2. *Time Requirements.* The investigation shall commence within 30 days after completion of the inquiry. The investigation shall conclude within 120 days of its commencement or such time as required by federal law. If an investigation cannot be completed within this time period, the Coordinator shall submit a written request for an extension to the relevant oversight agency or funding entity, if required to do so by law or contract. The request shall explain the reasons for delay, and include an interim report on the progress of the investigation and an estimated completion date.
3. *Conduct of Investigation.* The investigation shall include an examination of all the documentation; and interviews, when possible, of the Respondent, the Complainant, and others who may have information concerning relevant aspects of the case. Investigation summaries shall be provided to those interviewed for comment, and shall be included in the investigation file. The individual or entity responsible for investigating the allegations shall secure any appropriate expertise such investigator(s) deems necessary to ensure a thorough evaluation of the evidence.
4. *Custody of Records.* To the extent that the institution has not already done so at the Preliminary Assessment or Inquiry stages, the Coordinator shall obtain custody of and sequester in a secure manner all research records that have become known and/or are relevant to the investigation.



5. *Investigation Reports.*

- a. A Preliminary Investigation Report shall be prepared by the investigative committee and include the following: a description of the allegations of research misconduct; a description of any federal research support; the name of the Respondent, the names of the Investigative Committee and any consultants; a list of the documentary evidence reviewed and interview summaries; and a statement of the findings, the conclusions reached, and the recommended sanctions. The Preliminary Investigation Report shall be forwarded to the Respondent, the Complainant, and the Vice President for Research.
  - b. The Respondent shall be provided with a copy of the Preliminary Investigation report and concurrently a copy of, or supervised access to, the evidence on which the report is based. The Respondent shall have 30 days from the date he/she receives a copy of the Preliminary Investigation Report and a copy of, or access to the evidence, to provide written comments on the Preliminary Investigation Report.
  - c. A Final Investigation Report will be prepared and consist of the Preliminary Investigation Report, the comments of the Respondent and Complainant, if any, and any additional findings of the investigative committee. The Final Investigation Report shall be forwarded to the Respondent, the Complainant, and the Vice President for Research. The Vice President for Research shall forward the report to the relevant oversight agency or funding entity.
6. *Sanctions.* Appropriate sanctions shall be imposed by the University when a Final Investigation Report finds that research misconduct has occurred. Sanctions shall be commensurate with the severity of the research misconduct.

## **V. MISCELLANEOUS MATTERS**

- A. *Alternative Resolution.* At any stage of the proceedings under this policy, and acting consistently with any requirements of the relevant oversight agency or funding entity, the Coordinator may attempt to resolve the matter to the satisfaction of all involved parties. The Coordinator shall prepare a written report describing any such resolution, which shall be provided to the Vice President for Research, Respondent, Complainant, the Committee, and, if required by law or contract, to the relevant oversight agency or funding entity. Any such resolution must be approved by the Vice President for Research. If an Initial Inquiry or a subsequent investigation is terminated without full compliance with the regulations of any relevant oversight agency or funding entity, the Vice President for Research shall notify the entity and provide a report describing the reasons for such termination.
- B. *Coordination with other University Entities.* In the course of an inquiry or subsequent investigation, information or evidence may implicate other University policies such as those dealing with the use of human subjects, the use and care of laboratory animals, the use and care of hazardous substances, conflicts of interest, and external professional activities. In such cases, the Coordinator shall refer the matter to the appropriate University authority for consideration under the applicable policy and shall work with such authorities to coordinate the handling of the matter.
- C. *Deadlines.* Due to the sensitive nature of allegations of research misconduct, each case shall be resolved as expeditiously as possible. The nature of some cases may, however, render normal deadlines difficult to meet. If at any time an established deadline cannot be met, a report shall be filed with the Vice President for Research setting out the reasons why the deadline cannot be met and estimating when that stage of the process will be completed. A copy of this report shall be provided to the Respondent.
- D. *Conflicts of Interest.* At each stage of handling an inquiry or subsequent investigation, all persons involved shall be vigilant to prevent any real or perceived conflict of interest, or personal conflicts or relationships between colleagues, from affecting the outcome of the proceedings and resolution of the allegations. Possible conflicts of interest may include co-authorship of work with the Respondent involved with the alleged research misconduct, or professional or personal relationship with the Respondent beyond that of mere friends or colleagues (e.g., current or former student or mentor, direct supervisory or subordinate job relationship, or

marital/partner relationship. The subordinate relationship of a Respondent to his/her Dean or Chair alone shall not constitute a perceived or actual conflict of interest under this Policy). If such relationships are present, the individual shall recuse himself or herself from any investigative or decisional role in the case. If any prospective Committee member or consultant at any point in the process presents or develops a conflict of interest, that Committee member or consultant shall be replaced by another appointee of the appointing authority. If the Dean or Coordinator has a conflict of interest, the Vice President for Research shall designate a different person to handle that case. If either of the Vice President for Research or the Executive Vice President for Academic Affairs and Provost has a conflict of interest, the President of the University shall designate a replacement. Conflicts of interest on the part of deans or department chairs shall be dealt with by the Vice President for Research. If it becomes necessary to appoint a replacement during the course of the process, the new appointee shall be fully informed regarding earlier procedures and evidence secured, but it shall not be required that any of the process commence anew.

- E. *The Record.* The official University record of the case shall include all reports, electronic recordings, computer files, documentary evidence or other relevant matter collected and used by the Committee. In cases disposed of after a preliminary review or an initial inquiry, the official University record shall be kept in the files of the Vice President for Research; in cases that proceed to a subsequent investigation, the official University record shall be kept for faculty in the files of the Executive Vice President for Academic Affairs and Provost, for staff in the files of the Vice President for Human Resources, and for graduate students in the files of the Dean of the Graduate School, with a copy in the files of the Vice President for Research. All such records shall be kept confidential to the maximum extent permitted by law, by the need to conduct a thorough inquiry, and to protect the interest of the University in the integrity of its research. The official University record shall be kept for a minimum of ten years.
- F. *Termination of Employment.* If a Respondent terminates employment at the University before the case is resolved, the proceedings under this policy shall continue, to the extent possible, until a final conclusion is reached.
- G. *Correction of Erroneous Research.* If culpable research misconduct has been found under this Policy and erroneous research has been published, the Respondent shall have an obligation to work with the University and any other scholars or publishers

involved to correct the published record and to rectify the situation to the extent possible. If no culpable research misconduct has been found but seriously erroneous research has been published, the University, working with the scholars involved, shall seek to correct the published record and to rectify the situation to the extent possible.

- H. *Evidence of Criminal Conduct.* If anyone involved in an inquiry or subsequent investigation becomes aware of a possible violation of criminal or civil law, he or she shall inform the Vice President for Research. If the Vice President for Research agrees that reasonable indications of possible criminal conduct exists, the Vice President shall, within 24 hours, inform the sponsoring agency (if required) and appropriate law enforcement officials.
- I. *Time Limitations.* This policy applies only to research misconduct occurring within six years of the date the University or a federal sponsor or oversight agency receives an allegation of research misconduct. Exceptions to the six-year year limitation include the following:
1. Subsequent Use. The Respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the citation, republication or other use by the Respondent of the research record that is alleged to have been fabricated, falsified, or plagiarized.
  2. Health or safety of the public exception. If the University, following consultation with federal sponsor or oversight agency, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.
  3. "Grandfather" exception. If the federal sponsor or oversight agency or the University received the allegation of research misconduct before the effective date of this part.
- J. *Reopened Cases.* Any case that has been closed due to a finding that research misconduct did not occur may be reopened and a new inquiry commenced only if, in the opinion of the Vice President for Research, new and potentially significant information of research misconduct, not previously considered, has been presented.
- K. *Rehabilitation.* In any case in which a Respondent is found not to have committed research misconduct, any reference to the case shall be removed from the files of the University including the personnel file of the Respondent, except that an official file shall be kept by either the Executive Vice President for Academic Affairs and Provost or by the Vice President for Research, as provided for in E above. The Vice

President for Research or Coordinator shall be responsible for exercising reasonable efforts to accomplish such removal. The University shall also work with the Respondent to rectify any injury done to the reputation of Respondent, including, with the permission of the Respondent, release of a press announcement of the results of the investigation. The steps to be taken to accomplish rehabilitation of the Respondent, including any requested economic rehabilitation, shall be at the discretion of the Vice President for Research.

- L. *Retaliation.* University officials shall diligently attempt to protect the positions and reputations of good faith Complainants, witnesses, and committee members and protect them from retaliation by the Respondent and others. Documented retaliation by the Respondent or other University employee against good faith Complainants, witnesses or committee members shall result in disciplinary action under appropriate University rules or procedures.
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## APPLIES TO

This Policy applies to all Ohio State University faculty and staff involved in the design, conduct, or reporting of research at or under the auspices of the University, and it shall apply to all research projects on which those individuals work, regardless of the source of funding (if any) for the project. This policy also applies to students involved in the design, conduct, or reporting of research that involves sponsored programs, or research utilizing University resources or facilities, other than those typically used for academic instruction.

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## POLICY

Issued:  
Revised:  
Edited:  
Reviewed:

Accurate and detailed research records are an essential component of any research project. Both the University and the Principal Investigator (PI) of a research project have responsibilities and rights concerning access to, use of, and maintenance of data resulting from research conducted by faculty, students, or staff employees of the Ohio State University. Under this Policy and practice, the PI has the right and authority to control the appropriate use-of and access-to his/her research data, including the use of data in scholarly publications and presentations. Under Ohio law and federal regulation, however, tangible research property, including the data and other records of research conducted under the auspices of Ohio State University, belongs to the University. The purpose of this Research Data Policy is to describe the rights and responsibilities of investigators and the institution in the use, retention and maintenance of data produced as a result of the research enterprise of the University.

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## POLICY DETAILS

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### Definition

Research data include laboratory notebooks, as well as any other primary records that are necessary for the reconstruction and evaluation of reported results of research and the events and processes leading to those results, regardless of the form of the media on which they may be recorded.

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### Ownership

University ownership and stewardship of the scientific record for projects conducted by University faculty and staff, through the use of University facilities and resources, is based on state law (ORC 3345.14), federal regulation (OMB Circular A-110, Sec. 53), and sound management principles.

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The responsibilities of the University in this regard include, but are not limited to:

- 1) Complying with the terms of sponsored project agreements;
- 2) Ensuring the appropriate use of animals, human subjects, recombinant DNA, biological agents, radioactive materials, and the like;
- 3) Protecting the rights of students, postdoctoral scholars, and staff, including, but not limited to, their rights to access to data from research in which they participated for their programs of study;
- 4) Securing the intellectual property rights of the University; and
- 5) Facilitating the investigation of charges, such as scientific misconduct or conflict of interest.

## **Collection and Retention**

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Under federal regulations, the University must retain research data in sufficient detail and for an adequate period of time to enable appropriate responses to questions about accuracy, authenticity, primacy, and compliance with laws and regulations governing the conduct of the research.

The PI is responsible for the collection, management, and retention of research data, and should adopt an orderly system of data organization, and should communicate the chosen system to all members of a research group and to appropriate University administrative personnel, where applicable. Particularly for long-term research projects, the PI should establish procedures for the protection of essential records in the event of a natural disaster or other emergency.

The collection, retention, and sharing of research data that incorporates individually-identifiable patient information from the University Health System must comply with all applicable Health Insurance Portability and Accountability Act (HIPAA) policies and processes, including security standards.

Research data should be archived for a minimum of five (5) years after the final project closeout, with primary data retained wherever possible. In addition, any of the following circumstances may justify longer periods of retention:

- 1) If the terms of a sponsored research agreement administered by the Ohio State University Research Foundation (OSURF) require a longer retention period;
- 2) Data must be kept for as long as may be necessary to protect intellectual property resulting from the work. Data used to support a patent or copyright application must be archived for a minimum of twenty (20) years or such other time as required by the University Office of Technology Licensing and Commercialization;
- 3) If any charges regarding the research arise, such as allegations of scientific misconduct or conflict of interest, data must be retained for a minimum of seven (7) years as required by federal regulation, or until such charges are fully resolved; and
- 4) If a student is involved, data must be retained at least until the degree is awarded, or until it is clear that the student has abandoned the work.

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Beyond the period of retention specified here, the destruction of research records is at the discretion of the PI according to his or her College or Department policy. Records will normally be retained in the unit where they are produced. Research records must be retained in Ohio State University facilities, unless the Vice President for Research grants specific permission to do otherwise.

## **Publication**

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As per national practice, the PI has the right and responsibility to ensure that research is reported to the scientific and academic community, as well as to select the vehicle for publication or presentation of research data and results. In the case of research conducted with a co-principal investigator(s), the co-PI(s) shall jointly share the right and responsibility to ensure that research is reported to the scientific and academic community as well as to select the vehicle for publication or presentation of research data and results unless they agree otherwise in writing.

It is the responsibility of the PI to ensure that all persons listed as authors on publications or presentations meet accepted criteria in their field for authorship credit, and that only such persons are listed as authors. The PI is responsible for ensuring that investigators, students, and/or research staff members who do not meet the criteria for authorship, yet have provided special assistance or contributions to the research, should be listed in an acknowledgments section, if available in the publication.

It is the policy of the University to handle disputes regarding authorship as an academic issue. Such disputes shall be handled according to the procedures described in this Policy below.

## **Access**

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In order to ensure needed and appropriate access, for example, to facilitate response to an allegation of research misconduct, the University has the option to take custody of the primary data in a manner specified by the Vice President for Research.

Students, postdoctoral associates, research associates and fellows, or other research trainees (hereinafter Researchers) may be granted access to research data by a PI for academic or research purposes in connection with a course of study or degree program or in their capacity as employees. Researchers given access to research data from any source shall be subject to all university rules, state and federal laws, and contractual obligations relevant to the data. Faculty and staff who give Researchers access to data shall inform them, in writing where appropriate, of any limitations or restrictions on the use or dissemination of the data. Researchers shall retain access to data resulting from research projects they themselves have initiated, and to data acquired by processes for which they were primarily responsible.

Researchers previously given access to research data in connection with a course of study, degree program, or contract may be denied such access by the PI or other responsible University official for reasonable cause. Concerns or disputes concerning access to data shall be handled according to the procedures described in this Policy below.

## **Transfer in the Event a Researcher Leaves Ohio State**

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In general, when researchers or co-investigators involved in research projects at Ohio State leave the University, they may take copies of research data for projects on which they have worked. As required by academic practice, however, the use of such data (for example, to conduct additional research, or for presentation or publication) is dependent on the agreement with the PI, or as may be formally agreed-upon beforehand by the PI and other co-investigators in a



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data use agreement. In all cases, the PI must retain the primary research data at the University. If a PI leaves the University or a project is moved to another institution, the primary research data may be transferred according to the procedure described in this Policy below.

## **Export Control**

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The PI is responsible for assuring compliance with any agreed-upon restrictions from sponsors (including publication and sharing with non-U.S. citizen collaborators and/or students) when using data that is controlled under the federal International Traffic in Arms Regulations or Export Administration Regulations.

## **PROCEDURES**

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Issued:  
Revised:  
Edited:  
Reviewed:

## **Authorship Disputes**

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Faculty, staff or students who believe that they were not appropriately acknowledged on a publication or presentation should initially contact (in writing) the PI and the Chair or Director of the Academic Unit(s) involved for review of such concerns. The Chair or Director shall then determine whether appropriate authorship or acknowledgement was provided, based on accepted criteria in the academic discipline/field. For concerns raised by students, it is recommended that the student initially contact the Graduate Studies Chair of their Program.

If a Chair or Director is potentially conflicted (for example, he/she is a co-author on the publication or presentation at-issue), or if review of the Chair or Director's determination is requested, then the Dean or his/her designee in the College shall review the dispute to determine if the faculty, staff or student was appropriately acknowledged in the publication using the above criteria.

If a Dean or his/her designee in the involved College(s) is potentially conflicted, or if the faculty, staff or student reasonably believes that the Department and/or College failed to appropriately follow the above procedure for reviewing an authorship dispute, then the Provost or his/her designee in the University's Office of Academic Affairs, in consultation with the Dean of the Graduate School for concerns involving graduate students, shall provide final institutional review and determine whether appropriate authorship or acknowledgement was provided.

In the event that a credible allegation of plagiarism exists in addition to the authorship dispute, the Chair, Dean, Provost, or their designees should consult with the Vice President for Research and/or the Research Misconduct Coordinator regarding the allegation(s). Plagiarism allegations will be reviewed under the University's Policy and Procedures Concerning Research Misconduct. The Vice President for Research shall otherwise not participate in the above academic process for resolving authorship disputes, unless the authorship dispute involves an Office of Research Center.

## **Data Access Disputes**

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If a dispute arises concerning a researcher's access to data, an initial effort to resolve the dispute shall be made by the Graduate Studies Chair (in the case of students) or the Chair or Director (for other researchers) of the relevant Academic



Unit(s) involved, following stated grievance procedures for the Graduate Program or Academic Units. Any subsequent appeals shall be referred to the following entities, in order: the relevant College Associate Dean for Research, or other qualified faculty administrator appointed by the Dean, the Graduate School (for students), and, as a last resort, the Office of Research and the Office of Legal Affairs.

### Data Transfer in the Event a Researcher Leaves Ohio State

If a PI leaves the University or a project is moved to another institution, the primary research data may be transferred with the approval of the Dean of the College employing the PI and the Vice President for Research, and with written agreement from the new institution, which, at a minimum, shall provide:

- 1) Institutional acceptance of custodial responsibilities for the data;
- 2) Formal recognition of the ownership of the data by the University; and
- 3) Guaranteed access by the University to the primary data, should such access become necessary.

### Responsibilities

Position, or Office	List of Responsibilities
Principal Investigator (PI)	Primary responsibility for the collection, management, and retention of research data for the periods required by this Policy; to control access to research data; and to select the vehicle for publication or presentation of the data.
Office of Research	Responsible for notifying the PI of any sponsor requirements for retention of research data beyond the minimal period specified in this Policy; securing the intellectual property rights in research data; approving off-campus archival and transfer of research data; and for conducting research integrity investigations involving research data.
Chairs, Deans and the Provost	Responsible for managing disputes concerning access to and authorship of publications and presentations involving research data.

### Resources

- Health Insurance Portability and Accountability Act - [HIPAA](#)
- International Traffic in Arms Regulations (ITAR) - [22 CFR sections 120-130](#)
- Export Administration Regulations (EAR)- [15 CFR sections 730-774](#)
- Ohio Revised Code - [ORC 3345.14](#) and [ORC149.43](#)
- Office of Management and Budget - [OMB Circular A-110, section 53](#)

### Contacts

Individual or Office	Office	Telephone	E-mail/URL
Caroline Whitacre	Vice President for Research	614-292-1582	<a href="mailto:whitacre.3@osu.edu">whitacre.3@osu.edu</a>
Todd Guttman	Associate Vice President for Research Compliance	614-292-4284	<a href="mailto:guttman.6@osu.edu">guttman.6@osu.edu</a>



## History

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Issued: Approved by University Research Committee (URC) 02.13.08  
Revised: Transferred to new University Policy Process Template and re-approved by URC 12.02.08  
Edited:  
Reviewed:

DRAFT

## Authorship Disputes (revised)

Faculty, staff or students who believe that they were not appropriately acknowledged on a publication or presentation should initially contact (in writing) the PI and the Chair or Director of the Academic Unit(s) involved, for review of such concerns. The Chair or Director shall ~~then—investigate—determine—~~whether appropriate authorship or acknowledgment was provided, based on accepted criteria for authorship or acknowledgment in the academic discipline/field, and mediate a resolution to the dispute. For concerns raised by graduate students, it is recommended that the student initially contact the Graduate Studies Chair of their Program.

If a Chair or Director is potentially conflicted (~~for example e.g.,~~ he/she is a co-author on the publication or presentation at issue, is a collaborator of the PI, or has other close personal or professional ties), or if review of the Chair or Director's determination is requested, then the Dean or his/her designee in the respective College shall review investigate the dispute, ~~to determine if the faculty, staff or student was appropriately acknowledged in the publication using the above criteria.~~

If a Dean or his/her designee in the involved College(s) is potentially conflicted, or if the faculty, staff or student, reasonably believes that the Department and/or College failed to appropriately follow the above procedure for reviewing an authorship dispute, then the Provost or his/her designee in the ~~University's~~ Office of Academic Affairs, in consultation with the Dean of the Graduate School for concerns involving graduate students, shall provide final institutional review and mediation of a resolution~~determine whether appropriate authorship or acknowledgement was provided.~~

In the event that a credible allegation of plagiarism exists in addition to the authorship dispute, the Chair, Dean, Provost, or their designees should consult with the Vice President for Research and/or the Research Misconduct Coordinator regarding the allegation(s). Plagiarism allegations will be reviewed under the University's Policy and Procedures Concerning Research Misconduct. The Vice President for Research shall otherwise not participate in the above academic process for resolving authorship disputes, unless the authorship dispute involves an Office of Research Center.

Language from the American Chemical Society "Ethical Guidelines to Publication of Chemical Research." (ASME is nearly identical)

*The co-authors of a paper should be all those persons who have made significant scientific contributions to the work reported and who share responsibility and accountability for the results.*

*The author who submits a manuscript for publication accepts the responsibility of having included as co-authors all persons appropriate and none inappropriate.*

Language from the American Physical Society "Guidelines for Professional Conduct."

*Authorship should be limited to those who have made a significant contribution to the concept, design, execution or interpretation of the research study. All those who have made significant contributions should be offered the opportunity to be listed as authors.*

Language from the "Journal of the American Medical Association."

*"Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Authorship credit should be based only on (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; and (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met."*

From the American Psychological Association.

*"An author is considered anyone involved with initial research design, data collection and analysis, manuscript drafting, and final approval. However, the following do not necessarily qualify for authorship: providing funding or resources, mentorship, or contributing research but not helping with the publication itself. The primary author assumes responsibility for the publication, making sure that the data is accurate, that all deserving authors have been credited..."*

Key issues in these statements on authorship practices include:

- (1) significant contributions to the work being published;
- (2) accountability for the results;
- (3) involvement in conception, design, execution, or interpretation;
- (4) substantial contributions to conception/design or data acquisition/analysis and writing/revising the article with respect to intellectual content and approval of the final version;
- (5) design, data collection/analysis, writing manuscript and final approval

The consensus issues appear to be contribution to the design of the research study, involvement with data collection and/or interpretation, and writing or critically revising the manuscript. In addition, co-authors must be accountable for their contributions. In each of these examples, the guidelines are clearly stated, but include ambiguous words such as “significant” or “substantial.” While these words are open to interpretation, the general feeling appears to be whether the study is critically dependent on an individual’s contribution to the work. This is not the same as asking whether anyone could have performed the work or contributed the data or analysis. The work a potential co-author must contribute in some manner that allows conclusions to be drawn, or whose contributions of data or evaluation contributes to those conclusions, moreover, in such a manner that in the absence of such contributions, the conclusions would be weakened.

The fact that co-authors are required to be responsible or accountable for their contributions further clarifies the issue of what is a substantial contribution. If the work in a manuscript is called into question, then each co-author must be able to defend the integrity of their work. Simple critical reading of a manuscript is clearly not appropriate for authorship under this criterion. However, if specific data contributed or interpreted by a co-author are found to be falsified or fabricated, and retraction of this data changes the interpretation of the results or requires the manuscript to be retracted, then those data or their interpretation are significant. This is a clear litmus test, and one that would seem to be universal, even in not explicitly stated in publication guidelines.

Thus, in an authorship dispute, the person who is investigating the dispute has substantial resources with which to decide if proper practice for authorship has been followed. In cases where the disputant’s contribution is trivial, such as proof reading a manuscript or contribution a reagent or making a measurement, these guidelines clearly determine that co-authorship is not warranted. In cases where the disputant’s contribution has allowed one or more of the conclusions of the manuscript to be drawn, then these guidelines clearly determine that co-authorship is appropriate. Obviously, there will be substantial discipline-to-discipline variation in the definition of substantial, but overall, the above guidelines are consistent in their requirement for co-authorship.

This, it is reasonable to expect a third-party to be capable of forming a reasoned opinion on the matter in dispute, and to use his/her opinion to mediate and resolve the dispute.

One of the principal objections raised by Steering was whether it was appropriate for someone other than the PI to judge or decide who should or should not be a co-author on a publication or presentation. It was stated that the PI had absolute control over co-authorship, and that no one had the right to dispute the PI's decision to include or not include specific co-authors. The fact that disciplines in which issues of co-authorship arise have rules for appropriate authorship (*vide supra*) negates this argument. The existence of such ethical guidelines presupposes that guidance is oftentimes necessary on this issue, and that co-authorship requires certain criteria to be met. Thus, in any dispute over co-authorship, it is entirely appropriate for a third party to examine criteria for authorship, specific to the discipline, and determine whether co-authorship is warranted based on the specific contribution(s) of the disputant to the publication in question. In this context, authorship guidelines can be considered rules that describe a principle or regulation governing conduct, action, or procedure. It logically follows from the existence of such rules that it is both possible and appropriate for a judgment to be made with respect to whether such rules have been observed or violated.



# Export Control Office of Research

Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

## POLICY

Issued:  
Revised:  
Edited:  
Reviewed:

It is the policy of this university that all personnel, including faculty, staff, visiting scientists, postdoctoral fellows, students and all other persons retained by or working at the university comply with all U.S. laws and regulations as they relate to international activities conducted at or on behalf of the university. University personnel may not transfer any items, information or technology contrary to U.S. Export Control laws and regulations or this policy.

This policy relates to the actual transfer of items, information, technology, and/or software to a destination outside the U.S. (that is an “Export”); the transmission of information, technology, or software to a foreign national at the university (that is a “Deemed Export”); interactions of the university with export restricted countries, organizations or individuals; receipt by university personnel of export controlled information or technology; or international travel on university business.

Failure to comply with any U.S. Export Control laws or this university policy and related procedures may result in disciplinary action. Details concerning the application of this policy along with flow charts, decision trees, and other information can be found at the [Export Control](http://www.orc.osu.edu/exportcontrol/) web site ([www.orc.osu.edu/exportcontrol/](http://www.orc.osu.edu/exportcontrol/)).

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# Export Control Office of Research

Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

## Definitions

Term	Definition
Deemed Export	Release or transmission of information or technology subject to export control to any foreign national in the U.S., including graduate students and training fellows. Such a release of information is considered to be an export to the person's home country.
Educational Information	Information that is normally released by instruction in catalog courses and associated teaching laboratories of academic institutions is considered "Educational Information" and is <u>not</u> subject to Export Controls.
Export	Any item (i.e., commodity, software, technology, equipment, or information) sent from the U.S. to a foreign destination is considered an export. Examples of exports include the actual shipment of goods as well as the transfer of written documents or information via email, phone, fax, internet, and verbal conversations.
Export Control Committee	The Export Control Committee (ECC) is a university committee that includes members from the Office of Research Compliance, Research Foundation, Office of Legal Affairs, Office of Information Technology, Office of Technology Licensing & Commercialization, and the Office of Environmental Health and Safety. The ECC is responsible for performing all export control assessments, determining license requirements, assisting with the submission and processing of license applications, and helping university personnel with all export control matters.
Export License	A written authorization provided by the appropriate governing regulatory authority detailing the specific terms and conditions under which export or re-export of Export Controlled items is allowed.
Export License Exception	An Export License Exception is an authorization that allows you to export or re-export, under very specific conditions, items that would normally require a license. Export License Exceptions are detailed in <a href="#">EAR § 740</a> .
Foreign National	A Foreign National is defined as anyone who is not a U.S. citizen, or who is not a lawful permanent resident of the U.S., or who does not have refugee or asylum status in the U.S. Any foreign corporation, business association, partnership, trust, society or any other foreign entity or group as well as international organizations and foreign governments are considered "Foreign National(s)."
Fundamental Research	As defined by National Security Decision Directive 189 (NSDD 189), Fundamental Research is any " <i>basic and applied research in science and engineering, the results of which are ordinarily published and shared broadly within the scientific community...</i> " Information that results from Fundamental Research is <u>not</u> subject to Export Control.
Re-Export	A re-export occurs whenever any item (i.e., commodity, software, technology, equipment or information) is sent from one foreign country to another foreign country.
U.S. Person	A U.S. person is any U.S. citizen, permanent U.S. resident alien, or protected individual, wherever that person is located. U.S. incorporated or organized firms and their foreign branches are also considered "U.S. Person(s)."

Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

## Policy Details

The U.S. government actively and aggressively regulates the transfer or release from the U.S. of any information, commodities, technology, or software that have been deemed strategically important to the U.S. for reasons of national security, foreign policy, or the protection of the economy and commerce. There are a number of federal agencies and inter-related regulations and laws collectively referred to as “Export Controls,” which serve to restrict the shipment or transfer of controlled items out of the U.S. as well as restricting the release of controlled information to foreign nationals in the U.S. and abroad.

The purpose of this policy is to outline the key features of Export Controls, examine the relationship of these regulations to activities conducted at the university, and explain how the university will assist university personnel to ensure compliance with Export Controls. This policy applies to all university personnel (including but not limited to all faculty, staff, students, trainees, and visiting scientists) whose academic work involves, but is not limited to, the following:

- Activities or research in controlled areas (e.g., encryption technology, nuclear technology, chemical/biological weapons, military technologies)
- Activities involving the shipping or taking of equipment, technology, or software overseas
- Activities involving collaborations with foreign colleagues or the participation or training of foreign nationals here or abroad
- Activities involving travel or work outside the U.S.
- Conducting tours of foreign nationals through research areas
- Conducting research sponsored by any entity restricting publication or participation by foreign nationals
- Activities involving the receipt and/or use of export controlled information or technologies from other parties

The Departments of State, Commerce, and Treasury are the principal administrative branches of the U.S. Government involved in the oversight and enforcement of Export Controls as follows:

- A. The Department of State, through the Directorate of Defense Trade Controls (DDTC), administers the International Traffic in Arms Regulation (ITAR). ITAR controls the export of items that have primarily military or space applications.
- B. The Department of Commerce, through the Bureau of Industry and Security (BIS), administers the Export Administration Regulations (EAR). EAR controls the export of “dual-use” items (i.e., those items having both commercial and military applications) as well as strictly commercial items.
- C. The Department of the Treasury, through the Office of Foreign Asset Controls (OFAC), is responsible for enforcing specific embargoes and/or sanctions.

While Export Controls have been in place for many years, the level of awareness and scrutiny of export activities has been heightened, necessitating comprehensive policies and procedures to ensure compliance. Failure to comply with Export Controls may result in substantial civil and criminal penalties to the university and the specific individual(s) involved, as well as administrative sanctions resulting in potential loss of federal funding and export privileges.

The Ohio State University is conducting leading edge research in many areas, including science and engineering. It is a general practice of the university to foster a research environment conducive to the expansion of general knowledge and the open release of knowledge acquired for the public good. The Federal regulations provide a broad exemption from Export Controls for basic or applied academic research that is normally published and shared with the research community. This broad exemption is commonly referred to as the “Fundamental Research Exclusion.” To qualify as

Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

“Fundamental Research,” and thus be exempt from export controls, research must be conducted free of any publication restrictions or access or dissemination controls. Thus it is critical that the university continues to ensure that all research results are widely and openly published and made available to the academic community in order to safeguard the Fundamental Research Exclusion. It is important to note that even with the Fundamental Research Exclusion, if a university activity involves an export or deemed export, the university must document that an Export Control review and analysis was performed **before** the export or release of information takes place. It is also important to note that while the **results** of Fundamental Research are exempt from Export Controls, the actual item, technology, or software under study is not automatically exempt and may have Export License requirements.

## PROCEDURE

Issued:  
Revised:  
Edited:  
Reviewed:

It is the responsibility of all university personnel to be aware of and comply with all Export Controls as well as applicable university policies and procedures. With regard to specific research projects, it is important to note that the primary compliance responsibility resides with the researcher, however the appropriate administrative staff (e.g., Sponsored Program Officer, Export Control Committee, etc.) should be notified by the researcher whenever it is believed or known that Export Controls may apply. The university will assist any member of the university community in assessing their Export Control obligations and will facilitate the acquisition of Export Licenses as required.

### I. Research Involving the Export of Items Out of the U.S.

It is the responsibility of the Export Control Committee to determine the licensing requirements for shipping any item, software, technology, or information from the university to destinations outside the U.S. To make this determination, the researcher needs to provide answers to the following questions to the Export Control Committee:

- A. What is the item? This includes a detailed description of the item, software, or technology, technical specifications, the origin of the item, and any contractual non-disclosure or use restrictions that may exist.
- B. Where is the item going?
- C. To whom is the item going?
- D. What is the intended end-use?
- E. Is the item published, patented, or in some other manner in the public domain?

Determining the license requirements of an item can be a complex and complicated process requiring the proper classification of the item and verification and clearance of the target destination, end use, and end users. The final determination of whether an item requires a License, qualifies for a License Exemption, or can be exported as No License Required will be made by the Export Control Committee in collaboration with the researcher(s). If a License is required, the Export Control Committee will coordinate the License application process. Obtaining a License can take three to six months (or more) and there is no guarantee that a License will be issued. No export (or deemed export) can take place until the required License is obtained.

Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

## **II. Research Involving Disclosures or Transfers to Foreign Persons in the U.S. (Deemed Exports)**

The release or transmission of information or technology subject to Export Control to any foreign national in the U.S. including graduate students and training fellows is a “Deemed Export” and is considered an export to that person’s home country. In some instances, a License may be required before the information can be released. Examples of “releases” to foreign nationals include providing access to controlled software, technology, or equipment by visual inspection or use, providing access via tours of facilities, providing access to technical specifications, and verbal exchanges of information. It is the responsibility of the Export Control Committee to determine the licensing requirements involving deemed exports. To make this determination the researcher needs to provide the following information to the Export Control Committee:

- A. Information to be released – This includes a detailed description of the information, item, software, or technology; technical specifications, origin of the item and/or any contractual non-disclosure or use restrictions that may exist.
- B. A list of the home country and citizenship of all persons that will be given access to the information, item, software, or technology.
- C. Did the information or item, software, or technology result from Fundamental Research?
- D. Is the item published, patented, or in some other manner in the public domain?

The final determination of whether release of the information or item(s) requires a License will be made by the Export Control Committee in collaboration with the researcher(s). If a License is required, the Export Control Committee will coordinate the License application process. Obtaining a License can take three to six months (or more) and there is no guarantee that a License will be issued. No release of information or items to foreign nationals can take place until the required License is obtained.

## **III. Travel Outside the U.S. and International Financial Transactions**

When leaving the U.S., it is important to note that traveling with certain items (e.g., personal laptop computers running encryption software, wireless network hardware/software, some GPS systems) may require a License or License Exception depending on the travel destination. In general, problematic destinations are those countries currently under U.S. embargo, sanction, or other trade restriction. Specific examples include Iran, Cuba, Sudan, Syria, and North Korea. U.S. sanction programs may change over time so you should check the Treasury Department’s list of [Sanctioned Countries](http://www.treas.gov/offices/enforcement/ofac/programs/index.shtml) (<http://www.treas.gov/offices/enforcement/ofac/programs/index.shtml>) and the [Export Control](http://www.orc.osu.edu/exportcontrol/) web site (<http://www.orc.osu.edu/exportcontrol/>) for the most current information.

The application of personal knowledge or technical experience to situations in other countries (e.g., during consulting activities) may also invoke export licensing requirements. University personnel can receive assistance from the Export Control Committee in determining whether a License is required.

In addition to potential travel restrictions, it is also important to note that certain financial transactions with restricted individuals or entities from sanctioned or embargoed countries may be prohibited (e.g., fellowship payments made to a researcher in another country). Before agreeing to provide funding to any foreign national, University personnel should check with the Export Control Committee for assistance in identifying potential restrictions on the transaction.

Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

#### **IV. Activities Involving the Receipt and/or Use of Export Controlled Information/Technology**

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While the vast majority of work done at the university falls under the Fundamental Research Exclusion and is shielded from Export Controls, the Fundamental Research Exclusion does not apply to Export Controlled information, technology, software, or items that the university receives from other parties nor does it apply to research conducted using such export controlled information or items. Export Controlled information received from other parties cannot be openly shared with certain foreign nationals without a License. If a university activity involves the receipt or use of externally obtained Export Controlled information, items, technology, or software, the primary recipient (e.g., the Principal Investigator), with help from their respective Office of Human Resources, must determine by current citizenship status those university personnel that can legally access the information or item before the information or item is shared. The Export Control Committee can assist the primary recipient in these determinations.

All university personnel receiving Export Controlled information or items will be asked to sign the “Certification on the Handling of Export Controlled Information” acknowledging their receipt of Export Controlled information or items and their understanding of their responsibilities and obligations regarding the safe handling and use of the information or items. In some cases, the primary recipient may be required to develop a Technology Control Plan, in collaboration with the Export Control Committee, outlining the specific procedures and safeguards that will be implemented by the researcher to ensure compliance with Export Controls. Before accepting any Export Controlled information, item, technology, or software, university personnel should contact the Export Control Committee for help in determining potential compliance requirements.

#### **V. Restrictive Trade Practices and Boycotts**

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Participation in certain restrictive trade practices is prohibited under the EAR. The “anti-boycott” provisions of the EAR prohibit U.S. persons or businesses from participating in any non-U.S. sanctioned foreign government boycott. Participation in this context includes refusing to engage in business transactions with the boycotted country, agreeing to not use “blacklisted” suppliers from the boycotted country or providing information related to business relationships with the boycotted country.

While anti-boycott provisions of the EAR apply to any foreign country’s boycott, in practice the primary anti-boycott focus involves the Arab League’s boycott of Israel. Any U.S. person who receives a request that supports a restrictive trade practice or boycott imposed by another country must promptly report the request to the Department of Commerce. The Export Control Committee can assist university personnel in determining if the anti-boycott provisions of the EAR apply and in reporting such occurrences to the appropriate authorities.

#### **VI. Recordkeeping and Retention Requirements**

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The university is required to retain a complete record of all Export Control documentation including but not limited to the university’s analysis of license requirements, any issued licenses, shipping documents, and any correspondence related to each export transaction. Original records must be retained for five years from the date of export, re-export, or transfer. The Export Control Committee (in conjunction with the Office of Research Compliance) is responsible for the retention of export records. It is the responsibility of university personnel to forward all relevant export documentation to the Export Control Committee for archiving.



Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

## Responsibilities

Position, or Office	List of Responsibilities
Faculty/Researcher	<p>Researcher has the primary responsibility for:</p> <ul style="list-style-type: none"> <li>• Identifying research activities where there might be Export Control issues</li> <li>• Notifying the appropriate university officials of the issues</li> <li>• Working with the Export Control Committee to accurately classify items and apply for licenses</li> <li>• Ensuring the appropriate protection of all controlled information and technology in their possession</li> <li>• Providing all export documentation to Export Control Committee for archiving</li> </ul>
Sponsored Program Officer/Department Administrator	<p>Sponsored Program Officers (SPOs), Department Administrators and/or any other person negotiating contracts or sponsored research agreements have primary responsibility for:</p> <ul style="list-style-type: none"> <li>• Identifying and removing from agreements any language that attempts to place restrictions on the university's ability to publish the research or to place restrictions on the participation or access by foreign nationals</li> <li>• Notifying the Export Control Committee in the event that such restrictions are accepted</li> </ul>
Department/College	<p>Chairs, Directors, and Deans are responsible for:</p> <ul style="list-style-type: none"> <li>• The administration and monitoring of existing Technology Control Plans of their faculty</li> <li>• Notifying the Export Control Committee of any issues that arise regarding the implementation of, or compliance with, any management plan</li> </ul>
Office of Technology, Licensing and Commercialization (TLC)	<p>The Office of Technology, Licensing and Commercialization (TLC) is responsible for:</p> <ul style="list-style-type: none"> <li>• Identifying potential Export Control issues arising in conjunction with Material Transfer Agreements, Non-Disclosure Agreements, or other licensing agreements</li> <li>• Notifying the Export Control Committee of such issues</li> <li>• Ensuring that the appropriate certification and/or Technology Control Plan is developed and implemented in collaboration with the Export Control Committee</li> </ul>
Export Control Committee (ECC)	<p>The Export Control Committee is responsible for:</p> <ul style="list-style-type: none"> <li>• Assisting researchers in determining Export License requirements (in collaboration with the appropriate regulatory bodies)</li> <li>• Facilitating the development of Technology Control Plans (TCP)</li> <li>• Coordinating verification checks on foreign nationals visiting the university.</li> </ul>
Office of Legal Affairs	<p>The Office of Legal Affairs serves in an advisory role to the Export Control Committee assisting in the preparation of Export License applications and providing legal oversight.</p>
Office of Research Compliance	<p>The Office of Research Compliance is responsible for:</p> <ul style="list-style-type: none"> <li>• Monitoring and oversight of the university's Export Control Program</li> <li>• Providing assistance to the Export Control Committee in all export related matters</li> <li>• Serving as the primary site of export records retention.</li> </ul>

## Resources

- The Ohio State University Export Control Compliance Manual
- The Ohio State University [Export Control](#) website
- State Department – [International Traffic in Arms Regulations \(ITAR\)](#) – 22 CFR §§120-130
- Commerce Department – [Export Administration Regulations \(EAR\)](#) – 15 CFR §§730-774
  - [U.S. Bureau of Industry and Security \(BIS\)](#)
- Treasury Department – [Office of Foreign Assets Control \(OFAC\)](#) – 31 CFR §§500-599
- [National Security Decision Directive 189 \(NSDD 189\)](#)



# Export Control Office of Research

Applies to: All university personnel including faculty, staff, research associates and fellows, post-doctoral fellows, student employees, students, and volunteers in all units of the university

## Contacts

Individual or Office	Office	Telephone	E-mail/URL
Export Control Administrator	Office of Research Compliance	(614) 247-8831	<a href="mailto:jennifer.yucel@orc.osu.edu">jennifer.yucel@orc.osu.edu</a>
Export Control Committee			<a href="mailto:exportcontrol@osu.edu">exportcontrol@osu.edu</a>
Export Control Web site			<a href="http://orc.osu.edu/exportcontrol/">http://orc.osu.edu/exportcontrol/</a>

## History

Issued:

Revised:

Edited:

Reviewed:

**TO: University Senate**

**FROM: John E. Davidson, Chair**  
**Senate Rules Committee**

**DATE: 4/17/08**

**RE: Proposal to amend the language governing academic centers**

**WHEREAS**, in its role overseeing academic centers/institutes (“centers”), CAA approved categorizing centers into two broad types based on mission, funding sources, reporting line, and oversight;

**WHEREAS**, the current rule governing centers does not sufficiently distinguish between these two types of centers and allows for only one model of oversight and review;

**WHEREAS**, the current rule governing the establishment of centers results in a lack of transparency in their establishment, maintenance, oversight, and dissolution;

**WHEREAS**, oversight of centers should be conducted through committees comprised largely of regular faculty from the academic units involved;

**WHEREAS**, these changes were approved by the University Senate Rules Committee at its April 17, 2008 meeting;

**NOW THEREFORE BE IT RESOLVED** that the University Senate approves the proposed changes to Faculty Rules 3335-3-36, and respectfully requests the concurrence of the Board of Trustees, said proposal to be effective upon approval by the Board of Trustees.

3335-3-36      **Centers and Institutes**

- A.      Definition of academic center (institute)
- An academic center is a non-degree granting educational unit of the university engaged in research; instruction; or **CLINICAL, OUTREACH, OR** related service ~~that typically crosses department, division, school, or college boundaries~~. An academic center is defined by its mission and scope, not its title, and may be described as a center, institute, laboratory, or similar term. Use of “center” or “institute” in the names of proposed units of the university shall be limited to academic centers, unless otherwise approved by the Council on Academic Affairs. (See Section C, 3335-3-56, for definition of non-academic centers.) **ACADEMIC CENTERS ARE OF TWO BROAD TYPES: UNIVERSITY CENTERS AND COLLEGE CENTERS.**



UNIVERSITY CENTERS TYPICALLY WILL HAVE A SUBSTANTIAL RESEARCH/SCHOLARSHIP COMPONENT TO THEIR MISSION, BUT ALSO MAY BE INVOLVED IN INSTRUCTION, AND/OR RELATED SERVICE. THEIR INTERNAL FUNDING (INITIAL AND CONTINUING) IS DRAWN FULLY, OR IN LARGE PART, FROM CENTRAL UNIVERSITY FUNDS (I.E., OFFICE OF THE PRESIDENT, OFFICE OF ACADEMIC AFFAIRS, OFFICE OF RESEARCH, COLLEGES OF THE ARTS AND SCIENCES). THE LEADERSHIP OF THE CENTER WILL REPORT TO ONE OR MORE OF THOSE OFFICES.

COLLEGE CENTERS TYPICALLY WILL HAVE SOME MIX, WITH VARIABLE EMPHASES, OF RESEARCH/SCHOLARSHIP, INSTRUCTION, SERVICE, CLINICAL OR OUTREACH MISSIONS. INTERNAL FUNDING (INITIAL AND CONTINUING) IS DRAWN FULLY, OR IN LARGE PART, FROM ONE COLLEGE OR A SMALL SET OF COLLEGES. THE LEADERSHIP OF THE CENTER WILL REPORT TO ONE DEAN OR A SMALL SET OF DEANS.

B. Establishment, reporting, and oversight

1) Establishment OF UNIVERSITY CENTERS

~~Academic centers shall be established or abolished by the Board of Trustees upon the recommendation of the University Senate and the Council on Academic Affairs. Faculties of existing educational units that would commit or receive resources shall be consulted in the creation or abolishment of an academic center. If the academic center has a research or graduate education component, the Council on Research and Graduate Studies shall be consulted.~~

PROPOSALS FOR UNIVERSITY CENTERS WILL BE DEVELOPED FOLLOWING THE “GUIDELINES FOR THE ESTABLISHMENT AND REVIEW OF ACADEMIC CENTERS” AND SUBMITTED TO THE OFFICE OF ACADEMIC AFFAIRS FOR ACTION.

THE CHAIR OF THE COUNCIL ON ACADEMIC AFFAIRS (CAA), THE PROVOST’S DESIGNEE TO THAT COUNCIL, AND THE CHAIR OF THE UNIVERSITY RESEARCH COMMITTEE (URC) WILL REVIEW THE PROPOSAL TO ENSURE ADHERENCE TO THE GUIDELINES AND DETERMINE IF IT INCLUDES A SUBSTANTIAL RESEARCH COMPONENT.

IF SO, A “CENTERS SUBCOMMITTEE” OF THE COUNCIL, SUPPLEMENTED WITH MEMBERSHIP FROM URC, WILL REVIEW THE PROPOSAL AND BRING A RECOMMENDATION FOR ACTION TO CAA. IF A SUBSTANTIAL RESEARCH COMPONENT DOES NOT EXIST, THE SPECIAL SUBCOMMITTEE OF THE COUNCIL (WITHOUT

URC INVOLVEMENT) WILL REVIEW THE PROPOSAL AND BRING A RECOMMENDATION FOR ACTION TO CAA.

IF APPROVED BY CAA, THE PROPOSAL WILL BE SENT TO THE UNIVERSITY SENATE FOR FINAL APPROVAL. THAT ACTION WILL BE COMMUNICATED TO THE BOARD OF TRUSTEES.

## 2) ESTABLISHMENT OF COLLEGE CENTERS

EACH COLLEGE WILL HAVE A TEMPLATE FOR THE ESTABLISHMENT AND REVIEW OF CENTERS THAT WILL BE INCLUDED IN THE COLLEGE PATTERN OF ADMINISTRATION. COPIES OF COLLEGE TEMPLATES ALSO WILL BE MAINTAINED IN THE OFFICE OF ACADEMIC AFFAIRS. PROPOSALS WILL BE DEVELOPED WITH ADHERENCE TO THE TEMPLATE, AND SUBMITTED TO THE DEAN(S) OF THE COLLEGE(S).

NO REVIEW/ACTION BY CAA IS REQUIRED. THE DEAN(S) WILL INFORM THE OFFICE OF ACADEMIC AFFAIRS OF THE ESTABLISHMENT OF SUCH A CENTER. OAA WILL INFORM CAA, RESULTING IN OFFICIAL INSTITUTIONAL NOTIFICATION.

The Office of Academic Affairs shall maintain a register of all academic centers and appropriate records concerning each one.

## 3) Curricula and faculty affiliation

Although ~~academic~~ NEITHER UNIVERSITY NOR COLLEGE centers may ~~not~~ establish independent course offerings and degree programs, they may participate in cooperative programs involving course offerings and degree programs within existing academic units. With the approval of the Council on Academic Affairs, the faculty of a school or college may delegate to an academic center the authority to offer courses or degree programs established under the auspices of that school or college. Proposals for any such courses or programs must be forwarded to the Office of Academic Affairs with the signature approval of the appropriate school or college which must retain ultimate authority and responsibility for the courses or degree programs.

University faculty and staff may affiliate with the academic center under procedures approved by its oversight committee. Academic centers shall not serve as tenure initiating units.

## 4) Administration

~~Reporting lines for academic centers shall be specified by the senior vice president and provost on the recommendation of the Council on Academic Affairs and, where appropriate, the Council on Research and Graduate Studies.—~~

~~An academic center shall be administered by a director who shall be appointed by and report to the RELEVANT VICE PRESIDENT(S) OR deans of the pertinent college(S) or, where there is no single pertinent college, to a dean, governing board of deans, or vice president, as determined by the nature, purposes, and special circumstances of the academic center.~~

~~Separate fiscal units shall be established and maintained only for authorized academic centers.~~

5) Oversight

~~Each academic UNIVERSITY AND COLLEGE center shall have an oversight committee nominated by the person or board to whom the director reports and approved by the faculty of the center. The majority of the oversight committee shall consist, AT LEAST TWO-THIRDS OF WHOSE MEMBERS ARE of regular faculty from the academic units involved in the academic center. The director shall consult regularly with the oversight committee.~~

~~The director of each academic enter shall develop in conjunction with the oversight committee a pattern of administration for the center.~~

~~The director of each academic center shall submit an annual report to the oversight committee; to the dean, governing board of deans, or vice president to whom the director reports; and to the Office of Academic Affairs, as part of the annual budget review process of the university. The director will consult with the oversight committee during preparation of the annual report.~~

6) Review process

~~For review purposes, every four years the Office of Academic Affairs shall request from the director of an academic center, its oversight committee, and the dean, governing board of deans, or vice president to whom the director reports, recommendations concerning funding, reporting lines, governance, performance and effectiveness, and the continuation of the academic center.~~

~~ALL UNIVERSITY CENTERS WILL BE REVIEWED TWO YEARS AFTER INITIAL ESTABLISHMENT AND AT FOUR-YEAR INTERVALS THEREAFTER. THE CENTERS SUBCOMMITTEE OF CAA WILL CONDUCT THE REVIEW FOLLOWING THE “GUIDELINES FOR THE ESTABLISHMENT AND REVIEW OF CENTERS” AND BRING A RECOMMENDATION FOR ACTION TO CAA. THE RANGE OF~~

ACTIONS INCLUDE: CONTINUATION; CONDITIONAL CONTINUATION WITH A FOLLOW-UP IN LESS THAN FOUR YEARS; AND TERMINATION.

ALL COLLEGE CENTERS WILL BE MONITORED THROUGH ANNUAL REPORTS TO THE COLLEGE DEAN(S). SHOULD SIGNIFICANT CHANGE TO A CENTER OCCUR, OR A DECISION BE MADE TO ABOLISH A CENTER, NOTIFICATION OF THAT DECISION WILL BE MADE TO THE OFFICE OF ACADEMIC AFFAIRS AND THROUGH IT TO CAA.

~~Unless it is continued by the Board of Trustees upon the recommendation of the Council of Academic Affairs as a result of this review, an academic center shall be terminated automatically. This process will be repeated at four-year intervals until the center is no longer continued. Any center established with a time limited funding base shall automatically be terminated when funds cease to be available.~~

7) Previously established centers

All existing academic centers established outside of this rule shall be reviewed under the requirements of this rule. Those not in compliance with the rule shall be allowed one additional year to make appropriate adjustments to allow for their continuation.

NOTE: THE REQUEST OF ANY ESTABLISHED CENTER SEEKING TO MOVE FROM ONE TYPE ANOTHER MUST BE REVIEWED AND APPROVED BY CAA.

C. Definition of non-academic center

~~Non-academic centers are those “centers” where the primary purpose generally is not instruction, research or related service. They will be categorized by their primary function, and that function will normally and where appropriate be indicated as part of their title. Those categories are: buildings and/or facilities; athletic; service.~~

- ~~1) Use of “center” or “institute” in the names of proposed units of the university will be limited to academic centers, unless otherwise approved by the Council on Academic Affairs.~~
- ~~2) The Office of Academic Affairs will maintain a register of all non-academic centers.~~
- ~~3) Non-academic centers will be terminated automatically when their primary function is no longer being met, such status to be determined by the vice president to whom they report.~~

D. CONDITIONAL USE OF THE TERM "CENTER"

STARTUP CENTERS ARE PERMITTED. FOLLOWING SUBMISSION OF A FORMAL REQUEST BY A VICE PRESIDENT OR DEAN AND EXPEDITED REVIEW AND APPROVAL BY CAA, THE TERM "CENTER" MAY BE USED RELATED TO EXTERNAL OR CENTRAL FUNDING POSSIBILITIES. THAT ACTION WILL BE COMMUNICATED DIRECTLY TO THE BOARD OF TRUSTEES. SHOULD FUNDING NOT BE SECURED WITHIN ONE YEAR, THE UNIT MUST REQUEST FROM CAA AN EXTENSION OF THE USE OF THE TERM. ONCE FUNDING IS SECURED, THE APPROPRIATE PROCESS FOR ESTABLISHMENT OF A UNIVERSITY OR COLLEGE CENTER MUST BE INITIATED WITHIN ONE YEAR.

## **Principles and Procedures for the Review of University Centers**

All University Centers and Institutes (hereafter “University Centers” or “Centers”), as defined in 3335-3-6 (rev. 2008), must be reviewed two years after initial establishment and at four-year intervals thereafter, as articulated in 3335-3-36.

The following priorities will guide the review of existing Centers (those established before adoption of the 2008 revision to 3335-3-36). Of highest priority are those University Centers that:

- 1) Have not been reviewed in the past five years or are not subject to close periodic scrutiny by an appropriate review agency, accreditation body, or funding agency typically composed of distinguished faculty, researchers, or community partners with expertise in the relevant area;
- 2) Have experienced substantial growth in administrative staff over the past five years not fully anticipated or funded by initial budget allocations or subsequent external funding or earnings;
- 3) Were initially justified on the basis of external funding, but where the amount of external funding has proven to be insufficient to cover operating costs;
- 4) Are deemed inactive.

The following **principles and procedures** will **govern** all **reviews** of University Centers, and are proposed as a guide for the review of College Centers. The review of University Centers will be conducted jointly by a Center Review Subcommittee (hereafter “Subcommittee”) that shall include members from the Council on Academic Affairs (CAA) and the University Research Committee (URC), and will proceed according to the terms outlined in the “Guidelines for the Establishment and Review of Centers.” Given that multiple Centers may need to be reviewed, several such Subcommittees may need to be constituted in any given year.

The Subcommittee may, at its discretion, appoint ad hoc members, always including faculty with expertise in the relevant subject area, but usually also including administrators, to facilitate the review process outlined below.

Specifically, such review by the Subcommittee will include the following:

- 1) **Statement of rationale for the review.** The general rationale for undertaking the review should be clearly explained to all parties. These include:
  - a. The university policy requiring regular reviews of Centers;
  - b. The need to ensure cost-effective and successful stewardship of University resources;
  - c. The need for Centers to provide valued and productive services to the University.
  
- 2) **A comprehensive self-study.** The Center under review will complete a self-study wherein it shall provide the Subcommittee with specific information regarding its **MISSION, FACULTY, ADMINISTRATIVE STRUCTURE, BUDGET, and EVALUATIVE CRITERIA.** To this end, the self-study will include:

- a. *The original MISSION statement and Center proposal.*

The self-study must include (as appendices) the original mission statement, the proposal establishing the Center, any annual reports, or other relevant founding documents or materials.

In this section, describe or list all Center activities, events, initiatives, etc., that have contributed to fulfilling the mission and objectives of the Center. If current activities of the Center differ from those originally envisaged or articulated in the mission statement, explain this evolution.

- b. *A statement on FACULTY and student involvement and contribution.*

The self-study must include (as appendices) a list of past and current faculty and graduate student affiliates or associates.

In this section, describe or list all faculty publications, lectures, grants, or other activities related to their work with the Center, focusing on those that contribute most centrally to the mission of the Center. Describe or list all student publications, lectures, grants, or other activities related to their work with the Center.

- c. *A statement on ADMINISTRATIVE STRUCTURE AND RESPONSIBILITIES.*

The self-study must include (as an appendix) a document describing the administrative structure of the Center and a copy of the pattern of administration.

In this section, describe the responsibilities and activities of all administrative staff and the oversight committee, indicating their contributions to the mission of the Center and its objectives.

d. *A BUDGET report.*

The self-study must include (as an appendix) a budget report or summary (for all years previous to this review and since the last review) and a projected budget for the next four years.

In this section, describe the budgetary context for the Center, outlining specific information regarding those expenses charged to the University's general funds. Externally generated funds produced by the Center should be itemized and linked to the functions and services articulated in the mission statement.

e. *A statement of EVALUATIVE CRITERIA.*

The self-study must include (as an appendix) a document listing the evaluative criteria articulated in the original, or, if relevant, current Center proposal.

In this section, identify and describe the degree to which the Center has met (or failed to meet) its stated evaluative criteria. Identify and justify any new evaluative measures created and describe the degree to which the Center has met these criteria. Provide specific narrative information or data as appropriate. Attach as appendices any documents (e.g., letters of commendation, awards, news releases) that demonstrate how the Center has met its criteria.

- 3) **Review of the self-study by the Subcommittee.** Upon receipt, the Subcommittee will discuss and assess the self-study.
- 4) **Discussion and consultation by the Subcommittee with the Center administration.** The Subcommittee will meet with the director, oversight committee, and other administrative staff (as deemed appropriate) to discuss the self-study.
- 5) **Discussion and consultation by the Subcommittee with stakeholders.** The Subcommittee will meet with stakeholders, including (but are not limited to) the directors of relevant units or programs and chairs and deans of relevant units or units heavily involved in the programs or services offered by the Center. These parties will be fully informed of the review and consulted during the review process.
- 6) **Completion of a final report.** The Subcommittee will prepare a final evaluative report that will include all items described in 1-5 above. Recommendations regarding the status of the Center (i.e., continuation, conditional continuation or termination) will be based on the review outlined above and must focus on the degree to which the Center:



- a. Has fulfilled or is fulfilling its stated mission;
- b. Is working within its own budgetary constraints;
- c. Is meeting its own evaluative criteria.

The Center director and oversight committee will have an opportunity to review and comment on the final report and/or consult with the Subcommittee.

- 7) **Presentation of the final report to CAA and URC.** The report of the Subcommittee and its recommendations will be forwarded to the chairs of CAA and URC. If further action is required, that action will follow the processes and procedures outlined in 3335-3-36.

## **University Research Committee**

### **Report on the Proposed Merger of the Life Sciences IGPs (OSBP, MCDB, and Biophysics)**

On January 23, 2008, the URC met with the directors of OSBP (Ross Dalbey), MCDB (Dave Bisaro), and Biophysics (Ralf Bundschuh) to discuss their response to the proposal by the Life Sciences Deans to merge the three IGPs. The most prominent topic of discussion was the feeling by the Program Directors that the proposed merger would cause a loss of identity of the three programs, which in turn would have a strong negative effect on the ability of the programs to compete nationally for high quality graduate students. The concerns of the directors have been detailed in other memoranda and contexts, and will not be repeated here. In summary, strong opposition to the proposed merger was voiced by each of the three directors, and each felt they had had little to no input into contents, tone, or conclusions of the merger document. The directors were unanimous in their belief that the proposed merger was antithetical to building strong Life Sciences IGPs.

On February 27, 2008, the URC met with three Life Sciences Deans (Joan Herbers, Matt Platz, and Bob Brueggemeier) to discuss issues and questions raised by the proposed merger of the three Life Sciences IGPs. A list of questions was distributed to Dean Herbers the week prior to the URC meeting. While the discussion was intended to address pedagogical and organizational issues surrounding the proposed merger, the most dominant topic of discussion was the financial health of the existing programs. Dean Herbers stated that without reorganization, the three programs would be financially insolvent in two years, although the related question of how the proposed merger would solve these financial problems was not answered to the satisfaction of the committee. Dean Herbers stated that the IGPs operated under a flawed financial system, which was the conclusion reached independently by several members of the URC. According to Dean Herbers, the merged IGPs would continue to operate under the same financial system, although at a reduced size (fewer students) and staffing levels. Interim Dean Platz summarized the situation concisely as the simple inability of the Life Sciences Colleges to afford to fund the IGPs in their current form.

When Dean Herbers was asked about the comparison of the current staffing and director compensation of the three IGPs (3 months summer salary for directors, 3.8 staff, 250 students) and a comparable graduate program such as Chemistry (2 months summer salary and 10% salary increase for Vice Chair, 2.0 staff, 250 students), she stated the difference between 3.8 to 2.0 staff was an important difference. The committee disagreed that the saving would be significant. Dean Brueggemeier noted that the College of Pharmacy consists of one program with five academically distinct programmatic divisions, and that the identity of the five divisions was not compromised by this organization structure. It was acknowledged, however, that each of these five programs had a chair or director, and thus operated at a much higher administrative cost than would the proposed merged IGPs.

Much of the remaining discussion on financial issues surrounded matters of staffing and the resulting lowered operating costs. It was unclear to the committee whether the cost savings resulting from the administrative reorganization was significant, as projected budget figures were not provided. It appeared to the committee that any primary cost savings would result from a decrease in size of the programs, and not from reorganization and merger. The committee requested information about the claim made by the Life Sciences Deans in their report that three

separate IGPs are “pedagogically indefensible.” The Deans provided no pedagogical rationale for the proposed merger, even when the committee requested such discussion. In each instance of being questioned about this issue, the Deans redirected discussion to financial issues.

An additional issue that was raised by the URC was programmatic identity and the concern that this would be lost or severely diluted upon merger of the three IGPs. Several members of the Committee addressed this issue, particularly with the concern that merger would cause significant to complete loss of identity of the three academically unique programs. The Deans were urged by several URC members to consider programmatic identity of OSBP, MCDB, and Biophysics as critical, especially for recruitment of excellent graduate students.

A further issue that was discussed was the programmatic and faculty overlap between the three programs. Dean Herbers felt that the considerable overlap in faculty membership between the three programs was valid reason for merging programs. Professor Tabita pointed out that the three programs are academically distinct, with different research foci and different student populations existing between the programs. Professor Tabita felt this was an academic advantage for someone with his broad, diverse research interests, as the definition between the programs allowed him to bring diverse students into a multidisciplinary group, to address problems from multiple perspectives. Professor Tabita’s comments elicited concurrence from other members of the committee.

The URC concludes that the proposed merger is not a strategic solution to problems faced by the IGPs. The URC feels that a fundamentally new strategy for maintaining healthy and high quality Life Sciences IGPs needs to be developed. The proposed merger is a delaying or stopgap tactic with a high potential for crippling or killing one or more of the three affected IGPs.

The URC further concludes that the rationale of Life Sciences Deans for the proposed merger is purely financial, with academic considerations playing at best a minimal role. The Committee does not minimize financial concerns of the Deans given the current budget climate, but is extremely concerned that these financial concerns will override the significant academic issues surrounding maintaining healthy Life Sciences Graduate Programs at Ohio State. We urge the Life Sciences Deans, the Dean of the Graduate School, the Vice President for Research, and the Executive Vice President and Provost to examine this problem closely and to work together develop a fundamentally new strategy for building strong interdisciplinary graduate research programs at Ohio State. The URC encourages a solution based on building academic excellence rather than financial expediency.



Robert S. Coleman  
Professor of Chemistry  
Chair, University Research Committee

Attachments: Council of Life Sciences Deans Merger Proposal  
Council of Life Sciences Deans Financial Analysis of IGPs  
URC Questions to Live Sciences Deans

# THE OHIO STATE UNIVERSITY

## *Principles of Research and Scholarship*



**Preamble:** Ohio State is dedicated to the mission of discovery of new knowledge through the established and venerable tradition of scholarly exploration. Research and scholarship are creative intellectual efforts that involve the study of all aspects of the natural world and human endeavor through systematic and detailed investigation. Outcomes, insights, creations, materials, and technologies that result from scholarly activities shall be peer evaluated, communicated broadly, and contribute to the betterment of society and its members. Ohio State is dedicated to building an outstanding research enterprise through the excellence of its faculty and students; scholarship, broadly defined, is the essential and defining characteristic of this mission. Scholarship is intertwined inextricably with teaching; it is the creative effort of intellectual exploration that advances learning. These principles of research guide the manner in which faculty, staff, and students of the Ohio State community undertake their daily tasks.

Excellence in scholarship requires that members of the Ohio State University:

**Commit to excellence** through the highest academic standards and an insistence on quality of intellectual inquiry.

**Maintain the highest ethical standards** in all aspects of our research and teaching mission.

**Make integrity and personal accountability** the principle behind our actions, decisions, explorations, and investigations.

**Encourage innovation and change** as the cornerstones of scholarship through creativity, intellectual curiosity, and the drive to learn.

**Foster openness and trust** by direct, honest, and constructive communication and criticism, and by our willingness to mentor colleagues and students.

**Collaborate within and between academic disciplines** by sharing information, ideas, and creative thinking across all organizational boundaries.

**Promote diversity** in people and ideas to develop and maintain an inclusive and respectful educational environment.

**Esteem colleagues and students** for their desire to learn, expand their minds, and improve their ability to think critically.

**Confront dogmatism and the politicization of scholarship** by honest and open questioning of ideas, values, and beliefs.

**Work actively against any activity** that tends to compromise the academic integrity of the University, or subvert research or educational processes.