AHRI POLICY AND PROCEDURE FOR INVESTIGATING ALLEGATIONS OF SCIENTIFIC MISCONDUCT

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Table of Contents

SECTION 1

AHRI Policy

AHRI expects that all research undertaken by members of staff, by students, visitors and collaborators, on AHRI premises or using AHRI facilities, conforms to the highest standards of research practice. To this end, AHRI has developed a Code of Conduct for Research, approved for circulation by EXCO (January 2018). This code sets out the general principles of conduct by which AHRI expects research to be carried out.

This document contains AHRI's procedures for the investigation of allegations of research misconduct. Outlined are the procedures to be followed when an allegation of misconduct in research is made against any member of academic staff or against any person who is authorized to undertake research at AHRI, including honorary members of staff.

AHRI will take full responsibility for investigating allegations of misconduct against any of its staff, however, where staff have dual roles, AHRI may refer the allegation to the substantive employer, or home institution - in the case of visiting researchers. Where it is appropriate to do so, AHRI may notify and liaise with the third-party institution in relation to the investigation procedures, as outlined in this document. AHRI may devolve responsibility for an investigation into misconduct to a third-party body (e.g. regulatory authority, professional body, or to the police in a criminal investigation, if appropriate).

In the event of devolving responsibility for an investigation into misconduct to a third-party body, the provision of **Section 2: General Principles for the investigation of allegations of research misconduct** (Confidentiality, Cooperation, Retaliation and Obstruction) continue to apply to all AHRI personnel; the Director should keep the AHRI Board of Directors informed as described in **Section 8: Miscellaneous Provisions**; and AHRI may impose sanctions based on the outcome of the other institution's proceedings. The Director may at any time, in his or her discretion, reverse a decision to defer to another institution, and commence separate proceedings under this policy.

AHRI considers any allegation of research misconduct to be a matter of great concern and will investigate any such allegation fully. Given its reputation and status as an organisation dedicated to biomedical research in the public interest, AHRI has a responsibility to the scientific community and to the public at large and therefore, where appropriate, will make public the outcome of any such investigation.

Members and employees of AHRI have a duty to report research misconduct where they have good reasons to believe it is occurring.

AHRI will respond to each allegation, or apparent instance, of scientific misconduct in a thorough, competent, objective and fair manner, to include taking precautions to ensure that individuals responsible for carrying out proceedings under this policy do not have unresolved personal, professional or financial conflicts of interest with the complainant, respondent or witnesses.

The AHRI Director has primary responsibility for implementing this policy but may consult with his or her senior staff. If, with respect to a particular allegation or apparent instance of scientific misconduct, the Director is unable to take a primary responsibility or has a conflict of interest, the Director will write to the Chair of the AHRI Board of Directors disclosing this conflict or give reasons why he/she cannot take responsibility. The Chair of the AHRI Board of Directors will designate an alternate who is able to take on primary responsibility and does not have a conflict of interest. In this event, references in this policy to the Director will mean the designated alternate.

A scientist must be assumed to be innocent of scientific misconduct until a contrary conclusion is reached using the procedures set forth in this policy. A finding of scientific misconduct under this policy requires:

- there be a significant departure from accepted practices of the relevant research community;
- the misconduct be committed intentionally, knowingly or recklessly;
- the allegation be proven by a preponderance of evidence (i.e., a conclusion that the allegation is more probably true than not).

While any one of these criteria are sufficient for a finding of misconduct, we would expect evidence to be sought related to all three criteria.

The procedures set forth in this policy are intended to be complementary to any of the home institutions of visitors, funders, professional societies or journals that may also apply in a specific case.

Scope

This policy applies to all AHRI employees, regardless of rank or status, and students who are involved in research on or off AHRI property. An AHRI employee who has or had an appointment at, or formal affiliation with, another institution (including enrolment as a student at another institution) may also be subject to the policies of that institution with respect to allegations of scientific misconduct. Proceedings under this policy may in such instances be coordinated with that institution at the discretion of the Director. Coordination with another institution may include allowing the other institution to take primary responsibility for resolving the allegations as described above, in which case there may not be separate proceedings under this policy.

If an allegation of scientific misconduct is made against a person who is no longer employed by AHRI based on activities that occurred during his or her employment by AHRI, this policy may be applied at the discretion of the Director.

Definition of Misconduct

Research misconduct is defined as, including but not limited to, the intentional and/or reckless negligence in terms of fabrication, falsification or plagiarism in proposing, performing or reviewing scientific research, or in reporting research results, and any other serious deviations or significant departures from accepted and professional research practices, such as abuse or mistreatment of human or animal research subjects or egregious disregard for biosafety procedures.

Fabrication is making up data or results and recording or reporting them.
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. **Plagiarism** is the appropriation of another person's ideas, processes, results or words without giving appropriate credit. Scientific misconduct does not include honest error or differences of opinion.

Glossary

Complainant: a person who in good faith makes an allegation of scientific misconduct.
Respondent: the person against whom an allegation of scientific misconduct is directed or who is the subject of scientific misconduct proceedings.
Research Integrity Officer (RIO): AHRI official (Head: Science Office) responsible for assessing allegations of research misconduct to determine if they fall within the definition of research misconduct as described in this policy. The RIO will oversee an inquiry on the basis the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
Inquiry: preliminary information gathering and fact-finding to determine whether an allegation or apparent instance of misconduct warrants an investigation.

Investigation: formal development of a factual record and the examination of that record leading either to a decision not to make a finding of scientific misconduct, or a recommendation for a finding of scientific misconduct which may include a recommendation for other appropriate actions.
Proceedings: any actions taken under this policy relating to alleged or apparent scientific misconduct.
Deciding Official (DO): AHRI official who will make a final determination on allegations of research misconduct and any institutional administrative actions. At AHRI, the DO is the Director. The DO will not be the same individual as the RIO and should have no direct prior involvement in the inquiry, investigation or allegation assessment. The DO's appointment of an individual to assess allegations of research misconduct, or to serve on an inquiry or investigation committee, is not considered to be direct prior involvement.
Government: the group of people with the authority to govern a country or state.

SECTION 2

General Principles for the investigation of allegations of research misconduct

Allegations of research misconduct may be brought to the attention of AHRI internally or externally by an individual or by an organization. Further information is provided in the public interest disclosure policy and procedure (i.e. whistleblowing).
It is the responsibility of any employee of AHRI, who receives, or is informed of, an allegation of research misconduct by another member of staff, to ensure that the appropriate person is informed so that it can be investigated fully. In the first instance, the matter should be referred and discussed with the RIO. In the RIO's absence, the Chief Operating Officer will receive all allegations and act as the Designated Officer. If it is then considered appropriate, the matter can be formally forwarded, in strict confidence, for a 'preliminary assessment'. In addition to the Designated Officer, nominated staff may be asked to attend meetings and/or to aid in any investigations. These include senior staff in Human Resources, Research Operations, Research Governance and Integrity and/or staff in Finance, depending on the allegations made.
A person who believes that an act of scientific misconduct has occurred, or is occurring, may wish to discuss his or her concerns with the individual whose work is in question or with the supervisor of the individual whose work is in question. If the person does not wish to do so, or has done so and believes that an act of scientific misconduct has occurred and has not been addressed appropriately by the individual whose work is in question, or believes that scientific misconduct is continuing to occur, he or she is expected to put the allegation of scientific misconduct in writing and direct it to the attention of the Director.
If an individual is unsure whether a suspected incident falls within the definition of scientific misconduct, he or she may meet with or contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices, officials or other appropriate person with responsibility for resolving the problem.
At any time, an AHRI employee or visitor may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counselled about appropriate procedures for reporting allegations.

Confidentiality

Any inquiry into or investigation of alleged scientific misconduct has the potential to jeopardise the reputation of both the respondent and the complainant. For this reason, while these procedures are being followed, great care should be taken to limit voluntary disclosure of information about an allegation of misconduct. To the extent possible, such information should be disclosed only to those within and outside AHRI who have a need to know the information, consistent with a thorough, competent,

objective and fair scientific misconduct proceeding. However, where there is a conflict between the need for confidentiality and the need to seek the truth, the latter must prevail.

Notwithstanding the foregoing, the Director may, at his or her discretion, and at any time, report in writing the progress and/or the results of any proceedings to the complainant and any other appropriate persons. Other appropriate persons may include, but are not limited to:

a) Co-authors, co-investigators or collaborators;
b) Editors of journals in which work was published or to which work was submitted;
c) Professional societies;
d) State professional licensing boards;
e) Other institutions with which the respondent is or has been affiliated.

Any written report provided pursuant to this paragraph will also be sent to the respondent.

Cooperation

All AHRI personnel and all researchers visiting AHRI, and all those who were employed or visiting during the time in which the relevant incident(s) took place, are expected to cooperate fully with proceedings under this policy. If another institution is taking the lead on an inquiry or investigation into alleged misconduct involving an AHRI representative, AHRI personnel are expected to cooperate with those proceedings to the best of their ability. Cooperation includes, but is not limited to, providing information, research records or other evidence.

Retaliation Prohibited

Any retaliation against a complainant who has made an allegation in good faith, or against a person who in good faith provides information about suspected or alleged misconduct, is a violation of this policy and will not be tolerated. AHRI will take reasonable and practical steps to protect the positions and reputations of complainants who have acted in good faith and protect them from retaliation by respondents and others within AHRI.

Obstruction of Proceedings

Obstruction of any proceedings under this policy, or of proceedings of another institution that is taking the lead on an inquiry or investigation into alleged scientific misconduct involving an AHRI representative, is a violation of this policy and may itself constitute scientific misconduct. Obstruction includes, but is not limited to, intentionally withholding or destroying evidence in violation of a duty to disclose or preserve; falsifying evidence; encouraging, soliciting or giving false testimony; and attempting to intimidate witnesses, potential witnesses or potential leads to witnesses or evidence.

AHRI, the Respondent and the Complainant, may seek legal advice on any aspect of the proceedings at any stage.

If other investigations are taking place in parallel, e.g. a criminal investigation, the AHRI investigation may defer and await its completion.

SECTION 3

Reports of misconduct, notice to respondent and preservation of records

Preliminary Assessment

Formal notification of an allegation should be made in writing and sent in strict confidence to the 'Designated Officer'. The 'Designated Officer' for these purposes is the RIO.

The purpose of the preliminary assessment is to determine if there is evidence of research misconduct and NOT to reach a final conclusion as to whether misconduct has occurred or who was responsible.

If the allegation is initially brought to the attention of a Head of Research Department or Faculty member, they should notify the Designated Officer, who will bring the matter to the attention of the Director or nominee. The Designated Officer will be responsible for taking the matter forward.
The Designated Officer will confirm in writing receipt of the allegation to the Complainant, or their representative, and detail the procedures that will be followed.
The Designated Officer will review the nature of the allegations, and where they discern situations that require immediate remedial action to prevent harm or further harm to a study participant, member of staff or student, or suffering to animals, the Designated Officer will take immediate action to ensure that any such potential or actual risk is prevented or eliminated.

- taking this action is not to be regarded as disciplinary action, and does not indicate that the allegation made is true.
- Where an allegation is required to be made to a statutory body by law, this will take precedence over this procedure.

The Designated Officer will inform the Respondent that an allegation has been made against them in a confidential meeting, with a member of Human Resources in attendance. The Respondent may be accompanied with a colleague or trade union representative if they wish.
A summary of the allegations will be provided to the Respondent in writing at the meeting, as well as a copy of these procedures.
The Designated Officer will inform the AHRI Director, Deputy Director, Director of Human Resources, and Chief Operating Officer, as well as the Head of Science Office, of the allegation and ensuing investigation. They will be informed of the identity of the Respondent, identity of the Complainant, details of all sources of funding, collaborators' details and any other details that the Designated Officer deems appropriate.
The Designated Officer will emphasize to all parties that the allegation is to be investigated, and is at this point, unproven. All information is to be kept confidential.
To enable the Designated Officer to deal fairly with any such allegation brought to his or her attention, he or she shall institute such investigations or inquiries as appear to him or her to be necessary. This may include asking for advice from experts both within and outside the organization.
A review of the Respondent's contractual obligations will be undertaken. Specific sponsors and funding agencies may have their own requirements to follow when investigating allegations of research misconduct.

Insubstantial, unfounded or false reports of alleged misconduct

If the Director, upon reasonable inquiry, determines that a report of alleged misconduct is insubstantial or trivial, or has no reasonable foundation, no further action need be taken under this policy. The parties involved should be notified of the outcome.

It is a violation of this policy for a person knowingly, recklessly or in bad faith to bring a false accusation of scientific misconduct against another person. The bringing of a false allegation, if done knowingly, recklessly or in bad faith, is a violation of AHRI policies and may result in disciplinary action, up to and including termination of employment or visitor status.

Notification of the respondent

If the allegation is not determined to be insubstantial, trivial or lacking a reasonable foundation, the Director must promptly notify the Respondent of the allegation in writing. The notice should include sufficient information about the allegation to allow the Respondent to prepare a response. The Respondent must also be provided with a copy of this policy.

The Respondent may submit one or more written responses to the allegation to the appropriate individual(s) prior to, or during any proceeding under this policy. Any such written responses will become part of the record of the proceeding.

Respondent's participation in procedures

The Respondent is expected and required to participate in the procedures under this policy. During any interview of the Respondent pursuant to any proceeding under this policy, the Respondent may be accompanied by an advisor who is either an employee of AHRI, a scientist or a lawyer. The Respondent may consult with the advisor, but the advisor may not direct questions or answers, offer argument or participate directly in the proceedings unless asked to do so by the Director in his/her sole discretion.

Preserving records

The Director must, before or when notifying the Respondent:
1) promptly take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the scientific misconduct proceeding;
2) take an inventory the records and evidence;
3) sequester the records and evidence in a secure manner.

Those responsible for handling inquiries and investigations must also undertake all reasonable and practical efforts to take custody of additional research records or evidence that is discovered during the course of a scientific misconduct proceeding.

Where the research records of evidence encompass scientific instruments, including computers, shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies have evidentiary value that is substantially equivalent to the evidentiary value of the instruments.

Where appropriate, the Director should give the respondent copies of, or reasonable supervised access to, the research records in his or her custody.

SECTION 4
Notice to and proceedings at other institutions

For allegations related to activities that are alleged to have occurred at other institutions (not on AHRI property) or that relate to activities at other institutions, the Director must notify the appropriate institution official of any allegation that is judged not to be insubstantial, trivial or lacking a reasonable foundation, and the results of any inquiry or investigation that is undertaken.

If the allegation involves personnel at another institution or the use of government research funding, the Director will consult with the appropriate institution official as to whether primary responsibility for resolving the allegation should rest with AHRI or the other institution, or whether joint efforts should be used to resolve the allegation.

If the allegation does not involve personnel of another institution, or government research funding, and does not significantly implicate the interests of the other institution, the Director may, at his or her discretion, keep the other institution informed of the progress of the proceedings under this policy.

For allegations related to AHRI that involve a researcher who is visiting and who has an appointment at or formal affiliation with another institution (including enrolment as a student at such an institution), the Director must notify the researcher's home institution of any allegation that is judged not to be insubstantial, trivial or lacking a reasonable foundation, and the results of any inquiry or investigation undertaken. The Director will consult with the home institution as to whether primary responsibility for

resolving the allegation should rest with AHRI or the home institution, or whether joint efforts should be used to resolve the allegation.

Deferral if other institution is handling the matter

For allegations related to activities that are alleged to have occurred at or in relation to sites outside of AHRI, the Director may in his or her discretion defer commencement or continuation of any proceedings under this policy if the home institution has begun or will begin proceedings concerning the allegation(s).

AHRI proceedings may be deferred whether the home institution handles the allegation internally or uses the services of an outside consortium or person, provided that the consortium or person has been reasonably determined by the home institution to be qualified by practice and experience to conduct scientific misconduct proceedings.

Sharing of Information

Where the interests of both AHRI and the home institution are significantly implicated, it is expected that the institution assuming primary responsibility for resolving the allegation will keep the other institution informed as to the proceedings. This includes providing copies of written reports, evidence and other relevant documentation as requested by the other institution.

SECTION 5
Inquiries

Initiation

An inquiry must be initiated promptly upon the receipt by the Director of an allegation that the Director, upon reasonable inquiry, determines to be substantial and nontrivial and to have a reasonable foundation, or upon the receipt by the Director of substantial evidence of misconduct. The Director will designate a panel of 2-3 scientists, and/or those with relevant skills and knowledge of the topic in question, including the RIO, to conduct the inquiry. Members of this panel should, to the extent reasonably feasible, have the expertise to conduct a thorough and authoritative evaluation of the relevant evidence and no real or apparent conflicts of interest bearing on the matter. At the discretion of the Director, panel members may be assisted by one or more professional advisors, including members of AHRI's legal staff. The Director will not participate in the conduct of the inquiry.

Proceedings

Those conducting the inquiry should review all evidence that has already been sequestered, and should request, secure and review all additional information or documentation they believe is directly relevant to the allegation. If possible, they should interview all Complainants and Respondents. They may interview others who may have knowledge that is directly relevant to the allegation.

Those conducting the inquiry should inform the Director immediately if they discover an immediate health hazard, an immediate need to protect human or animal research subjects, an immediate need to protect AHRI funds or equipment, an immediate need to protect the Complainant/s or the Respondent, a likelihood that the allegation will be reported or disclosed publicly or evidence of a possible criminal violation. The Director may take such actions as he or she determines are necessary to address any of these circumstances.

Written Report

A written report must be prepared by those conducting the inquiry that describes the process used to conduct the inquiry. It must:

- state what the evidence reviewed;
- summarize relevant interviews;

- and include the conclusion/s of the inquiry.

The conclusion of the inquiry shall be either:

1. that there are no reasonable grounds for believing that scientific misconduct occurred and no further action is warranted, or
2. that there are reasonable grounds for believing that scientific misconduct occurred and further investigation is warranted.

If the conclusion of the inquiry is that no further investigation is warranted, the report of the inquiry must include sufficiently detailed documentation to permit a later assessment of the reasons for reaching that conclusion.

The report must be submitted to the Director, together with any statement submitted by the Respondent, for a decision as to whether further investigation is warranted. The Director must review the report and other evidence sufficiently promptly that an investigation, if warranted, may be undertaken within 30 days of the completion of the inquiry.

The Director will send a copy of the report to the Respondent and the Complainant.

Period for Completion

The inquiry must be completed within 60 calendar days after the individuals who are to conduct the inquiry have been designated, unless circumstances clearly warrant a longer period. If an inquiry takes longer than 60 days, the record of the inquiry must include documentation of the reasons for exceeding the 60-day period.

Decision to dismiss

If, after reviewing the written report and other evidence, the Director concludes that there are no reasonable grounds for believing that scientific misconduct occurred and no further investigation is warranted, the Director may dismiss the matter.

If the matter is dismissed, the Director will determine what action, if any, AHRI reasonably should take to help restore and protect the reputation of the Respondent, and will see that those actions are taken. The Director will also determine what actions, if any, AHRI reasonably should take against any Complainant employed by AHRI who is found to have knowingly or recklessly brought a false accusation of scientific misconduct, and will see that those actions are taken.

If the matter is dismissed but the Director believes that the conduct of any AHRI employee has not met the standards described in AHRI's Guidelines for Scientific Research, the Director will determine what actions should be taken by AHRI and will see that those actions are taken.

If misconduct is admitted

If the written report concludes that an investigation is warranted, but the respondent admits to the scientific misconduct that has been alleged, the Director may decide that an investigation is unnecessary and may determine appropriate sanctions. Possible sanction include, among others: removal from a project; a letter of reprimand; retraction or correction of publications; special monitoring of future work; probation; suspension from employment; and/or termination of employment.

The Director may proceed with the imposition of any sanction to include suspension or termination of employment, and will make the recommendation to the Board of Directors based on the facts available to him at the time of his decision to suspend or terminate.

Decision that an investigation is warranted

If, after reviewing the written report and other evidence, the Director concludes that there are reasonable grounds for believing that scientific misconduct occurred and further investigation is warranted, the Director will designate a panel of at least three individuals, including the RIO, to conduct an investigation of the matter. The individuals designated will normally not be AHRI employees, but may be past or present members of AHRI's Scientific Advisory Board or persons otherwise affiliated with AHRI.

The individuals who comprise the panel that will conduct an investigation should, to the extent feasible, have the expertise to conduct a thorough and authoritative evaluation of the relevant evidence and no real or apparent conflicts of interest bearing on the matter. At the discretion of the Director, these individuals may be assisted by one or more professional advisors, including members of AHRI's legal staff. The Director will not participate in the conduct of the investigation.

Notification to Respondent and Complainant

The Director will promptly provide written notice of the results of the inquiry to the respondent and to the complainant.

If there is to be an investigation, the respondent will also be informed of the membership of the panel that will conduct the investigation. Any written objection promptly made by the respondent to the Director that a panel member has a conflict of interest will be considered by the Director, but the Director's evaluation of and decision concerning any such objection will be final.

SECTION 6
Investigations

Initiation

If it is decided that an investigation is warranted, the investigation should normally begin within 30 days of the completion of the inquiry.

The Director will make available to the panel such professional staff support, access to professional advisors and other resources as the Director deems reasonably necessary.

Proceedings

The investigation should include examination of all relevant documentation, including but not necessarily limited to relevant research data and proposals, publications, paper and electronic correspondence and memoranda of verbal communications (such as telephone calls, videoconferences, meetings, and online video/audio conferencing).

If possible, interviews should be conducted of all complainants and respondents, as well as others who might have information regarding key aspects of the allegations. Complete summaries of these interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigatory file.

The panel should also provide the Respondent with the opportunity to submit evidence and suggest witnesses. The Respondent is expected and required to provide evidence as requested by the panel. The panel is expected to pursue diligently all significant issues, and to carry its investigation through to completion. The panel is not bound by the conclusion of the prior inquiry.

The panel should inform the Director immediately if it discovers an immediate health hazard, an immediate need to protect human or animal research subjects, an immediate need to protect AHRI funds or equipment, an immediate need to protect the Complainant or the Respondent, a likelihood that the allegation will be reported or disclosed publicly, or evidence of a possible criminal violation. The Director may take such actions as he or she determines are necessary to address any of these circumstances.

Written Report

A written report must be prepared by those conducting the investigation. The report must describe the following:

- the procedures used in the conduct of the investigation;
- how and from whom information relevant to the investigation was obtained;
- a summary of the substance of the documentary and other evidence on which the panel relied to reach its finding;
- the panel's finding, which shall be based on the weight of the evidence and shall be either a finding that no scientific misconduct was committed, or a finding of scientific misconduct including specifications of the precise nature of that conduct; and
- a recommendation for appropriate action. Appropriate action may include, for example, sanctions against the respondent, or steps that should be taken to restore the respondent's reputation if the finding is that no scientific misconduct was committed.

The Respondent must have the opportunity to review the report and to indicate in writing any clarifications or corrections he or she believes would be appropriate. The Complainant may, at the panel's discretion, be provided with an opportunity to comment on those portions of the report that address his or her role in the matter.

The report must be submitted to the Director, together with any statement submitted by the Respondent, for a decision as to whether any sanctions are warranted, and if so, what those sanctions should be.

Time Period

The investigation should ordinarily be completed, and the report submitted to the Director, within 120 calendar days after the panel that is to conduct the investigation has been fully constituted. If an investigation takes longer than 120 days, the record of the investigation should include documentation of the reasons for exceeding the 120-day period.

Decision to Dismiss

If the finding is that no scientific misconduct was committed, and after reviewing the written report and other evidence the Director concurs, the Director will dismiss the matter.

If the matter is dismissed, the Director will determine what actions, if any, AHRI reasonably should take to help restore and protect the reputation of the respondent, and will see that those actions are taken. The Director will also determine what actions, if any, AHRI reasonably should take against any complainant employed by AHRI who is found to have knowingly or recklessly brought a false accusation of scientific misconduct, and will see that those actions are taken.

If the matter is dismissed but the Director believes that the conduct of any AHRI employee has not met the standard described in AHRI's Guidelines for Scientific Research, the Director will determine what actions should be taken by AHRI and will see that those actions are taken.

Request to Supplement Report

The Director may, after reviewing the written report and other evidence, ask the panel to supplement its report.

SECTION 7
Sanctions

Decision Regarding Sanctions
If the finding is that scientific misconduct occurred, and after reviewing the written report and the other evidence the Director concurs, the Director will determine appropriate sanctions. Possible sanctions include, among others: removal from a project; a letter of reprimand; retraction or correction of publications; special monitoring of future work; probation; suspension from employment; and/or termination of employment.

The Director may proceed with the imposition of any sanction, to include suspension or termination of employment, following recommendation to the Board of Directors.

Notification to Respondent and Complainant
The Director will promptly provide the respondent and complainant with written notice of the results of the investigation and any sanction to be imposed on the respondent.

Review by the Board of Directors
Any respondent who has been sanctioned under this policy is entitled to have the matter reviewed by the Board of Directors of AHRI upon written request submitted within 20 days of the date the written notice of the sanctions was sent to the respondent. The written request may include any matter related to the investigation and/or sanctions that the respondent desires the Board of Directors to consider.

The Chair of the Board of Directors shall notify the respondent and complainant in writing of the results of the review, with a copy of the notification to the Director, the home institution if relevant, and, at the discretion of the Chair, to other appropriate persons.

SECTION 8
Miscellaneous Provisions

Termination or Resignation Prior to Completing Inquiry or Investigation
The termination of the respondent's AHRI employment, by resignation or otherwise, before or after an allegation of possible scientific misconduct has been reported, will not preclude or terminate the scientific misconduct proceedings or otherwise limit the inquiry or investigation.

If the respondent, without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of scientific misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the Research Integrity Officer and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegation(s), noting in the report the respondent's failure to cooperate and its effect on the evidence.

Interim Reports to the Board of Directors
The Director shall regularly report the progress, status and results of any proceeding under this policy to the Board of Directors.

Recordkeeping

All records generated or obtained as a result of any proceedings under this policy will be maintained by the Director's office for at least seven years after the termination of the last proceeding taken under this policy.

Computation of Time Periods

In computing any period of time prescribed or allowed by this policy, the day of the event from which the designated period of time begins to run shall not be included. The last day of the period shall be included, unless it is a Saturday, Sunday or AHRI holiday, in which event the period runs until the end of the next business day which is not a Saturday, Sunday or AHRI holiday.