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# ORI 2015 Annual Report

Office of Research Integrity, US Department of Health and Human Services

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OFFICE OF RESEARCH INTEGRITY  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Public Health Service

**INSTITUTIONAL ASSURANCE  
AND  
ANNUAL REPORT ON  
POSSIBLE RESEARCH MISCONDUCT**

FORM APPROVED: OMB No. 0937-0198; Expires: 05/31/17  
See Statement of Burden on Reverse

**Period Covered by this Report**

January 1, 2015 to December 31, 2015

**Date Submitted:** 01/08/2016

Please make any mailing changes in the space to the right:

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Place mailing label here.

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IPF: 0578102

INSTITUTIONAL OFFICIAL'S NAME

Scott Snyder

INSTITUTIONAL OFFICIAL'S TITLE

Associate Vice Chancellor for Research

NAME OF INSTITUTION

University of Nebraska at Omaha

MAILING ADDRESS OF INSTITUTIONAL OFFICIAL

203 Eppley Administration Building 6001 Dodge Street,  
Omaha, NE 68182

**Section I. Administrative Policy**

Each institution which receives or applies for a PHS research, research-training or research-related grant or cooperative agreement must have established an administrative policy for responding to allegations of research misconduct that complies with the PHS regulation (42 CFR Part 93) and certify that it will comply with that policy. This regulation does not cover regulated research under the jurisdiction of the Food and Drug Administration (FDA).

- Has your institution established an administrative policy for responding to allegations of research misconduct required by the PHS regulation?

Yes

[+Review Policy File submission](#) (submitted 01/08/2016 04:05PM EST).

**Section II. Types of Misconduct Activity Related to PHS Applications and Awards**

A.

**PLEASE CHECK THE BOX** (to the left) if your institution has **NOT** received any allegations or conducted any inquiries or investigations of allegations during the reporting period that (1) fall under the PHS definition of research misconduct and (2) involve receipt of or requests for PHS funding, then complete Section III. Otherwise, please complete Section II.

B. Please provide the requested information for each incident of alleged misconduct that involved a request for or receipt of PHS funds that fell within the PHS definition of research misconduct. Please note that, in accordance with section 93.310(b), all investigations are to be reported to the Office of Research Integrity (ORI) before or immediately upon commencement of the investigation.

**PLEASE NOTE:** For each incident of alleged research misconduct resulting in an allegation, inquiry, and/or investigation at your institution: (1) provide the ORI case number, if assigned; (2) check the type of activity (allegation, inquiry, and/or investigation - may include more than one activity type for each reported incident); and (3) check the type of misconduct involved with each activity (may include more than one type of misconduct). Attach a separate sheet if additional space or clarification is required.

Do **NOT** include any alleged fiscal misconduct, human or animal subject abuses, conflicts of interest, or violations of FDA regulated research.

**1. Activity continued into 2015:**

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism
1.	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Activity begun in 2015:**

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct: Fabrication	Type of Misconduct: Falsification	Type of Misconduct: Plagiarism
1.	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section III:** Who at your institution administers the written policies and procedures for addressing allegations of research misconduct that meet the requirements of this part (42 CFR 93.300)? At some institutions this person is known as the Research Integrity Officer (RIO).

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NAME OF RESEARCH INTEGRITY OFFICER (RIO) (Please type):

Scott Snyder

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TELEPHONE NUMBER:

402-554-2286

FAX NUMBER:

402-554-3698

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E-MAIL ADDRESS OF RIO:

unosponpro@unomaha.edu

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**Section IV:** Who is responsible for assuring that your institution fosters a research environment that promotes the responsible conduct of research and discourages research misconduct (93.300 (c))? At some institutions this is the person with overall responsibility for administering the Responsible Conduct of Research (RCR) program.

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NAME OF RCR COORDINATOR (Please type):

Scott Snyder

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TELEPHONE NUMBER:

402-554-2286

FAX NUMBER:

402-554-3698

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E-MAIL ADDRESS OF RCR COORDINATOR:

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### Section V: Certification

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Official Certifying for Institution:

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NAME OF OFFICIAL (Please type)

Scott Snyder

TITLE

Associate Vice Chancellor for Research

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SIGNATURE

DATE

2016-01-08 16:30:02

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TELEPHONE NUMBER

402-554-2286

FAX NUMBER:

402-554-3698

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E-MAIL ADDRESS OF OFFICIAL: unosponpro@unomaha.edu

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### STATEMENT OF BURDEN

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### RETURN THIS FORM TO:

Assurance Program  
Office of Research Integrity  
1101 Wootton Parkway, Suite 750  
Rockville, MD 20852

Phone: (240) 453-8400

FAX: (240) 276-9574

E-Mail: Robin.Parker@hhs.gov