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| **II. Research Integrity Officer (RIO) Processing of ALLEGATIONS of Research Misconduct** |
| ***Requirement*** | **🗸****N/A** | ***Date*****(MM/DD/YYYY)** | ***Reference******VHA Directive 1058.02*** | ***Comments*** |
| 1. | Within one (1) business day of receipt of the initial formal allegation(s) of research misconduct, the RIO notified the VA medical facility Director and ORO-RMO of the allegation(s). |  | *(enter date Director/ORO notified)* | Appendix A §4.b | Date formal allegation(s) received by the RIO: MM/DD/YYYY |
| 2. | If the ACOS/R&D was *not* the RIO and was *not* named in the allegation(s) as a respondent, the RIO notified the ACOS/R&D of the allegation(s) within one (1) business day of receipt of the allegation(s). |  | *(enter date ACOS/R&D notified)* |  Appendix A §4.b |  |
| 3. | The RIO obtains the following specific information (to the extent known): |  |  |  |  |
|  | a. | a description of the research in question, including protocol title(s), funding source(s), and location(s) where the research was approved and conducted |  |  | Appendix A §3.b.(1) |  |
|  | b. | the name(s) of the person(s) who conducted the research in question |  |  |  Appendix A §3.b.(2) |  |
|  | c. | the name(s) of the person(s) believed to have committed the alleged research misconduct (i.e., name(s) of the potential respondent(s)) |  |  |  Appendix A §3.b.(3) |  |
|  | d. | bibliographic information for publications, presentations, and/or applications where the research in question has appeared or been submitted, if any |  |  |  Appendix A §3.b.(4) |  |
|  | e. | relevant dates and chronologies |  |  |  Appendix A §3.b.(5) |  |
|  | f. | the storage location of data from, and records of, the research in question |  |  |  Appendix A §3.b.(6) |  |
|  | g. | a description of any evidence that suggested the alleged research misconduct was committed intentionally, knowingly, or recklessly |  |  |  Appendix A §3.b.(7) |  |
|  | h. | the basis for the individual’s allegation(s), including the individual’s relationship to the respondent(s) and the research in question, the individual’s access to any underlying evidence, and the potential role of other witnesses |  |  |  Appendix A §3.b.(8) |  |
|  | i. | whether any other institutions had joint procedural jurisdiction over the allegation(s) |  |  |  Appendix A §4.c |  |
| 4. | If a non-VA institution has joint jurisdiction over the allegation(s), the RIO notified the non-VA institution of the allegation(s). |  | *(enter date non-VA institution notified)* | Appendix A §4.c |  |
| 5. | If the VA medical facility Director determined that the RIO had a conflict of interest that could not be appropriately managed with respect to the research, the respondent(s), the informant(s), or other key witnesses, the Director appointed an *acting* RIO to oversee the case. |  | *(enter date of acting RIO appointment)* | §5.f.(3)(c) |  |
| 6. | The threshold for initiating an inquiry must include the following determinations about the allegation(s): |  |  |  |  |
|  | a. | falls within the scope of VHA Directive 1058.02 |  |  | Appendix A §4.d.(1)(a) |  |
|  | b. | meets the definition of research misconduct as set forth in VHA Directive 1058.02 |  |  | Appendix A §4.d.(1)(b) |  |
|  | c. | does not constitute an accepted practice of the relevant research community |  |  | Appendix A §4.d.(1)(c) |  |
|  | d. | does not constitute and honest error or difference of opinion |  |  | Appendix A §4.d.(1)(d) |  |
|  | e. | is not clearly frivolous |  |  | Appendix A §4.d.(1)(e) |  |
| 7. | The RIO documents the determination and justification that an inquiry should or should not be initiated and forwards that decision to the VA medical facility Director and the ORO-RMO. |  | *(enter date that determination is documented)* | Appendix A§4.d.(2) | Date VA facility Director and ORO received RIO’s determination. |
| 8. | If it is determined that the allegation(s) did *not* meet the requirements for opening an inquiry: |  |  |  |  |
|  | a. | The VA medical facility Director notified the informant(s) in writing that a research misconduct inquiry would not be opened. |  | (*enter date notification sent)* | Appendix A §4.d.(2)(c)1 |  |
| b. | The Director’s notification indicated the basis for the determination. |  |  | Appendix A §4.d.(2)(c)1 |  |
| c. | The case file is being retained by the facility in accordance with the applicable records control schedule. |  |  | §12 and Appendix A §4.d.(2)(c)4 |  |
| 9. |  | If it is determined that the allegation(s) did meet the requirements for opening an inquiry, go to applicable inquiry checklist (III.A, III.B, or III.C). |  |  | Appendix A §4.d.(2)(a) |  |