


How to Navigate the ORI Annual Report System Handbook



Office of Research Integrity
U.S. Department of Health and Human Services

Promoting Integrity in Research
Individual | Institutional

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Newsletter

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September YYYY



Past Issues...

ASSURANCE - ANNUAL REPORT SYSTEM

This system will allow you to:

- Submit YYYY Annual Report on Possible Research Misconduct
- Review/Update Institutional Information
- Manage your Institution's password

» Instructions - **How to Navigate the ORI Annual Report System Handbook** - a step-by-step PDF guide on using the ORI Annual Report System, [Click here](#).

» **Access the Annual Report System**, [Click here](#).

Assurance

- Introduction
- Access Annual Report System
- Small Organization Statement
- Foreign Institution Statement
- Review Institutional Policy
- Review Institutional Compliance
- Retaliation Complaints
- Agreements

URL: http://ori.hhs.gov/assurance/electronic_submission.shtml

Please contact me if you have any problems.

Thank you for your cooperation.

Robin Parker
Assurance Program Manager
U.S. Office of Public Health and Science
Office of Research Integrity,
1101 Wootton Parkway, Suite 750
Rockville, MD 20852
FAX: (301) 594-0042

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Part 1 → Logging into the Annual Report System

Step 1: From the Assurance Program - Annual Report System homepage (http://ori.hhs.gov/assurance/electronic_submission.shtml) (Figure 1) select "To access [the Annual Report System](#), **Click here.**"

The screenshot shows the ORI Assurance - Annual Report System homepage. The header includes the ORI logo, the text "Office of Research Integrity" and "US Department of Health and Human Services", and the tagline "Promoting Integrity in Research Individual | Institutional". Navigation links include HOME, ABOUT ORI, PRIVACY, FOIA, SITE MAP, and CONTACT ORI. A search bar is located on the left. The main content area is titled "ASSURANCE - ANNUAL REPORT SYSTEM" and lists the following actions: "Submit YYYY Annual Report on Possible Research Misconduct", "Review/Update Institutional Information", and "Manage your Institution's password". It also provides instructions on how to navigate the ORI Annual Report System Handbook and a link to access the Annual Report System. A sidebar on the right lists various assurance topics, and a newsletter section is visible at the bottom left.

ORI
research integrity

Office of Research Integrity
US Department of Health and Human Services

Promoting Integrity in Research
Individual | Institutional

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» **Access the Annual Report System, [Click here.](#)**

Assurance

- Introduction
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Figure 1

Part 1 + Logging into the Annual Report System

Result: Assurance Program – Annual Report System login screen appears (Figure 2)

Step 2: Enter your institution's User ID (Institutional Profile Number, i.e. IPF number)

NOTE: If this is **NOT** your first time logging into the Annual Report System, and you have forgotten your User ID and/or password go to **PAGE 29** of this handbook.

Step 3: Enter your institution's Password (IPF Number).



The screenshot shows the login page for the ORI Assurance Program - Annual Report System. The page features the ORI logo and the text "Office of Research Integrity" and "U.S. Department of Health & Human Services". A navigation menu includes links for HOME, ABOUT ORI, SEARCH, PRIVACY, FOIA, and CONTACT ORI. The main heading is "Assurance Program - Annual Report System". Below this is a green link: "Click Here for Instructions on How to Navigate the ORI Annual Report System Handbook -- PDF". The login form consists of two input fields: "User ID:" and "Password:". Below the fields is a "Login" button. At the bottom of the form, there are two links: "Forgot your user id? + Click here to get your user id." and "Forgot your password? + Click here to reset your password." At the very bottom of the page is a link: "Return to the Assurance Program page".

Figure 2

Part 1 + Logging into the Annual Report System

Result: Assurance Program – Annual Report System Password Change screen appears (Figure 3).

If this is the first time logging into the Annual Report System, you will be prompted to change your password. You will **not** see this screen again the next time you log into the system.

Step 4: Enter a new password. Password must be at least six characters long and can NOT contain your institution's IPF number. Retype your new password to ensure correctness. Select "Save."



The screenshot shows the ORI (Office of Research Integrity) logo on the left, with the text "Office of Research Integrity" and "U.S. Department of Health & Human Services" to its right. The main heading is "Assurance Program - Annual Report System" followed by "Change Password". A welcome message states: "Welcome to the ORI Assurance Program. You are logging in using a system generated password. You are required to change your password." Below this are three input fields: "Old Password:", "New Password:", and "Re-type New Password:". A "Save" button is positioned below the input fields. At the bottom, a note reads: "-Password must be at least 6 characters long and can not contain your IPF Number."

Figure 3

Part 1 + Logging into the Annual Report System

Result: Password has been changed notification screen appears (Figure 4).

Step 5: Select "Click here to return to the Annual Report System Home Page."



Figure 4

Part 1 + Logging into the Annual Report System

Result: Assurance Program - Annual Report System Home Page (Figure 5).

NOTE: The following four options are available on the home page. (This handbook will help you navigate through these four options):

- + Review/Update Institutional Information
- + Submit YYYY Annual Report on Possible Research Misconduct Report
- + Manage your Institution's Password
- + Log out of the Annual Report System



The screenshot shows the ORI (Office of Research Integrity) logo on the left, with the text "Office of Research Integrity" and "U.S. Department of Health & Human Services" to its right. Below the logo, the title "Assurance Program - Annual Report System" is displayed. Underneath the title, the text "This system will allow you to:" is followed by a list of four options: "+Review/Update Institutional Information", "+Submit YYYY Annual Report on Possible Misconduct", "+Manage your Institution's password", and "+Log out of the Annual Report System."

Figure 5

Step 1: From the Assurance Program Home Page (Figure 6) select "Review/Update Institutional Information Section."



Figure 6

Result: Institutional Information screen (Figure 7)

This screen allows the user to make any changes to their institution's information.

Step 2: If there are no changes to your institution's information select "Approve."

NOTE: If you need to make changes to your institution's information go to **PAGE 12** of this handbook.

ORI Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

Institutional Information

IPF:	12345678
Institution Name:	Test Record
Address:	1101 Wooton Parkway Suite 750
City:	Rockville
State:	MD
Zip:	20852
Country:	USA
Primary Official Name:	Robin Parker
Primary Official Title:	Assurance Program Manager
Primary Official Phone:	240-453-8400
Primary Official Extension:	
Primary Official Fax:	301-594-0042
Primary Official Email:	Robin.Parker@hhs.gov
Secondary Official Name:	
Secondary Official Title:	
Secondary Official Phone:	
Secondary Official Extension:	
Secondary Official Fax:	
Secondary Official Email:	
Last Updated:	December 14, 2007 10:24:39 PM

Figure 7

Part 2 + Review/Update Institutional Information

Result: Notification screen states that your institution's [information has been updated](#) (Figure 8).

Step 3: Select the appropriate option.



Figure 8

To make changes to your institution's information

Step 1: Select "Edit."

ORI Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

Institutional Information

IPF:	12345678
Institution Name:	Test Record
Address:	1101 Wootton Parkway Suite 750
City:	Rockville
State:	MD
Zip:	20852
Country:	USA
Primary Official Name:	Robin Parker
Primary Official Title:	Assurance Program Manager
Primary Official Phone:	240-453-8400
Primary Official Extension:	
Primary Official Fax:	301-594-0042
Primary Official Email:	Robin.Parker@hhs.gov
Secondary Official Name:	
Secondary Official Title:	
Secondary Official Phone:	
Secondary Official Extension:	
Secondary Official Fax:	
Secondary Official Email:	
Last Updated:	December 14, 2007 10:24:39 PM

Figure 9

Step 2: Make any necessary changes to your institution's record on this screen (Figure 10) and select "Save" to [save](#) the updated information.

The screenshot shows a web form for editing institutional information. The header includes the ORI logo and the text 'Office of Research Integrity, U.S. Department of Health & Human Services'. The main title is 'Assurance Program - Annual Report System' and the sub-title is 'Edit Institutional Information'. The form contains various input fields for institutional details, with some fields pre-filled with text. At the bottom, there are three buttons: 'Back', 'Save', and 'Cancel'.

IPF:	12345678
Institution Name:	Test Record
Address:	1101 Wooton Parkway
	Suite 750
City:	Rockville
State:	MD
Zip:	20852
Country:	USA
Primary Official Name:	Robin Parker
Primary Official Title:	Assurance Program Manager
Primary Official Phone:	240-453-8400
Primary Official Extension:	
Primary Official Fax:	301-594-0042
Primary Official Email:	Robin.Parker@hhs.gov
Secondary Official Name:	
Secondary Official Title:	
Secondary Official Phone:	
Secondary Official Extension:	
Secondary Official Fax:	
Secondary Official Email:	
Last Updated:	December 14, 2007 10:24:39 PM

Figure 10

Result: Figure 11

NOTE: An email will be sent to the address on file stating that once your changes have been verified by ORI you will be informed by email.

Step 3: Choose one of the following Options:

- + Click here to return to the Assurance Program Home Page.
- + Click here to log out of the Assurance Program.



Figure 11

Part 2 + Review/Update Institutional Information

Example of an Email received after making changes to an Institution's information (Figure 12).

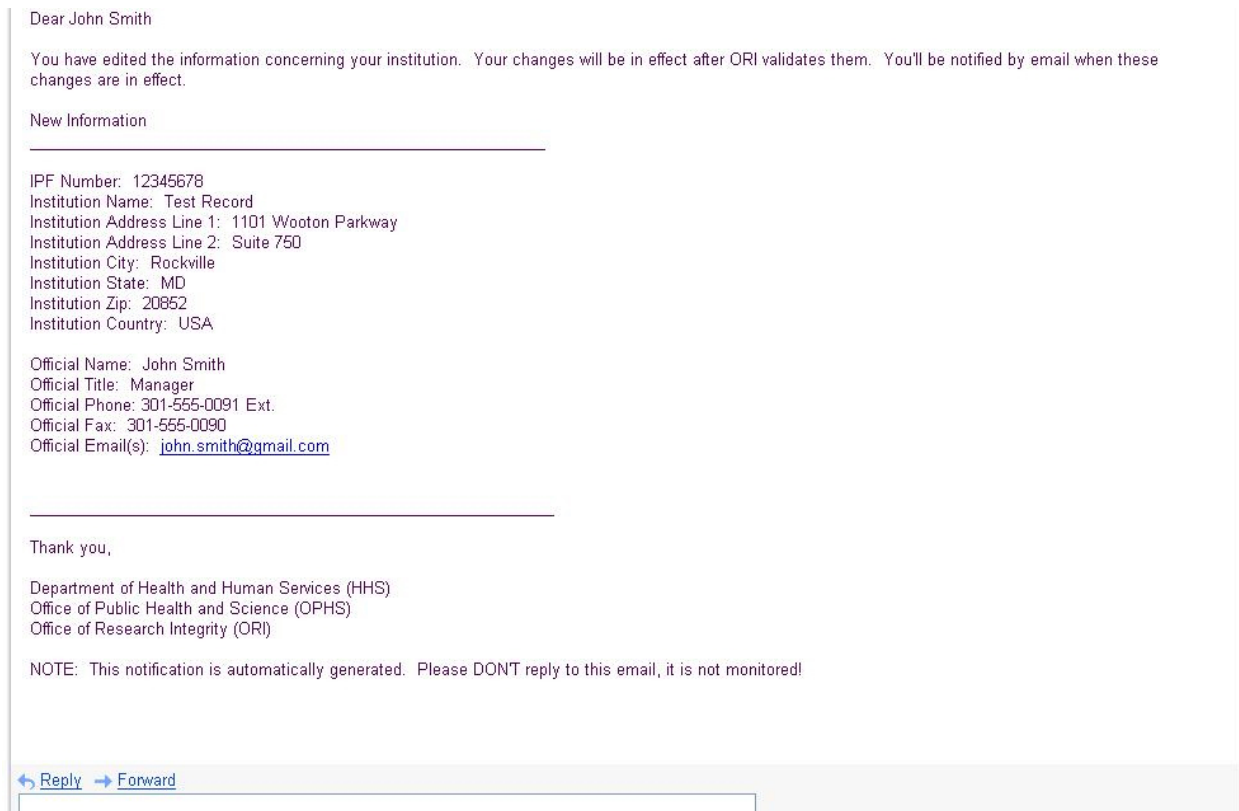


Figure 12

This section allows you to complete your Institution's Annual Report on Possible Research Misconduct.

Step 1: Select the "Submit YYYY Annual Report on Possible Misconduct" link.



Figure 13

Part 3 ♦ Submitting the Annual Report

Step 2: To submit the current year's [Annual Report](#) on Possible Research Misconduct select "Add."

NOTE 1: If this is your first year filing an Annual Report a message will appear on the screen indicating ORI does not have a current year's Annual Report for your Institution on record (Figure 14.1).

NOTE 2: If you're required to submit previous year's Annual Report on Possible Research Misconduct, you'll have that [report first before you'll be allowed to submit the current year's](#) Annual Report on Possible Research Misconduct (Figure 14.2).

NOTE 3: If you've submitted previous year's Annual Report on Possible Research Misconduct, you can review that report by clicking that report's link (Figure 14.3).



Figure 14.1



Figure 14.2

The screenshot displays the ORI Office of Research Integrity website. The header includes the ORI logo and the text "Office of Research Integrity" and "U.S. Department of Health & Human Services". The main heading is "Assurance Program - Annual Report System". Below this is the subtitle "Annual Report on Possible Research Misconduct". A table with three columns is shown: "Annual Reports + PrevYear's Report", "Date Accepted mm/dd/yyyy", and "Date Submitted mm/dd/yyyy". Below the table, there is a text prompt "To submit current year's Annual Report, Click Add." with an "Add" button. A "Back" button is located at the bottom right of the content area.

ORI Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

Annual Report on Possible Research Misconduct

Annual Reports +PrevYear's Report	Date Accepted mm/dd/yyyy	Date Submitted mm/dd/yyyy
--------------------------------------	-----------------------------	------------------------------

To submit current year's Annual Report, Click Add.

Figure 14.3

Result: The Confirm Institutional Information screen (Figure 15). This screen allows you to either change or confirm your Institution's information.

Step 3: If you choose to **edit** your Institution's information, select "Edit" and [make the changes](#). Then select "Ok" to save the information and proceed with completing the Annual Report. If **no changes** are necessary, select the "I certify that the institution information shown above is correct and has been verified," select "Ok."

ORI Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

Confirm Institutional Information

IPF:	12345678
Institution Name:	Test Record
Address:	1101 Wootton Parkway Suite 750
City:	Rockville
State:	MD
Zip:	20852
Country:	USA
Primary Official Name:	Robin Parker
Primary Official Title:	Assurance Program Manager
Primary Official Phone:	240-453-8400
Primary Official Extension:	
Primary Official Fax:	301-594-0042
Primary Official Email:	Robin.Parker@hhs.gov
Secondary Official Name:	
Secondary Official Title:	
Secondary Official Phone:	
Secondary Official Extension:	
Secondary Official Fax:	
Secondary Official Email:	
Last Updated:	December 13, 2007 2:48:59 PM

I certify that the institution information shown above is correct and has been verified.

OK Edit Cancel

Figure 15

Result: Certifying Official's Information screen (Figure 16).

Step 4: Select "Next" to confirm [information](#).

The screenshot shows the 'Certifying Official's Information' screen within the 'Assurance Program - Annual Report System'. The header includes the ORI logo and the text 'Office of Research Integrity U.S. Department of Health & Human Services'. The form contains the following fields and values:

Official Name:	Robin Parker
Official Title:	Assurance Program Manager
Official Phone:	240-453-8400
Official Extension:	
Official Fax:	301-594-0042
Official Email:	Robin.Parker@hhs.gov

At the bottom of the form are three buttons: 'Back', 'Next', and 'Cancel'.

Figure 16

Step 5: Select the appropriate responses (Yes or No) to the questions presented.

NOTE: If you selected “Yes” for the second question “Has your [institution received any allegations or conducted any inquiries or investigations of allegations...](#),” go to **PAGE 22** of this handbook for instructions on how to complete the 2005 Annual Report on Possible Research Misconduct and begin with **Step 6**.

Step 6: Select “Next” to continue completing the Annual Report.

ORI Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

YYYY Annual Report on Possible Research Misconduct

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 No

Has your institution 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 or application for PHS funding?

Yes No

Figure 17

Result: Report on Possible Research Misconduct Confirmation screen (Figure 18).

Step 7: Review the information on this screen and select "Approve."

NOTE: Once you select "Approve," you **cannot** go back and make changes to your report. You can only review the report and print a copy for your records.

The screenshot shows the ORI (Office of Research Integrity) Assurance Program - Annual Report System interface. The header includes the ORI logo and the text "Office of Research Integrity U.S. Department of Health & Human Services". The main heading is "Assurance Program - Annual Report System" followed by "YYYY Report on Possible Research Misconduct Confirmation". Below this, the "Certifying Official" information is listed: Name: Robin Parker, Title: Assurance Program Manager, Phone: 240-453-8400, Ext: [blank], Fax: 301-594-0042, Email: Robin.Parker@hhs.gov. A paragraph explains that institutions receiving or applying for PHS research must have an administrative policy for responding to research misconduct allegations. Two questions are posed: "Has your institution established an administrative policy for responding to allegations of research misconduct required by the PHS regulation?" with a "Yes" link, and "Has your institution 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 or application for PHS funding?" with a "No" link. At the bottom, there are three buttons: "Back", "Approve", and "Cancel".

Figure 18

Result: Confirmation screen that your institutions completed Annual Report on Possible Research Misconduct has been received by ORI.

Step 8: Select either log off the system or return to the Assurance Program Home Page.

NOTE: If you wish to print a copy of your institutions 2005 Annual Report, select "Click here to return to the Assurance Program Home Page." [For instructions on how to print out your report](#), see **PAGE 26** of this handbook



Figure 19

If you select **“Yes”** indicating your institution has received allegations or conducted any inquiries or investigations of allegations during the reporting period

Step 6: Select “Next” to proceed to the next [screen](#).

ORI Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

YYYY Annual Report on Possible Research Misconduct

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 No

Has your institution 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 or application for PHS funding?

Yes No

Figure 20

Step 7: Select the appropriate boxes and select "Next."

ORI

Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

Allegations

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.

I. Activity continued into YYYY:

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1.	1234-0001	<input checked="" type="checkbox"/> Inquiry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	1234-0002	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Investigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

II. Activity begun in YYYY:

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1.	5001-1111	<input checked="" type="checkbox"/> Allegation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Investigation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	5001-1112	<input checked="" type="checkbox"/> Allegation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	5001-1113	<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"/>
4.		<input checked="" type="checkbox"/> Investigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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"/>
5.		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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"/>
6.		<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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"/>

Figure 21

Result: Annual Report on Possible Research Misconduct confirmation screen (Figure 22).

Step 8: Select "Approve" to [proceed to the next screen](#) (if you need to make any changes select "Back").

ORI Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

YYYY Report on Possible Research Misconduct Confirmation

Certifying Official
Name: Robin Parker Title: Assurance Program Manager
Phone: 240-453-8400 Ext:
Fax: 301-594-0042
Email: Robin.Parker@hhs.gov

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?
[No](#)

Has your institution 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 or application for PHS funding?
[Yes](#)

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 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.

I. Activity continued into YYYY:

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1.	1234-0001	X Inquiry		X	
2.	1234-0002	X Investigation	X		X
3.					
4.					
5.					
6.					

II. Activity begun in YYYY:

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1.	5001-1111	X Allegation	X		X
		X Inquiry	X	X	X
		X Investigation	X	X	X
2.	5001-1112	X Allegation		X	X
		X Inquiry	X	X	X
3.	5001-1113				
4.		X Investigation	X		
5.					
6.					

[Back](#) [Approve](#) [Cancel](#)

Figure 22

Result: Your Institution's Annual Report on Possible Research Misconduct has been submitted to ORI.

Step 9: Select "Click here to return to the Assurance Program Home Page" to print a copy of your Annual Report for your records.



Figure 23

Step 1: Select "Review Annual Report on Possible Misconduct."



Figure 24

Step 2: Select Report you want to view/print.

The screenshot shows the ORI Office of Research Integrity website. The header includes the ORI logo and the text "Office of Research Integrity" and "U.S. Department of Health & Human Services". Below the header, the page title is "Assurance Program - Annual Report System". The main content area displays "Annual Report on Possible Research Misconduct" and a table with three columns: "Annual Reports", "Date Accepted", and "Date Submitted". The "Annual Reports" column lists "+Prev Year's Report" and "+Current Year's Report". The "Date Accepted" and "Date Submitted" columns show the format "mm/dd/yyyy". A "Back" button is located at the bottom right of the table area.

Annual Reports	Date Accepted	Date Submitted
+Prev Year's Report	mm/dd/yyyy	mm/dd/yyyy
+Current Year's Report	mm/dd/yyyy	mm/dd/yyyy

[Back](#)

Figure 25

Step 3: Select "Print View" to print a copy of your Annual Report. From your browser's window, select "File" then "Print."

ORI

Office of Research Integrity
U.S. Department of Health & Human Services

Assurance Program - Annual Report System

YYYY Report on Possible Research Misconduct Confirmation

Certifying Official
Name: Robin Parker **Title:** Assurance Program Manager
Phone: 240-453-8400 **Ext:**
Fax: 301-594-0042
Email: Robin.Parker@hhs.gov

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? No

Has your institution 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 or application for PHS funding? Yes

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 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.

I. Activity continued into YYYY:

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1.	1234-0001	X Inquiry		X	
2.	1234-0002	X Investigation	X		X
3.					
4.					
5.					
6.					

II. Activity begun in YYYY:

Incident Number	ORI Case Number, if assigned	Type of Activity	Type of Misconduct		
			Fabrication	Falsification	Plagiarism
1.	5001-1111	X Allegation X Inquiry X Investigation	X X	X X	X X
2.	5001-1112	X Allegation X Inquiry	X	X	X
3.	5001-1113				
4.		X Investigation	X		
5.					
6.					

Figure 26

Forgotten User ID

Step 1: If you have forgotten your User ID select the "Click here to get your User ID" link (circled in red).

ORI Office of Research Integrity
U.S. Department of Health & Human Services

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Assurance Program - Annual Report System

[Click Here for Instructions on How to Navigate the ORI Annual Report System Handbook -- PDF](#)

User ID:

Password:

Login

Forgot your user id? [+ Click here to get your user id.](#)

Forgot your password? [+ Click here to reset your password.](#)

[Return to the Assurance Program page](#)

Figure 27.1

Step 2: Enter as much information as you can remember (Figure 27.2).

Step 3: Select "Get Login." (An email will be automatically generated to the user's email address on file with ORI.)

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U.S. Department of Health & Human Services

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ORI Assurance Program

If you are a registered user of the ORI Assurance Program, but have forgotten your User ID, you can enter any of the following information to have your login information emailed to the registered official email address(s).

IPF:

Official Email Address:

Institution Name:

Get Login Cancel

Figure 27.2

Part 5 + What to Do if You've Forgotten your User ID or Password.

Result: A change screen (Figure 27.3) indicating an email has been sent to the email address ORI has on file for your institution.



Figure 27.3

Example of an email that is automatically generated to the user's email address on file [with](#) ORI (Figure 30).

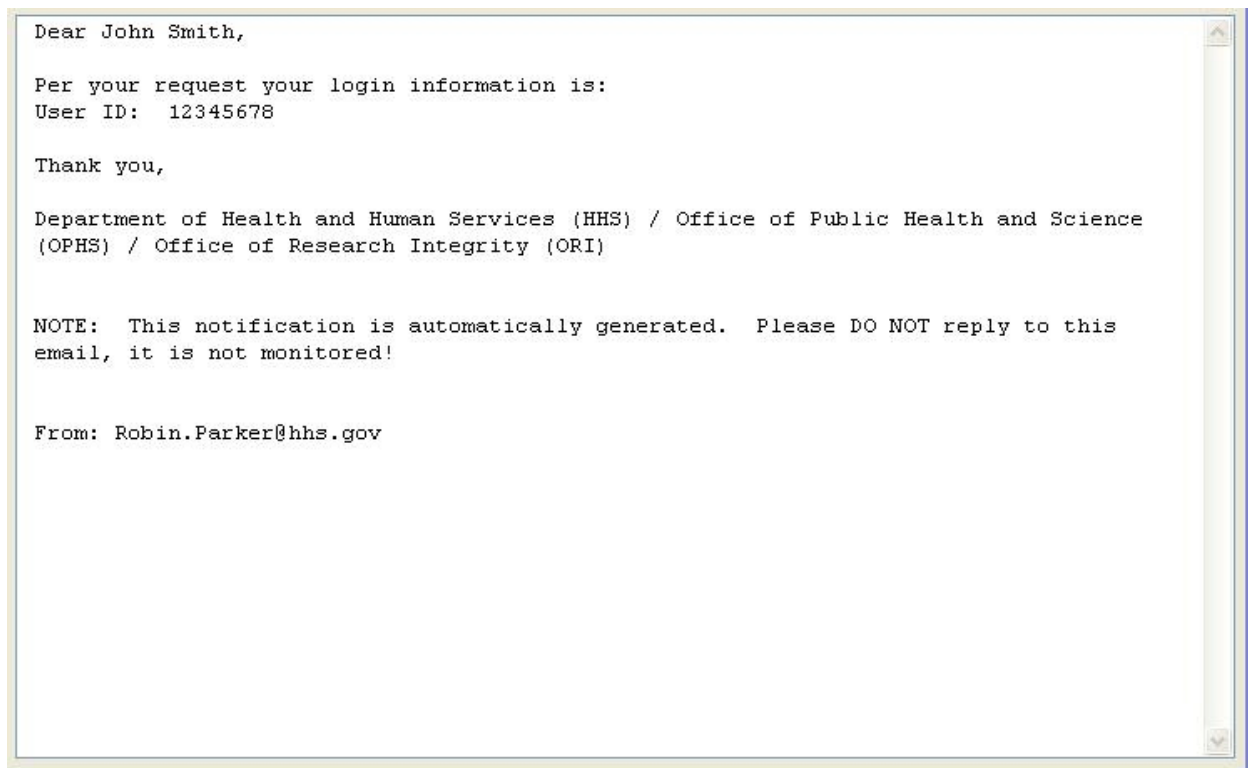


Figure 27.4

Forgotten Password

Step 1: If you have forgotten your password select the "Click here to reset your password." link (circled in red).

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HOME ABOUT ORI SEARCH PRIVACY FOIA CONTACT ORI

Assurance Program - Annual Report System

[Click Here for Instructions on How to Navigate the ORI Annual Report System Handbook -- PDF](#)

User ID:
Password:

Login

Forgot your user id? + [Click here to get your user id.](#)
Forgot your password? + [Click here to reset your password.](#)

[Return to the Assurance Program page](#)

Figure 28.1

Step 2: Enter your User ID (Figure 28.2)

Step 3: Select "Reset Password." (An email will be automatically generated to the user's email address on file with ORI.)

ORI Office of Research Integrity
U.S. Department of Health & Human Services

ORI Assurance Program

Reset Password

If you are a registered user of the ORI Assurance Program, but have forgotten your password, you must enter your userid to have a system-generated password emailed to your email address on file.

User ID:

Reset Password Cancel

Figure 28.2

Part 5 + What to Do if You've Forgotten your User ID or Password.

Result: A screen (Figure 29) indicating an email has been sent to the email address ORI has on file for your institution.



Figure 28.3

Example of an email that is automatically generated to the user's email address on file with ORI (Figure 30).

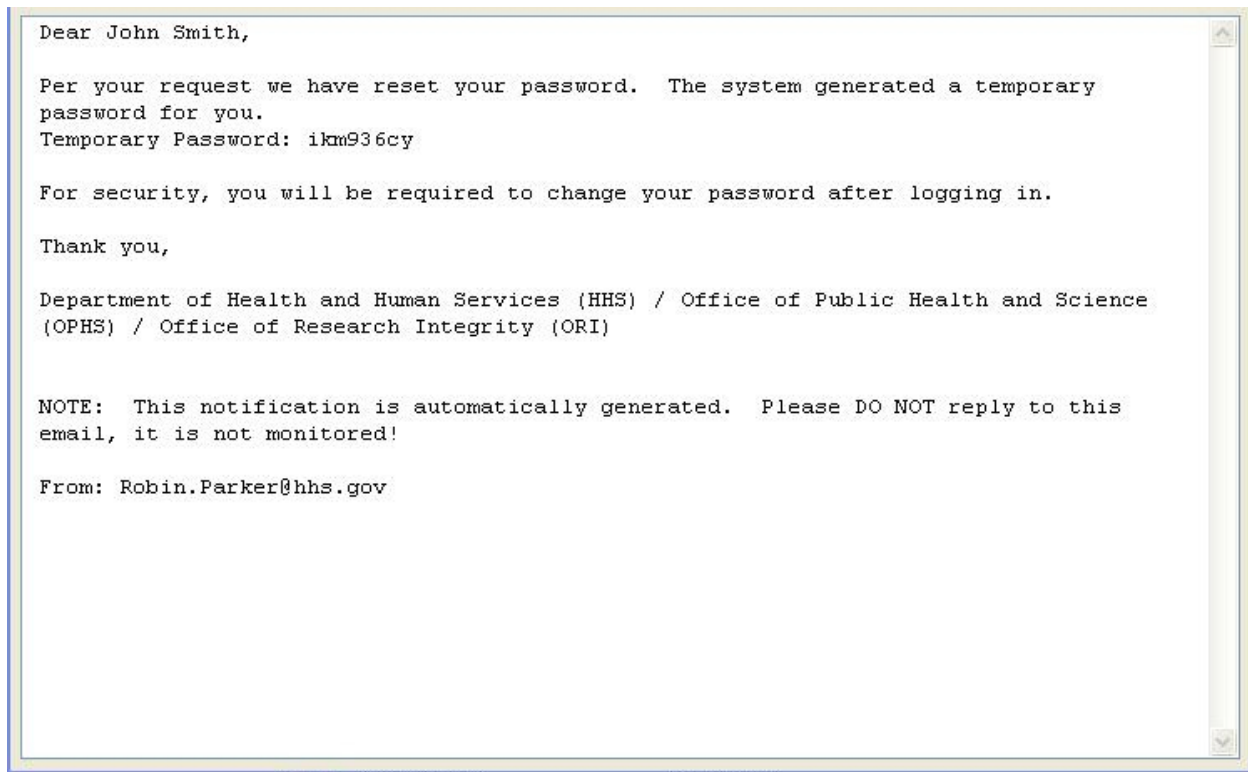


Figure 28.4

Select either:

- + [Click here to go to the ORI website, or](#)
- + [Click here to return to Login Screen](#)



Figure 31