Regulations for the Prevention of Research Misconduct at Tokyo Medical and Dental University

January 22, 2015
Rule No. 7

Chapter 1. General rules

Article 1: Summary

The prevention of research misconduct at Tokyo Medical and Dental University (hereafter referred to as "this university") is based on these regulations, as well as all relevant laws, guidelines concerning the types of misconduct and the Standard of Conduct for Research Activities at the Tokyo Medical and Dental University (hereafter referred to as "the Standard of Conduct").

Article 2: Relevant misconduct

1 The research activities these regulations cover include all research activities undertaken at this university, including the administration and management of research funds (the same definition shall apply hereafter). Incidents of misconduct targeted by these regulations are as follows:

(1) Falsification, fabrication and plagiarism of data or results presented in published research findings, either intentionally or through gross negligence regarding the basic obligation of care expected of a researcher.

(2) Misuse of research funds (including inappropriate accounting) (the same definition shall apply hereafter).

2 In addition to the misconduct stipulated in the previous clause, conduct deemed by the Compliance Chief Management Officer to require handling as inappropriate research conduct (submission of duplicate scientific papers, inappropriate authorship, etc.) may be dealt with in the same way as the misconduct stipulated in the previous clause.

3 In these regulations, the following terms will have the definitions below.

(1) Fabrication: The creation of nonexistent data, research results, etc.

(2) Falsification: Manipulations that alter research materials, equipment or processes to create illegitimate data or research findings.

(3) Plagiarism: The misappropriation of ideas, analysis/analytic methodology, data, research results, scientific papers or terminology from another researcher without the concerned party's consent or without appropriate citations.

(4) Misuse of research funds: The use of research funds for extraneous purposes, either intentionally or through gross negligence, and the use of or accounting for research funds in a manner that violates the details or conditions attached to the funding grant or that conflicts with university regulations (e.g., billing for fraudulent compensation/wages or travel expenses, deposits paid to vendors for fictitious purchases, etc.).

(5) Submission of duplicate scientific papers, etc.: The submission of a scientific paper that is substantively identical to a scientific paper already published in another academic journal

or to a scientific paper already in the submission process.

(6) Inappropriate authorship: The submission of a scientific paper without appropriate disclosure of the paper's authors.

Chapter 2. System for preventing misconduct

Article 3: Standard of Conduct

All university personnel (in addition to teaching staff and researchers, all persons involved in research activities, including research support staff, administrative staff, etc.; this definition shall apply hereafter) must abide by the Standard of Conduct.

Article 4: Framework of responsibilities

1 The University's President shall be the Compliance Chief Management Officer for all research activities conducted at this university, the Executive Director appointed by the president shall be the Compliance Management Officer, and the heads of schools, centers, etc. shall be Compliance Promotion Officers. As such, these officers shall draw up and promote measures to prevent misconduct (hereafter referred to as "research misconduct prevention measures") and respond to misconduct when it occurs.

2 The heads of schools, institutions, etc. mentioned in these regulations are listed in an attachment.

3 In addition to being responsible for drawing up and disseminating the Standard of Conduct and these regulations, the Compliance Chief Management Officer shall adopt the necessary measures to ensure that all university personnel abide by them, and exhibit appropriate leadership regarding the Compliance Management Officer and Compliance Promotion Officers.

4 The Compliance Management Officer shall take charge of putting together a cross-organizational system for the research misconduct prevention measures and shall draw up and implement concrete measures for all institutions within the university, while also confirming and reporting to the Compliance Chief Management Officer on the status of implementation.

5 Compliance Promotion Officers shall handle the following responsibilities under the direction of the Compliance Management Officer:

(1) Implementation of the research misconduct prevention measures in the schools, institutions, etc. they supervise, and confirmation and reporting to the Compliance Management Officer on implementation status.

(2) Implementation of compliance and research ethics training (education to ensure the understanding of usage rules for research funds and the concomitant responsibilities, ethical standards expected of researchers, kinds of behavior that constitute misconduct, etc.) for all personnel in their schools, institutions, etc. involved in research activities to prevent misconduct, and oversight of the status of participation.

(3) Monitoring of all personnel in their schools, institutions, etc. to ascertain whether said personnel are conducting appropriate research activities and, when necessary, providing instructions for improvements.

6 The officers stipulated in the first clause must have an adequate understanding of their various supervisory responsibilities. If failure to adequately fulfill these supervisory responsibilities results in the occurrence of misconduct, the officer(s) may face disciplinary action.

7 The system of responsibility under Clause 1 is broadly disseminated within and without the university.

Article 5: Deputy Compliance Promotion Officer

1 Depending on conditions in the schools, institutions, etc., a Compliance Promotion Officer may appoint several deputy officers to handle compliance promotion and divide the responsibilities listed above in Article 4, Clause 5 among them. In such cases, naming an administrative staff member as a deputy officer responsible for the management and execution of research funds is allowed.

2 The Compliance Promotion Officer involved must report to the Compliance Management Officer when appointing a deputy officer.

Article 6: Research Integrity Committee

1 The Research Integrity Committee (hereafter referred to as "the Committee") is established under the direction of the Compliance Chief Management Officer to deliberate on the university's research misconduct prevention measures, and is composed of members named by the Compliance Management Officer from among the Compliance Management Officer, the Compliance Promotion Officer and Deputy Compliance Promotion Officers.

2 In addition to items stipulated in the above clause, other requisite items regarding the Committee are established elsewhere.

Article 7: Research Integrity Office

1 The Research Integrity Office (hereafter referred to as "the Promotion Office") shall be established under the Compliance Chief Management Officer as part of the Administration Office, Research and Industry-University Alliance Organization.

2 The Promotion Office conducts administrative business for the promotion of research misconduct prevention measures in accordance with decisions of the Committee.

3 Compliance Promotion Officers and Deputy Compliance Promotion Officers must cooperate with the Promotion Office to work toward misconduct prevention.

4 The Promotion Office shall maintain close contact with the Internal Audit Office and undergo internal audits by the Internal Audit Office.

Article 8: Research Misconduct Prevention Plan

1 The Committee must establish a research misconduct prevention plan (hereafter referred to as "the Misconduct Prevention Plan") and disseminate it within and without the university.

2 The Compliance Chief Management Officer must conscientiously implement the Misconduct Prevention Plan.

3 Regarding implementation of the Misconduct Prevention Plan, the Compliance Management Officer and the Promotion Office shall enact and implement concrete measures for the entire university and confirm the status of that project.

4. Compliance Promotion Officers must work to promote the Misconduct Prevention Plan within their own schools, institutions, etc., while also making progress reports to the Compliance Management Officer .
5 The Compliance Management Officer shall report on the state of the university-wide implementation of the Misconduct Prevention Plan to the Compliance Chief Management Officer.
6 The Committee shall regularly review the Misconduct Prevention Plan based on reports from Compliance Promotion Officers.

Article 9: Compliance and Research Ethics Education

1 Compliance Promotion Officers shall implement compliance and research ethics training—covering the contents of the Standard of Conduct and these regulations, as well as instances of actual misconduct—for all personnel involved in research activities in their schools, institutions, etc.
2 Those concerned must regularly attend the abovementioned compliance and research ethics training sessions.
3 The compliance and ethics training referred to in Clause 1 shall be carried out from the standpoint of the duties of the university staff—whether researchers, administrative staff, etc.—and disseminated in an easy-to-understand manner. It shall also be widely disseminated among research assistants and others involved in research activities as well as other students. The contents of the training sessions shall be regularly reviewed and new contents incorporated.
4 Compliance Promotion Officers shall monitor participation in the compliance and research ethics training referred to in Clause 1 as well as the level of understanding of the participants.

Article 10: Pledge

1 Compliance Promotion Officers shall ask those who participate in the abovementioned compliance and research ethics training to submit a signed pledge (Form 1) indicating that they will not commit misconduct and that they understand that if they do commit misconduct in violation of regulations they will be subject to discipline and legal liability from both this university and funding distribution agencies.
2 The University's President will not accept various experiment plans, competitive funding applications, research plan forms, etc., from persons who have not submitted this pledge.
3 Notwithstanding the stipulation in Clause 1, newly hired staff, transfer students/staff, graduate students, etc. shall be asked to submit the pledge.

Article 11: Preservation and dissemination of research data

1 Teaching staff, researchers and graduate students (hereafter referred to as "the researcher(s)") must record research details in experiment and observation notes.
2 The researcher(s) must preserve the experiment and observation notes stipulated above for ten years following publication of the relevant research findings in a scientific paper, etc. However, if said researcher(s) leaves the university during that period, the head of the field of education or research (hereafter referred to as "the relevant head") must preserve copies of said experiment and observation notes for the remainder of the ten-year period.

3 The researcher(s) and the relevant head must release data on which a scientific paper is based, such as the abovementioned experiment and observation notes or copies thereof, at the request of the Compliance Chief Management Officer.

Article 12: Rules concerning administrative procedures

1 With the cooperation of related administrative units such as the Office of Research Safety and Management, Accounting Section and Personnel Section, the Promotion Office shall create a guidebook for the entire university that covers rules concerning administrative procedures related to the Research Misconduct Prevention Measures, Standard of Conduct, Misconduct Prevention System and research funding.
2 The abovementioned guidebook must be reviewed and revised as necessary.
3 The guidebook stipulated in Clause 1 shall be disseminated to all university personnel involved in research activities at this university.

Chapter 3 Responses to Misconduct

Section 1 Receipt of tips

Article 13: Tip desk

1 A tip desk shall be established in the Promotion Office to deal with tips or consultations received from inside and outside the university regarding research misconduct at this university.
2 The tip desk shall be named the Research Integrity Reporting Desk.
3 The address, telephone number and e-mail address of the abovementioned desk must be publicized and disseminated within and without the university so that tips can be received in writing, by phone, by mail or in person.

Article 14: Receiving and reacting to tips

1 Upon receiving a tip at the abovementioned Research Misconduct Tip and Consultation Desk, the Promotion Office shall quickly report to the Compliance Management Officer.
2 Upon receiving the abovementioned report, the Compliance Management Officer shall contact both the Compliance Chief Management Officer and the Compliance Promotion Officer of the affiliated school/faculty about the target of the tip (hereafter referred to as "the targeted individual"). If the targeted individual is the Compliance Promotion Officer, the Compliance Chief Management Officer shall name a person to handle the duties of the Compliance Promotion Officer regarding this tip.
3 Notwithstanding the stipulations in the two clauses above, if the targeted individual is the Compliance Management Officer, the Promotion Office shall report to the Compliance Chief Management Officer, who shall name a person to handle the duties of the Compliance Management Officer regarding this tip.
4 When the contents of the tip require investigation by other research institutions, the tip desk shall forward the tip to the relevant research institutions. Tips forwarded to this university from other institutions shall be handled as tips at this university according to the three clauses above.
5 If suspicion of misconduct (including cases where the tip desk has confirmed suspicions brought to its attention via the Internet) is brought forth by external organizations—such as

academic societies or other scientific communities, the press or auditing agencies—it shall be treated as a tip and handled in accordance with Clauses 1 and 2 above and Clause 2 of Article 15 below. In these cases, the targeted individual shall report immediately to the tip desk.

6 Tips or consultations that misconduct is about to occur or misconduct is being called for shall be handled in accordance to Clauses 1 and 2 above. When the Compliance Promotion Officer who receives such a report determines that its contents are based on sufficient grounds, he/she shall issue a warning in writing to the targeted individual.

7 In cases when a whistleblower provides a tip in a manner in which the whistleblower does not know whether the tip desk actually received the tip, such as a written tip, the whistleblower shall be notified that the tip was received.

Article 15: Handling of whistleblowers and targets of tips

1 The person at the tip desk who receives a tip must protect the secrecy of the tip's contents and the whistleblower's identity.

2 In cases where a preliminary investigation and main investigation are conducted, secrecy must be thoroughly preserved by those involved in the investigations (Compliance Chief Management Officer, Compliance Management Officer, Compliance Promotion Officer, Deputy Compliance Promotion Officer, members of the investigative committee, etc.) until the investigation findings are published. No confidential information shall be divulged against the will of either the whistleblower or the targeted individual to any persons other than those involved in the investigation.

3 As long as the tip is not found to be based on malicious intent, the Compliance Chief Management Officer shall not dismiss or expose the whistleblower to other unfavorable treatment simply for having submitted a tip.

4 Without sufficient cause, the Compliance Chief Management Officer shall neither ban the targetedindividual either partially or totally from conducting research activities, nor dismiss or submit the targeted individual to other unfavorable treatment simply for having been the target of a tip.

5 The Compliance Chief Management Officer shall institute measures to protect the targeted individual from slander.

Section 2 Tip Investigative System and Methodology

Article 16: Cases of tips requiring investigation

1 To prevent the submission of tips with malicious intent—such as the entrapment of the targeted individual or obstruction of the targeted individual's research, which are aimed entirely at damaging the targeted individual in some manner or putting the affiliated institution/organization of the targeted individual at some disadvantage (the same definition shall apply hereafter)—and to seek cooperation with the investigation when necessary, tips (including cases where indications of misconduct are brought forward by the scientific community [scientific society, etc.], the media or external organization such as auditing boards) that conform with the following items shall be treated as viable targets of investigation:

(1) In principle, tips where the name of the whistleblower is known

(2) The particulars of the investigation—participants in the misconduct (researchers, vendors, etc.), the timing of the misconduct (fiscal year, etc.), mode of misconduct, details of the case, etc.—can be identified

(3) There is a legitimate basis for deeming the conduct misconduct

2 Even cases where all the aforementioned points are not fulfilled—such as anonymous tips—shall be subject to investigation to the extent possible.

3 For tips related to the misuse of research funds, tips related to misconduct in past fiscal years for which the term for preservation of accounting records has expired shall be investigated to the extent possible.

Article 17: Preliminary investigation

1 Within thirty days of receiving a tip, the Compliance Chief Management Officer shall have the Compliance Management Officer conduct a preliminary investigation to determine whether to conduct a full investigation.

2 During the abovementioned preliminary investigation, the Compliance Management Officer shall investigate the following points and report to the Compliance Chief Management Officer:

(1) Whether the case fulfills the conditions required to be considered a target of investigation

(2) Whether the tip's contents are legitimate and possible to investigate

3 Notwithstanding the two clauses above, the Compliance Chief Management Officer may establish an investigative committee as provided for in the next Article, and begin a preliminary investigation.

4 If the Compliance Chief Management Officer decides not to conduct a full investigation, he/she shall notify the whistleblower of the fact and the reasons for the decision.

5 If the Compliance Chief Management Officer decides to conduct a full investigation, he/shall notify the whistleblower and the targeted individual of the fact. If the targeted individual is affiliated with an external research institution, the relevant institution shall also be notified.

6 If the Compliance Chief Management Officer decides to conduct a full investigation, he/she shall report to the research funding distribution agencies relevant to the case and to the Ministry of Education, Culture, Sports, Science and Technology.

7 Notwithstanding the stipulations above, for cases concerning the misuse of research funds, the Compliance Chief Management Officer shall report to the funding distribution agencies within thirty days of receiving the tip whether or not the case is to be the subject of a full investigation.

Article 18: Establishing an investigative committee

1 When the Compliance Chief Management Officer decides to begin a full investigation based on the results of the aforementioned preliminary investigation, he/she shall establish an investigative committee.

2 The investigative committee shall be composed of the following investigative committee members:

(1) The Compliance Management Officer

(2) The Compliance Promotion Officer from the affiliated school, institution, etc. of the targeted individual

(3) Other executive directors and employees

(4) Outside experts

3 The Compliance Management Officer shall serve as the chair of the investigative committee.

4 The number of committee members indicated in Clause 2, No. 4 must exceed half of the total number of committee members.

5 The investigative committee members must not have any conflicts of interest with the whistleblower or the targeted individual.

Article 19: Filing an objection regarding the composition of the committee

1 After establishing the investigative committee, the Compliance Chief Management Officer shall notify the whistleblower and the targeted individual of the names and affiliations of the investigative committee members.

2 The whistleblower and the targeted individual can file an objection to the composition of the investigative committee within fourteen (14) days of receiving the abovementioned notification.

3 When an objection is filed, the Compliance Chief Management Officer shall review its contents. If the contents are deemed valid, investigative committee members shall be replaced and the whistleblower and the targeted individual notified of the change.

Article 20: Main investigation

1 The investigative committee members shall initiate their investigation within approximately thirty days of the date of the decision to implement a full investigation.

2 In the case of investigations concerning misuse of research funds, the Compliance Chief Management Officer must report to and consult with the funding distribution agencies regarding the implementation of the investigation and its objectives, target and methodology.

3 During the investigation of a tip, the Compliance Chief Management Officer must take care not to reveal the identity of the whistleblower to the targeted individual or any other persons other than those involved in the investigation, unless the whistleblower gives permission.

4 The investigative committee shall investigate through a close examination of all documents related to the research activities relevant to the tip—such as scientific papers, experiment and observation notebooks, raw data, etc.—as well as through the testimony of concerned parties, requests for experiment duplication and review of accounting documents. During this time, an opportunity to hear the defense of the targeted individual shall be arranged.

5 When the investigative committee asks the targeted individual to confirm the reproducibility of findings or results through the duplication of experiments, or when the targeted individual voluntarily proposes such a process and the investigative committee recognizes the need for such, experiments will be reproduced to the extent deemed legitimate by the investigative committee based on time constraints and opportunity (including equipment and expenses, etc.). In such cases, the experiments shall be conducted under the guidance and supervision of the investigative committee.

6 Relevant persons such as the whistleblower and the targeted individual must cooperate in good faith with the investigative committee's inquiries. Furthermore, this university shall cooperate in good faith regarding requests for cooperation in investigations from other research institutions.

Article 21: Measures to preserve evidence

1 Regarding research activities related to the tip, the investigative committee shall take measures to preserve materials that could be used as evidence. In cases where the research activities related to the case were conducted at a research institute outside this university, requests shall be made to the relevant research institution to preserve materials that could be used as evidence.
2 The Compliance Chief Management Officer shall not restrict the research activities of the targeted individual as long as it does not influence the abovementioned measures.

Article 22: Interim reports, etc. on the investigation

1 In response to requests from funding distribution agencies and prior to the completion of the investigation, the Compliance Chief Management Officer shall submit progress reports and interim reports on the investigation to the relevant funding distribution agencies.
2 The Compliance Chief Management Officer shall respond to requests from funding distribution agencies for materials related to the relevant case and to inspect written materials as well as onsite inspections unless there are legitimate grounds for refusal, such as interference with the investigation.

Article 23: Temporary halt on funding during the investigation

1 When said prosecution concerns misuse of research funds, the Compliance Chief Management Officer may halt the administration and expenditure of research funding for research activities connected to the investigation until such time as the investigative committee's report is received.
2 When taking the abovementioned measure, the Compliance Chief Management Officer must carry out thorough consultations with the distribution agencies of the relevant research funds.

Section 3 Findings of misconduct

Article 24: Findings

1 The investigative committee shall complete its investigation within approximately 150 days of the initiation of the full investigation and determine whether misconduct was committed. If misconduct is found, the details of that misconduct, the participants, the extent of their participation and the amount of misused funds shall be identified.
2 If it is found that no misconduct was committed and the investigation determines that the tip submitted was based on malicious intent, the investigative committee shall confirm these facts.
3 At the time of the aforementioned finding, the targeted individual must be given the opportunity to defend him/herself.

Article 25: Considerations upon reaching a finding

1 The investigative committee shall confirm whether there was misconduct by comprehensively reviewing all evidence the investigation has gathered—including physical and scientific evidence, testimony, and the possible admission of wrongdoing by the targeted individual—

while also taking into account the testimony of the targeted individual.

2 The investigative committee must not use the admission of wrongdoing by the targeted individual as the sole evidence for a finding of misconduct.

3 The investigative committee shall determine that misconduct has occurred when the targeted individual's testimony and other evidence do not overturn suspicions of misconduct.

4 The investigative committee shall determine that misconduct has occurred when sufficient evidence to overturn suspicions of misconduct is not available because the targeted individual cannot produce basic elements that should exist, such as the targeted individual's research data, experiment and observation notebooks, test samples and reagents.

Article 26: Notification of investigation results

1 When the investigative committee has reached a finding, it shall immediately submit a report to the Compliance Chief Management Officer.

2 Having received the abovementioned report, the Compliance Chief Management Officer shall quickly notify the whistleblower and the targeted individual (including persons other than the targeted individual found to have participated in the misconduct) of the results of the investigation. In cases where the targeted individual is affiliated with another research institution, said affiliated institution shall also be notified of these results.

3 The Compliance Chief Management Officer shall report the investigation results, factors that generated the misconduct, state of the auditing system, plans to prevent repetition of the misconduct, etc. to the distribution agency for the research funds relevant to the case and to the Ministry of Education, Culture, Sports, Science and Technology.

4 Notwithstanding the stipulations in the previous clause, in cases involving misuse of research funds, the Compliance Chief Management Officer shall submit a final report which includes the abovementioned investigation results to the funding distribution agencies within 210 days of the date of receiving the report from the investigative committee. If completion of the investigation within the time limit proves impossible, an interim report on the investigation shall be submitted to the distribution agencies.

5 If found that the tip was based on malicious intent, external institutions to which the whistleblower is affiliated shall be notified.

6 Regarding investigations involving the misuse of research funds where even partial misconduct is confirmed, the Compliance Chief Management Officer shall immediately confirm the misconduct and report it to the distribution agencies.

Article 27: Appeal

1 A targeted individual found to have committed misconduct may file an appeal with the Compliance Chief Management Officer within 14 days of being notified of the investigation results. However, multiple appeals based on the same reason cannot be filed during that period.

2 A whistleblower found to have acted from malicious intent has the same appeal rights as above.

3 When a targeted individual found to have committed misconduct files an appeal, the Compliance Chief Management Officer shall notify the whistleblower.

4 When an appeal is filed, the Compliance Chief Management Officer shall report to the research funding agencies relevant to the case and the Ministry of Education, Culture, Sports, Science and Technology.

5 If the appeal is dismissed or a reinvestigation is initiated, the two clauses mentioned above shall apply.

Article 28: Examination of appeals)

1 The investigative committee shall examine any appeals submitted. If the substance of the appeal requires expert reinvestigation, the investigative organ shall replace or add members to the investigative committee or have a body other than the investigative committee carry out the investigation. However, when the Compliance Chief Management Officer determines that said appeal does not present a valid reason for requiring changes to the composition of the investigative committee, this shall not apply.

2 Regarding appeals from targeted individuals found to have committed misconduct, the investigative committee (or if, as in the aforementioned clause, the investigative committee has been replaced by another body, then that body) shall quickly determine whether to carry out a reinvestigation of the case, taking into consideration the substance of the appeal, reasoning, etc.

3 If it is decided to reject the appeal without a reinvestigation of the case, the investigative committee shall immediately report this to the Compliance Chief Management Officer, and the Compliance Chief Management Officer shall notify the targeted individual of said decision.

4 If it is decided to open a reinvestigation, the investigative committee shall ask the targeted individual to cooperate with the reinvestigation toward the rapid conclusion of said case, including the submission of materials sufficient to overturn the previous investigation's results. If such cooperation cannot be obtained, the examination of the appeal can be discontinued without conducting a reinvestigation. In such a case, the Compliance Chief Management Officer shall immediately be informed, and the Compliance Chief Management Officer shall notify the targeted individual of said decision.

5 Regarding a reinvestigation, the investigative committee shall decide whether to overturn the previous investigation results within approximately 50 days of initiating the reinvestigation, and immediately report the decision to the Compliance Chief Management Officer. Upon receiving the report, the Compliance Chief Management Officer shall notify the targeted individual, the targeted individual's affiliated institution and the whistleblower.

6 The Compliance Chief Management Officer shall report the abovementioned reinvestigation results to the research funding distribution agency relevant to the case and to the Ministry of Education, Culture, Sports, Science and Technology.

Article 29: Examination of appeals when the tip is found to be based on malicious intent

1 Upon receiving an appeal based on the stipulations in Article 27, Clause 2 from a whistleblower found to have acted out of malicious intent, the Compliance Chief Management Officer shall notify the whistleblower's affiliated institution and the targeted individual.

2 Upon receiving an appeal such as mentioned above, the Compliance Chief Management Officer shall report to the research funding distribution agency relevant to the case and to the Ministry of Education, Culture, Sports, Science and Technology.

3 Regarding appeals in Clause 1, the investigative committee (or if, as in the aforementioned clause, the investigative committee has been replaced by another body, then that body) shall conduct the reinvestigation within approximately 30 days of the appeal, and shall immediately report the results to the Compliance Chief Management Officer. Upon receiving the report, the Compliance Chief Management Officer shall notify the whistleblower, the whistleblower's affiliated institution and the targeted individual of said results.

4 The Compliance Chief Management Officer shall report the abovementioned reinvestigation results to the research funding distribution agency relevant to the case and the Ministry of Education, Culture, Sports, Science and Technology.

Section 4 Post-investigation measures

Article 30: Announcement of investigation results

1 The Compliance Chief Management Officer shall quickly announce the investigation results when the finding is one of misconduct.

2 The contents of the abovementioned announcement shall contain the following points:
(1) The names and affiliations of those involved in the misconduct
(2) The details of the misconduct
(3) Details of measures taken by the university up to the announcement
(4) The names and affiliations of the investigative committee members
(5) The methodology and procedures of the investigation

3 When there is a legitimate reason regarding the abovementioned, the names and affiliations of those involved in the misconduct may be withheld.

4 Investigation results shall not, in principle, be announced when no misconduct was found. However, the investigation results can be announced regarding cases where information regarding the case under investigation has been leaked or cases involving errors in scientific papers that were not intentional.

5 The contents of the abovementioned provisional announcement shall contain the following items:
(1) The name and affiliation of the targeted individual
(2) The names and affiliations of the investigative committee members
(3) The methodology and procedures of the investigation

6 When the tip is found to be based on malicious intent, the investigation results shall be announced.

Article 31: Measures regarding the targeted individual

1 When misconduct has been determined, the Compliance Chief Management Officer shall take the steps itemized below:
(1) Immediately order a halt on the use of relevant research funds by persons found to have participated in the misconduct, as well as by persons who—although not found to have participated directly—were found to bear responsibility for research activities where misconduct was found (hereafter referred to as "participants").
(2) Based on the Tokyo Medical and Dental University Employees' Rules of Employment

(hereafter referred to as "Employees' Rules of Employment"), the participants shall be dealt with appropriately according to prescribed procedures, and the withdrawal of scientific papers related to misconduct shall be recommended.

(3) In cases of serious wrongdoing—such as the misappropriation of research funds for personal use, or actions that greatly damage public confidence in the university—legal proceedings such as criminal prosecution and civil suits may be pursued in addition to the measures prescribed by various university regulations.

2 Participants involved in the misuse of research funds must repay said research funds.

3 Participants must repay expenses borne by the university to show reproducibility of experiments as stipulated in Article 20, Clause 4.

4 When investigation results find that misconduct has not occurred, the freeze on administration and expenditure of research funds put in place during the investigation shall be lifted. Measures in place to preserve evidence shall be promptly lifted when the appeal period expires without an appeal being made, or after the findings of the appeals examination are determined.

5 When investigation results find that a tip was based on malicious intent, the whistleblower shall be dealt with appropriately based on the Employees' Rules of Employment when the whistleblower is affiliated with the university or based on prescribed procedures in other cases. In such cases, the university may ask the whistleblower to reimburse the expenses borne the university incurred to show reproducibility.

Chapter 4 Administration and management of research funds

Article 32: Appropriate administrative and managerial activities involving research funds

1 Regarding administrative processing procedures surrounding research funding, the researcher who receives research funding (hereafter referred to as the "researcher responsible for research funds") is responsible for them and must administrate the research funds appropriately based on the Misconduct Prevention Plan.

2 To execute the above, the researcher responsible for research funds must regularly ascertain how the research funds are being used.

3 Regarding the above, an administrative staff person who is aware of the potential for a problem with funding administration may, when deemed necessary, confirm the administrative problem with the researcher responsible for research funds, and when necessary request changes.

4 Compliance Promotion Officers shall adopt countermeasures for the schools, institutions, etc. they administer to prevent collusive relationships from forming between university personnel and businesses, in light of the fact that improper transactions tend to originate when relations between the two are overly close.

5 Regarding goods and materials, in cases of anomalous treatment where receipt and inspection by the receiving inspection center is curtailed, the officer responsible for accounting—as established in the Tokyo Medical and Dental University Accounting Regulations—shall establish appropriate methods and frequency for spot-checking such goods and materials in consideration of the number of such cases and the risk level involved, and shall implement

after-the-fact checking through regular spot checks.

6 The receipt and inspection of special services (such as the development, creation of databases, computer programs, digital contents and the maintenance and inspection of equipment) shall be carried out in an appropriate manner based on content.

Article 33: Penalties for businesses involved in improper business transactions

1 The Compliance Chief Management Officer may conduct investigations and implement necessary measures hrough the Investigative Committee for Halting Transactions against businesses tsuspected of being involved in improper transactions, as provided for in the Tokyo Medical and Dental University's Essential Regulations for Fixed Assets and Material Procurements.

2 The Compliance Chief Management Officer shall require businesses with which this university does business to submit a pledge (Form 2).

Article 34: Personnel management of persons employed through research funds

Compliance Promotion Officers must regularly check the contents of personnel management documents and work details of persons employed with research funds in the schools, institutions, etc. they supervise. Spot-check inspection tours of the workplace of such employees must also be carried out based on a specific proportion of the total.

Article 35: Materials of great liquidity

Notwithstanding the Tokyo Medical and Dental University's Essential Regulations for Material Management, the researcher responsible for research funds must clearly demonstrate that materials with high liquidity have been purchased with the relevant research funds and must also manage them so that their whereabouts are known, irrespective of purchase price.

Article 36: Petitions for travel expense

The researcher responsible for research funds must understand and check the status of petitions for travel expenses by researchers, and request submission of reports to confirm the details of the business engaged in, destination, place of accommodations, persons met with, etc. He/she must confirm the appropriateness of the purpose of the travel business and the expenses incurred, including checking for duplicate expense receipts. When necessary, he/she must make inquiries or fact-check the particulars of a researcher's business travel.

Article 37: Consultation desk

1 A consultation desk shall be established in the Financial and Facilities Division and the Administration Office of the Research and Industry-University Alliance Organization to accept consultations from within and without the university regarding rules for use of research funds at this university.

2 The consultation desk shall be named the Research Funds Use Consultation Desk.

Article 38: Joint-possession of information by task managers and task manager training

1 The Promotion Office and the abovementioned consultation desk shall organize and analyze the cases that come before them and work to promote the joint ownership of information and

mutual understanding among task managers.

2 The Promotion Office shall report to the Compliance Chief Management Officer regarding the results of monitoring and provide feedback regarding improvements to the Basic Plan and Internal Regulations as well as the contents of the compliance training.

Article 39: Internal audits

1 The Internal Audit Office shall conduct internal audits based on the Tokyo Medical and Dental University Internal Audit Regulations (2005 Regulation Number 25).

2 Internal audits of the administration and management of research funds shall be executed in keeping with the points listed below, in addition to points stipulated in the aforementioned clauses:

(1) Regularly during each fiscal year a certain number of audits shall be carried out regarding financial information, including whether all required forms for accounting documents have been filed.

(2) The systems for research funding administration and management for the prevention of misuse of research funds shall be verified.

(3) Samples shall be taken and prioritized based on risk of misuse and on-the -spot audits, including unannounced audits, shall be carried out (risk approach audits).

(4) There shall be close cooperation with the Promotion Office, including the provision of information on causes of misconduct.

Supplementary Provision

These regulations were enacted January 22, 2015.