Research Compliance

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Research Compliance

Research Compliance
Arkansas State University is committed to the highest standards of integrity in all areas of research and scholarship and conducts its research in compliance with federal, state, local, and institutional laws, regulations, and policies. Consistent with these principles, the office of Research Compliance is responsible for developing governing principles to guide the conduct of research on campus. Research Compliance works with faculty oversight committees and boards, including:

➡Institutional Review Board (IRB) for research involving human subjects
➡Institutional Animal Care and Use Committee (IACUC) for research involving animals
➡Institutional Biosafety Committee (IBC) for research involving biohazardous materials
➡Radiation Safety Committee for radioactive isotopes and responsible use of lasers

Research Compliance works closely with Environmental Health and Safety to ensure compliance in these areas. Research Compliance maintains the necessary assurances and certifications with appropriate federal and state regulatory agencies, provides laboratory and other training programs germane to externally-funded programs, and assists with research-related contracts and agreements.

Research Compliance

Institutional Review Board (IRB) for research involving human subjects

> REMINDER: We now use Cayuse as our protocol management software. For information about Cayuse, please click here .

HUMAN SUBJECTS RESEARCH

Federal law requires institutional review of protocols that involve the use of human subjects for "systematic investigations, including development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." The Code of Federal Regulations Subpart A of 45 CFR 46 established the "Common Rule," where fourteen agencies of the federal government came together to require that: 1) agencies establish institutional review boards; 2) delineate levels and criteria for protocol review; and 3) ensure in most cases that investigators secure the informed consent of participants before embarking on their projects. The Office of Research Integrity in the Department of Health and Human Services (DHHS) has responsibility for oversight of federally-funded human subjects' research.

Visit the Office of Human Research Protections here>>

A-STATE INSTITUTIONAL REVIEW BOARD

Approved revision March 2, 2022

VII. Federal Regulatory Committees

VII.A. Institutional Review Board for the Protection of Human Subjects in Research

Function: In accordance with federal law and university policy the IRB is charged with overseeing compliance with federal regulations related to human subjects research.

Membership: Membership of the IRB is governed by U.S. Department of Health and Human Services regulation 45 CFR 46.107. The IRB is a standing committee of A-State. The IRB is not a

shared governance committee.

Description: The A-State IRB endeavors to have representation from each of the academic colleges and the Northeast Arkansas community. Members are appointed by the Provost and Executive Vice Chancellor for Academic Affairs and Research (in consultation with the Vice Provost for Research & Technology Transfer and deans of the colleges) according to federal guidelines and the needs of the university. A good-faith effort should be made in the selection of membership to reflect the diversity in the A-State community, including but not limited to race, gender, cultural background, and research experience. The IRB Chair will be appointed by the Provost and Executive Vice Chancellor for Academic Affairs (in consultation with IRB members and the Director of Research Compliance).

Consistent with the law, A-State maintains an Institutional Review Board (IRB) that has oversight responsibility for campus-wide human subjects' research, with the primary purpose of ensuring that the rights and welfare of participants are protected.

Human subjects research is categorized in one of three classifications including full board review, expedited review, exempt status, and student protocols.

IRB COMMITTEE MEMBERS

Non-Scientific Members Eric Cave, PhD, Chair Professor of Philosophy	Edward Salo, PhD Associate Director of Heritage Studies, Professor of History

Scientific Members Christina Akbari, PhD Associate Professor of Communication Disorders	Eric Scudamore, PhD Associate Professor of Exercise Science
James Church, PhD Professor of Exercise Science	Margaret Hance, PhD Associate Professor of Psychology
James Farris, PhD Associate Professor of Physical Therayp	Amanda Carpenter, PhD Assistant Dean for Research, College of Nursing & Health Professions

Community Members Carolina Elmore Non-Scientific Member El Centro Hispano	

Non-Voting Members Jenny Estes Director of Research Compliance (Non-Scientific Member and IRB Administrator)	

For Information, please contact the
Director of Research Compliance
(870) 972-2694 | IRB@astate.edu

FULL BOARD REVIEW

Full Board review is required for all research involving greater than minimal risk to subjects and for research involving any protected subject populations including pregnant women and their fetuses, prisoners, and certain other vulnerable populations. Only the full board can reject an application to conduct research activities involving human subjects.

EXPEDITED REVIEW

Expedited review is appropriate for research that involves no more than minimal risk or for review of minor changes to previously-approved research projects. An expedited review may include the IRB chairperson alone, or one or more experienced reviewers. Protocols eligible for expedited review include:

- Collection of hair and nail clippings in a non-disfiguring manner;
- Collection of excreta and external secretions;
- Collection of data from subjects 18 years of age or older using non-invasive procedures that are routinely employed in clinical practice;
- Collection of blood samples from subjects who are 18 years of age or older, in good health, and are not pregnant, such collection not to exceed twice weekly venipuncture and a maximum of 450 milliliters in an eight-week period;
- Anonymous voice recordings made for research purposes, such as investigations of speech defects;
- Moderate exercise by healthy volunteers;
- Study of existing data, documents, records, pathological specimens or diagnostic specimens;
- Research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory, or test development, where the investigator does not manipulate the subject's behavior and the research will not involve stress to subjects;
- Research involving manipulation of the subject's behavior which does not involve stress or risk;

Expedited review may also be appropriate for minor changes or requests for extensions in previously-approved research during the period (one year or less) for which approval is authorized.

EXEMPT and exempt-limited STATUS

Exempt and exempt-limited protocols must be submitted to the IRB for determination of eligibility. Exempt eligible protocols may be administratively reviewed; however, protocols requiring exempt-limited review must be reviewed by a member of the IRB. Categories include:

1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
2. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

(ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by § 46.111(a)(7).

1. (i) Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:

(A) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

(B) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

(C) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by § 46.111(a)(7).

(ii) For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions

offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

(iii) If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

1. Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:

(i) The identifiable private information or identifiable biospecimens are publicly available;

(ii) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;

(iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of “health care operations” or “research” as those terms are defined at 45 CFR 164.501 or for “public health activities and purposes” as described under 45 CFR 164.512(b); or

(iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for nonresearch activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3501 note, if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable, the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 et seq.

1. Research and demonstration projects that are conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads (or the approval of the heads of bureaus or other subordinate agencies that have been delegated authority to conduct the research and demonstration projects), and that are designed to study, evaluate, improve, or otherwise examine public benefit or service programs, including procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs. Such projects include, but are not limited to, internal studies by Federal employees, and studies

under contracts or consulting arrangements, cooperative agreements, or grants. Exempt projects also include waivers of otherwise mandatory requirements using authorities such as sections 1115 and 1115A of the Social Security Act, as amended.

(i) Each Federal department or agency conducting or supporting the research and demonstration projects must establish, on a publicly accessible Federal Web site or in such other manner as the department or agency head may determine, a list of the research and demonstration projects that the Federal department or agency conducts or supports under this provision. The research or demonstration project must be published on this list prior to commencing the research involving human subjects.

(ii) [Reserved]

1. Taste and food quality evaluation and consumer acceptance studies:

(i) If wholesome foods without additives are consumed, or

(ii) If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

1. Storage or maintenance for secondary research for which broad consent is required: Storage or maintenance of identifiable private information or identifiable biospecimens for potential secondary research use if an IRB conducts a limited IRB review and makes the determinations required by § 46.111(a)(8).
2. Secondary research for which broad consent is required: Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if the following criteria are met:

(i) Broad consent for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens was obtained in accordance with § 46.116(a)(1) through (4), (a)(6), and (d);

(ii) Documentation of informed consent or waiver of documentation of consent was obtained in accordance with § 46.117;

(iii) An IRB conducts a limited IRB review and makes the determination required by § 46.111(a)(7) and makes the determination that the research to be conducted is within the scope of the broad consent referenced in paragraph (d)(8)(i) of this section; and

(iv) The investigator does not include returning individual research results to subjects as part of the study plan. This provision does not prevent an investigator from abiding by any legal requirements to return individual research results.

STUDENT PROTOCOLS

Research and clinical practica (usually in the form of research methods classes, evaluation projects and/or directed studies) are designed to allow students to the conduct of research and are typically limited in scope and do not lead to general knowledge. Rather than bypass the IRB process, however, faculty who teach research methods classes are requested to submit blanket protocols to the IRB for its review. Note, however, that if the intent of research conducted by graduate and undergraduate students is to develop or contribute to general knowledge, their protocols must be classified and reviewed by the IRB including, but not limited to, all independent research projects, master's theses, and doctoral dissertations.

PROCESS

A-State investigators must seek IRB review for human subjects' research (including oral histories) before conducting their projects. Steps in the process include:

CITI Training: All research team members with access to the raw data, including faculty advisors, must complete CITI training prior to submitting a protocol to the IRB. To do so, please self-register at www.citiprogram.org. When registering, you must (1) affiliate with Arkansas State University and (2) provide your A-State email address as your primary email address in CITI. Complete either the Biomedical or the Social and Behavioral Responsible Conduct of Research and Human Subject Research courses.

CAYUSE: Cayuse is our protocol management software. New users must request a Cayuse account. To submit a protocol

- Log in to Cayuse Human Ethics (formerly Cayuse IRB)
- Click New Study in the upper right corner of the dashboard
- Enter the title of the study, click the checkmark
- Click New Submission in the upper right corner and select Initial Submission
- Click Complete Submission, answering all questions and attaching documents as prompted. Common attachments include informed consent documents, site permission letters, questionnaires, etc. When the application is ready for review, click Complete Submission at the left and confirm that you wish to submit. Then, on the Submission Details page, click Certify and confirm. Your advisor and any Co-PIs also must also log in; read through the protocol; and, if approved as written, certify the protocol.
- To submit an amendment, continuing review, closure, unanticipated problem, adverse event, or deviation, select the protocol from your dashboard. On the Study Details page, click New Submission in the upper right corner to select the type of submission. Click Complete Submission, answer the questions and attach documents as needed. When the application is ready for review, click Complete Submission at the left and confirm that you

wish to submit. Then, on the Submission Details page, click Certify and confirm. Your advisor and any Co-PIs also must also log in; read through the submission; and, if approved as written, certify the protocol.

Depending on the committee's review, you may receive an email that the protocol has been returned to the PI for corrections or that it has been approved, etc.

CRITERIA

Key questions to ask as you prepare your applications include the following:

- Does the value of the project outweigh risk to participants?
- Have you adequately protected participant confidentiality either by masking identifying information and physically separating the key from the data or by not collecting identifying information during data collection?
- Have you established adequate safeguards for vulnerable populations (i.e., children, prisoners, mentally disabled individuals, and pregnant women and their fetuses)?
- Have you clearly identified your inclusion and exclusion criteria for subject participation?
- Do you have an adequate data protection and disposal plan?
- Does your consent form meet federal guidelines, providing potential participants with information about the study, their ability to opt in or out at any time, how the study may be helpful to them or to society, how confidentiality will be maintained, who to contact with questions about the study, who to contact with questions about the IRB?
- Do you clearly articulate how the consent process will be administered?

FREQUENTLY ASKED QUESTIONS

What is the A-State policy regarding the use of human participants in research?

All research involving human participants conducted by faculty, staff, or students of Arkansas State University (A-State) must be reviewed and approved by the A-State Institutional Review Board (IRB). The IRB operates according to the guidelines in the Code of Federal Regulations (45 CFR 46) and other state and institutional guidelines.

What does the IRB do?

It is the responsibility of the IRB to review research protocols involving human participants to ensure that the rights of the participants are protected, that they are not subject to unreasonable

harm (physical and emotional), and that information about them is kept confidential.

What is research?

Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

Please note: The following activities are deemed not to be research:

- Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal research, and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.
- Public health surveillance activities, including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority. Such activities are limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance (including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products). Such activities include those associated with providing timely situational awareness and priority setting during the course of an event or crisis that threatens public health (including natural or man-made disasters).
- Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes.
- Authorized operational activities (as determined by each agency) in support of intelligence, homeland security, defense, or other national security missions..

What is a human subject?

Human subject means a living individual about whom an investigator (whether professional or student) conducting research:

- Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or
- Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.

Intervention includes both physical procedures by which information or biospecimens are gathered (e.g., venipuncture) and manipulations of the subject or the subject's environment that are

performed for research purposes.

Interaction includes communication or interpersonal contact between investigator and subject. This includes online surveys.

How do I know if I should submit a research protocol to the IRB?

If your research project (including observation, interviews and surveys) involves human participants, you must submit an IRB protocol, even if you believe the research is exempt..

When should I submit my review request to the IRB?

You may submit your request at any time, but you must receive IRB approval before you begin recruiting participants or collecting data. For a full board review, please submit your request 2 weeks prior to the next scheduled IRB meeting date. The IRB convenes on the first Wednesday of the month during the academic year.

What do I submit?

You should submit an IRB request that includes the appropriate request form, an informed consent form or survey cover letter, training certifications for all researchers involved, and any tests, surveys, or interview questions you will be using in your study.

There are several types of IRB review and specific request forms for each type of review. Details regarding the types of review and the required request forms can be found here.

What is informed consent?

Both written consent and verbal consent for participation in research must involve an informed consent process. Informed consent involves an education and information exchange that takes place between the researcher and the potential subject.

Sometimes the information to be imparted to potential subjects is complex or possibly distressful and may require some time for it to be absorbed and appreciated. In these circumstances, the researcher should present the information and discuss the issues with potential subjects on more than one occasion, or allow a period of time to elapse between imparting the information and requesting a signature on the consent form. During this waiting period, potential subjects should be encouraged to discuss their possible participation with family members, close friends, or trusted advisors. With IRB approval, other approaches to communicating complex information can be used, including the use of audio-visual materials and brochures.

Informed consent is not merely a document to be signed or handed to the research subject. It is an ongoing process meant to keep your subject informed of the risks and expectations of your research.

To whom do I submit my request?

IRB review requests must be submitted via Cayuse Human Ethics (formerly Cayuse IRB).

What happens after I submit my IRB protocol?

After you, all Co-PIs and faculty advisors certify your study in Cayuse, it routes to an IRB analyst for pre-review. It is then either assigned for review or returned if revisions are necessary prior to review. You will receive an email with either suggestions for further revision, or a determination (exempt, approved, not approved, etc.) Once a determination is reached, a letter will be emailed to you. A copy will be filed with your study in Cayuse.

The type of IRB review dictates the length of time necessary for a decision. Exempt, Exempt-Limited, and Expedited Review studies may be reviewed within two weeks of receipt of a complete and accurate protocol, depending on the number of issues with the protocol and the IRB's availability. Full Board Review protocols are reviewed at the monthly IRB meetings. The IRB convenes on the first Wednesday of the month during the academic year. Protocols requiring full board review should be submitted at least two weeks prior to the IRB meeting.

How will I be notified of the status of my request?

You will receive an email requesting revisions or explaining the determination (exempt, approved, not approved, etc.). Once a determination is reached, a letter will be emailed to you and a copy will be filed within your study in Cayuse.. Please retain the determination letter for your records.

What is the best way to prepare my IRB Review request?

You should work closely with your faculty advisor (if you are a student) well in advance of beginning the actual research. It will be important for all researchers to apply what you learned in the CITI online training course when you complete your IRB proposal.

Research Compliance

Institutional Animal Care & Use (IACUC)

> REMINDER: We now use Cayuse as our protocol management software. For information about Cayuse, please click here .

Institutions that use animals for federally-funded laboratory research must appoint an Institutional Animal Care and Use Committee (IACUC) that reviews research protocols, conducts evaluations and inspects animal facilities biannually. The IACUC reports to the NIH Office of Laboratory Animal Welfare (OLAW) annually, and is issued an animal welfare assurance number authorizing the conduct of research that uses animals. The IACUC is required to report significant noncompliance with animal use protocols, as well as any actions taken to correct identified problems.

Investigators who include animals in their research protocols must successfully complete Collaborative Institutional Training Initiative (CITI) training for animal care and use training and responsible conduct of research. Then, the investigator must submit a protocol and obtain the approval of the IACUC before work can commence. Protocols require full committee review at a convened meeting of the IACUC at least every three years. To submit a protocol to the IACUC, please log into Cayuse Human Ethics (formerly Cayuse IRB) to create a new study, create an initial submission, and complete the application. If you do not know your Cayuse log in information, please email CayuseIRB@astate.edu (Please note: The name of the software is Cayuse Human Ethics, but it serves our IBC and IACUC committees, as well.)

For your reference, the Governing Principles for Animal Care and Use contains additional information. You can also refer to our FAQs, or contact the Director of Research Compliance at 870-972-2694 or at IACUC@astate.edu.

IACUC Committee Roster

Scientific Members Jerica Rich, PhD, Chair Assistant Professor of Animal Science	 Karen Yanowitz, PhD Professor of Psychology

Hunter Burnett, PhD Assistant Professor of Animal Science	Rajendram Rajnarayanan, PhD NYITCOM Assistant Dean of Research and Publications Associate Professor

Non-Scientific Members Jacob Caton, PhD Associate Professor of Philosophy	 Melissa Dooley Director, Environmental Health and Safety

Consulting Veterinarian / Non-Affiliated Member Krisitin Sullivan, DVM Consulting Veterinarian	**Non-Voting Members/Affiliated** Jenny Estes Director of Research Compliance IACUC Administrator

Non-Affiliated Members Jaimie Teel Community Member	

For information, please contact the
Director of Research Compliance
(870) 972-2694 | IACUC@astate.edu

RESOURCES

- ***IACUC Informational PowerPoint***
- ***PHS Policy***
- ***OLAW Guide for the Care and Use of Laboratory Animals***
- ***AVMA Guidelines on Euthanasia***
- ***Institutional Assurance***
- ***NIH Office of Laboratory Animal Welfare (OLAW)***
- ***Collaborative Institutional Training Initiative (CITI)***

Research Compliance

Institutional Biosafety Committee (IBC)

> REMINDER: We now use Cayuse as our protocol management software. For information about Cayuse, please click here .

Welcome to the Arkansas State University Institutional Biosafety Committee homepage. The purpose of this site is to provide a simplified roadmap through the procedures required at Arkansas State for conducting research that utilizes recombinant DNA technology. The University has established a Biosafety Program to protect students, faculty, staff, and the public from potential adverse exposure to biological materials used in research and teaching activities at ASU, and to satisfy federal regulatory and containment requirements concerning the appropriate use of Biohazardous materials. The Institutional Biosafety Committee (IBC) has oversight responsibility for the program with specific responsibility for:

- Ensuring that it fulfills all administrative oversight, review, and reporting functions as described in the NIH Guidelines for Research Involving Recombinant DNA Molecules
- Registering the IBC with the NIH Office of Biotechnology Activities
- Filing annual reports to update committee rosters and biosketches
- Meeting as needed and maintaining a permanent record of IBC meetings and activities. All protocols that include the use of biohazardous materials must be submitted to the IBC for its review via Cayuse IRB

Please refer to the University's Governing Principles for Biosafety and to the Office of Research FAQs for additional information or contact the Director of Research Compliance at IBC@astate.edu or at (870) 972-2694.

GETTING STARTED

When to seek Program Approval

1. Determine whether your laboratory has a program approval.

1.
   > All work that is conducted is done under recommended containment level, e.g., BL1 and facilities and practices have been reviewed and approved by the IBC and a registration number assigned.

2. Determine whether the proposed research is covered under the program approval for the laboratory.

   1.
      > Used to cover the recombinant DNA research activity of the Lab. PI agrees that all work with certain organisms will be conducted at recommended containment levels and certifies that the facilities and practices in the laboratory are available to achieve this containment.

➡If yes, no additional action is needed.
➡If no, complete the program approval form.

Steps to Obtain Program Approval

1. Determine where the work is to be conducted.

> Used to determine which Guidelines/Regulations are applicable. Research contained inside a laboratory follows NIH guidelines for recombinant research.
>
> For research involving planned introductions outside the laboratory, USDA or EPA regulations may apply. At present, the IBC alone cannot provide approvals, but can provide information.

2. Determine whether the organisms require special containment for handling, culturing, and other activities, and if so, what containment level is recommended.

> To assure safety of laboratory workers and the environment.
>
> Complete a comprehensive risk assessment analysis of the organism(s) to be used. See NIH Guidelines appendix G (or pages 10-13 of this user's guide) and CDC list of pathogens for containment description and recommended level.

> All work with human pathogenic or potentially pathogenic material must also be registered with the NIH Biosafety Committee/ASU Safety Office.
>
> All transgenic plants, animals, and other higher organisms must be registered and approved by the IBC.
> Plant pathogens may require compliance with USDA/APHIS regulations.

3. Complete the IBC program approval form via Cayuse Human Ethics (formerly Cayuse IRB). **PLEASE NOTE**: Cayuse Human Ethics serves the IBC, IACUC, and IRB.

> Registers the recombinant DNA activity with the IBC, which ascertains and notifies P.I as the type of oversight and containment levels recommended by the NIH guidelines that are necessary.

Recommendations/Requirements for Laboratory Experiments

1. Determine whether the cloning work you propose is exempt from the NIH Guidelines.

> Answer question 6 on the program approval form as III-E if you meet conditions of NIH guidelines Section III-E (see page 9 of this User's Guide). File with IBC. No action other than registration is needed. BL1 containment is recommended.

2. If not exempt, determine the containment recommended by NIH guidelines and the approval needed. Contact the BAC for guidance, if needed.

> Answer question 6 as III-D if you meet the conditions of NIH Guidelines Section III-D (see page 9 of this user's guide). Most experiments in this category can be done at BL1 (See NIH Guidelines, Appendix G or Page 10 of this guide), and registered simultaneously with initiation.
>
> Answer question 6 as III-C if you meet the conditions of NIH Guidelines Section III-C. This approval level includes transgenic plants and animals or cloning DNA into risk group 2 or higher organisms. Containment with such microorganisms is

> at BL2 or above, or is determined by the IBC. Experimental protocol for containment and practices must be approved prior to installation or through a program approval.
>
> Answer question as III-A or III-B if you meet the conditions of NIH Guidelines Sections III-A or III-B (see page 8 of this user's manual). These experiments must be reviewed by the NIH-RAC or NIH-ORDA, which then recommends the conditions under which the experiment should or should not be done.

Recommendations/Requirements for Experiments Outside the laboratory

1. Determine whether the activity proposed constitutes a planned introductions into the environment.

> If yes, it is likely that a permit from a regulatory agency is needed.

2. Determine, for the organism or application, which guidelines or regulations apply. NOTE: Transfer or shipping of organisms from another laboratory may need special approval.

> Contact the IBC for further guidance.

IBC COMMITTEE MEMBERS

BIOLOGICAL SAFETY OFFICER Melissa Dooley, Interim Chair Environmental Health and Safety Director	**PLANT EXPERT** Maureen Dolan, PhD, IBC Associate Professor of Molecular Biology Director of Biotechnology Program

OTHER EXPERT Robert Clark (Biological Safety Expert) University of Memphis EHS Director	Brook Fluker, PhD (Biology) Associate Professor of Aquatic Ecology, Curator of Fishes
David Gilmore, PhD (Microbiology) Emeritus Professor of Mircrobiology	Stacy Walz (Biosafety Level 2) Interim Dean, College of Nursing and Health Professions Professor of Medical Laboratory & Radiation Sciences

Viswanathan Rajagopalan (Cardiovascular Medicine, Molecular and Translational Physiology) NYITCOM Associate Professor	Asela Wijeratne (Bioinformatics) Associate Professor of Bioinformatics

LABRATORY TECHNICAL STAFF Kimberly Lee Greenhouse Management	 Brandi Gibson Animal Facility Manager

LOCAL NON-AFFILIATED Matt Horton Senior Quality Supervisor, Unilever	 Gary Strickland, DVM Veterinarian, Jonesboro Family Pet Hospital

NON-VOTING MEMBER AND CONTACT Jenny Estes Director of Research Compliance	

For information, please contact
Director of Research Compliance
(870) 972-2694 | IBC@astate.edu

ONLINE REGISTRATION

All IBC protocols must be registered with the committee via our protocol management software Cayuse Human Ethics (formerly Cayuse IRB). **PLEASE NOTE**: Cayuse Human Ethics serves the IBC, IACUC, and IRB. New users may request an account following the instructions found on our website here.

AGENCIES

- ***National Institutes of Health (NIH)***
- ***United States Department of Agriculture (USDA)***
- ***Environmental Protection Agency (EPA)***

Research Compliance

Radiation & Laser Safety

The University is licensed by the State of Arkansas to use radioactive materials in certain circumstances. The following individuals are responsible for oversight of this program:

University Radiation Safety Officer & University Laser Safety Officer
Ms. Melissa Dooley
Director of Environmental Health & Safety
(870) 972-2862
mdooley@astate.edu

For additional information, please visit the➡ Environmental Health & Safety knowledgebase.

IACUC Committee Roster

Arkansas State University

Institutional Animal Care and Use Committee

2026 Roster

Scientific Members

Jerica Rich, PhD, Chair
Assistant Professor of Animal Science

Hunter Burnett, PhD
Assistant Professor of Animal Science

Karen Yanowitz, PhD
Professor of Psychology

Rajendram Rajnarayanan, PhD
NYITCOM Assistant Dean of Research and Publications; Associate Professor

Non-Scientific Members

Jacob Caton, PhD
Associate Professor of Philosophy

Melissa Dooley
Director, Environmental Health and Safety

Consulting Veterinarian/Nonaffiliated member

Kristin Sullivan, DVM
Consulting Veterinarian

Nonaffiliated Members

Jaimie Teel
Community Member

Non-Voting Members/Affiliated

Jenny Estes
Director of Research Compliance
IACUC administrator

For information, please contact the
Director of Research Compliance
(870) 972-2694 | IACUC@astate.edu

Research Compliance

IACUC Informational Powerpoint

A-State IACUC Guidelines

What Does IACUC Stand for?

Institutional Animal Care and Use Committee

IACUCs are required by…..

* **Federal Law (Animal Welfare Act)**
* **Regulations - United States Department of Agriculture (USDA)**
* **Policies - Public Health Service (PHS)**

What are the functions of IACUC?

* To assist investigators and instructors in maintaining the institution's compliance with the Animal Welfare Act and federal animal welfare regulations
* Review of research and teaching activities involving the use of vertebrate animals
* Review/monitor welfare of vertebrate animals maintained by the institution (housing and care)

Who are concerned with animal welfare?

Governmental Agencies

- USDA - Animal and Plant Health Inspection Service (APHIS)

- Health and Human Services (HHS) Public Health Service (PHS)
National Institutes of Health (NIH)
Office of Laboratory Animal Welfare (OLAW)
Food and Drug Administration (FDA)

Who else is concerned with animal welfare?

* **Scientists**

  - Scientists' Center for Animal Welfare (SCAW)

  - American Association for Laboratory Animal Science (AALAS)

  - Association for the Accreditation and Assessment of Laboratory Animal Care (AAALAC, International)

  - Institute for Laboratory Animal Research (ILAR)

  - Federation of Animal Science Societies (FASS)

Who else is interested?

* **Public Animal-Centric Organizations**
  American Humane Association (AHA)
  Humane Society of the United States (HSUS)
  Society for the Prevention of Cruelty to Animals (SPCA)

* **Health Care Consumers**
  (medical treatments, vaccines, cures for disease)

* **Agricultural Operations**
  (Meat and Dairy Producers)

* **Consumers-Public**

Animal Welfare and Animal Rights

USDA, PHS, OLAW and IACUCs are concerned with the safe, appropriate and humane use of animals for agricultural and biomedical research and teaching. Our focus is animal welfare.

Many animal rights groups, based on the views of individuals, are opposed to the use of animals for research, education, transportation, recreation, or exhibition, to name a few.

What information is available to the public?

Under Freedom Of Information Act (FOIA), the following can be requested by the public:

- **USDA Inspection Reports**
- **Approved Protocols**
- **Minutes of IACUC meetings**
- **Assurance Statement**
- **Animal Care Program reviews**
- **Facility inspection reports**

Why do Universities need IACUCs?

* Laws, Regulations, and Policies
  * These committees were established in accordance with the Animal Welfare Act (1966, 1970) and the 1976, 1985, and 1990 AWA Amendments
  * Mice, Rats, and Birds were originally excluded from the act
    * In 1999 a petition was filed with the USDA Secretary of Agriculture to remove this exclusion
    * The Helms amendment to the 2002 Agriculture Bill specifically exempts Mice, Rats and Birds

Why do researchers need IACUC approval?

* Institutions can establish policies requiring all vertebrate animal use subject to IACUC review and approval.
* Federal Funding Agencies require IACUC approval of proposals if vertebrate animals are used before releasing their funds.
* Many journals insist on IACUC approval if vertebrate animals are used in the study to be published.

What can happen if an institution is out of compliance with federal regulations?

Federal funding (USDA, NIH, PHS, NSF etc.) could be withdrawn from an institution found to be noncompliant with the AWA and federal regulations. The Animal Welfare Assurance Statement that ASU has on file with OLAW assures the federal government that ASU will comply with the AWA and all federal regulations. Also institution can incur heavy fines including in rare instances, prison sentences.

Oversight of Animal Use

* **AWA administered by USDA-APHIS** http://www.aphis.usda.gov/animal_welfare/index.shtml
  * **Regulations**
  * **Policies**
  * **Conducts annual inspections**
* **PHS (OLAW)** http://grants.nih.gov/grants/olaw/olaw.htm
  * **Animal Welfare Assurance Statements**
* **AAALAC for accredited institutions (Optional)**

At A-State

* **Vice Provost for Research and Graduate Studies (our Institutional Official)**
  * **Relies on the IACUC reports**

* **IACUC**

  - Reviews and approves, or disapproves proposed animal use; monitors conditions of animal housing and use areas through facility inspections; conducts semiannual program reviews; reports to the Institutional Official

Composition of IACUC

* PHS policy states that IACUCs must consist of no less than 5 members, including:
  * A veterinarian
  * A practicing scientist experienced in animal research
  * A member whose primary concerns are in a nonscientific area
  * A member who is not affiliated with the institution and is not a member of the family of an IACUC member
  * One individual may fulfill more than one requirement

How do we do it?

- **Appropriate Training**
- **Interpretation and utilization of the regulations and guidelines**
- **Defining Pain and Distress**
- **Implementation of Institutional policies**
- **Accepted Animal Care Guidelines**

IACUC Considerations for Animal Use

When reviewing a proposal, IACUC considers the following:

- **The Rationale provided for using animals**
  What is the significance of this research that can justify animal use?
- **Appropriateness of the species**
  Why use this species? Justification of the species and the number of animals to be used.
- **For pain categories D and E, required search for alternatives**
  Were alternatives considered for this research? For example, use of cell lines for cell cultures, use of mathematical models, computer simulations, etc.
- **Consideration of the "Three Rs:"**
  - Replacement
  - Reduction
  - Refinement
- **Literature Search**
  - Other information services
  - Search methods used
  - Summarize and justify findings

Reference Guides for Animal Care and Use

* **Guide for the Care and Use of Laboratory Animals**
  (8th Ed, National Academy Press, 2011)
  http://grants.nih.gov/grants/olaw/Guide-for-the-care-and-use-of-Laboratory-animals.pdf

* **Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching**
  (FASS, 3rd Ed, 2010)
  http://www.fass.org/docs/agguide3rd/Ag_Guide_3rd_ed.pdf

* **AVMA Panel Report on Euthanasia**
  (American Veterinary Medical Association, 2007)
  http://www.avma.org/issues/animal_welfare/euthanasia.pdf

A-State Resources

* Research and Technology Transfer - Research Compliance – IACUC
  Links for CITI Training and Cayuse are at the bottom right corner.
* CITI – CITI training must be up to date prior to submitting a protocol.
  * First-time CITI users may self-register for a CITI account. Please note that you must affiliate with Arkansas State University-Jonesboro.
  * You must take both of the following courses:
    -- IACUC Investigators, Staff and Students, Basic Course, and
    -- the most relevant Responsible Conduct of Research Course
  * Save the CITI completion reports (not certificates) to attach to your Cayuse submission.
* CAYUSE – First time Cayuse users must request log-in credentials from CayuseIRB@astate.edu.
  * Please include your name, email, position (assistant professor, student, etc.), and department phone, fax, and post office box.
  * Please note it takes two business days for Cayuse to process new users.
* Complete the IACUC application in Cayuse, attaching CITI certificates and other documents, as prompted.

Governing Principles for Externally Sponsored Programs

1.0 INTRODUCTION

Arkansas State University (A-State) is committed to the pursuit of discovery and innovation that enhances understanding of the universe and improves the lives of people, particularly Arkansans. In pursuing this goal, the University has designated the Office of Research and Technology Transfer (RTT) to assist its personnel in securing and managing external funding to support research and other scholarly activities.

In the pursuit of its research mission, A-State affirms that it does not discriminate against prospective or current students, prospective or current employees, or against individuals in affiliated organizations. A-State likewise affirms its commitment to an open research environment whenever practical, supporting the principle of freedom of access to data, processes, and results of research and preserves the faculty's right to select the best qualified employees and students to participate in sponsored research.

2.0 PURPOSE

The purpose of these principles is to: 1) affirm A-State's commitment to maintaining an open and non-discriminatory research environment; 2) identify RTT as the office designated to manage the institution's research effort; 3) establish eligibility standards for principal investigators, co-principal investigators, and project directors; 4) to facilitate preparation and submission of grants and contracts to external sponsors; and 5) ensure compliance with regulations prior to submission.

3.0 DEFINITIONS

Authorized Organizational Representative: An employee who is recognized by A-State as an official signatory to approve all grant, contract, and other agreement activity with external sponsors.

Business Day: The standard University administrative workday (8:00 a.m. – 5:00 p.m.) that is not a national or University holiday or a weekend.

Co-Principal Investigators. Co-Principal Investigators are individuals who share responsibility for the scientific or technical direction of all or a portion of a project.

Cost Sharing or Matching. For cost sharing or matching, the institution shares the expense of a sponsored project. Cost sharing must be funded from non-federal sources and charged to separate cost sharing accounts. Gift funds may be used to meet a cost sharing commitment on a sponsored

project if the purpose of the gift so allows. Cost sharing represents a commitment that, once made, represents a binding obligation and is considered an auditable expense.

Electronic Submission: Delivery of a proposal to a sponsor using sponsor or institutional Electronic Research Administration (eRA) submission portals.

Equipment Loan Agreements. Equipment loans agreements are negotiated when a sponsor lends equipment to the University for research purposes. This type of agreement usually does not involve the exchange of funds but enables A-State and industry researchers the opportunity to use each other's facilities.

Facilities and Administrative Costs (F&As). F&As, also known as Indirect Costs (IDCs), are broad categories of costs that are incurred for common or joint objectives and cannot be identified readily and specifically with a sponsored project, an instructional activity, or any other institutional activity. “Facilities” refers to depreciation and use allowances, interest or debt associated with certain buildings, equipment and capital improvements, and operation and maintenance expenses. “Administration” is defined as general administration and expenses, departmental administration, sponsored projects administration, student administration and services, and all other types of expenditures not listed specifically in one of the subcategories of Facilities (including cross allocations from other pools).[1]

Institution. Any domestic or foreign, public, or private entity or organization excluding a federal agency. For the purposes of this policy, the term *Institution* refers to A-State.

Material Transfer Agreements. (MTAs). MTAs are contracts by which tangible research property (e.g., biological organisms) is provided by external sources to A-State investigators for research, or by A-State investigators to external researchers. Material Transfer Agreements are processed as sponsored research projects.

Organized Research. Organized research activities are funded by both external sponsors (Sponsored Research) and by the University (University Research) and must be separately budgeted and accounted for. Together, these categories comprise the Organized Research distribution base, used to calculate the Organized Research F&A rate.

Principal Investigator (PI)/Project Director (PD). Often used interchangeably, these two terms refer to an individual who assumes full technical and fiscal responsibility for a sponsored project, including the supervision of other key personnel, research assistants, students, and staff. A Principal Investigator must have sufficient experience to responsibly manage the project and must be an employee of the University. Throughout this policy, the term *Principal Investigator (PI)* will also refer to the term *Project Director (PD)*.

Research Participation Agreements. A Research Participation Agreement (RPA) is a type of sponsored program in which services of institutional personnel, academic facilities, and/or laboratory equipment are employed on behalf of parties not otherwise affiliated with the University. In many cases, a significant portion of the responsibility for the intellectual direction, interpretation, and/or outcome of the work rests with the outside user.

Scope of Work. A written statement specifying the tasks (including deliverables) to be completed for a specific project, cost, and period of performance.

Sponsor. Any governmental agency, private foundation, corporation, or association that provides financial project support.

Sponsored Program. A research project, program, scholarly activity, or public service project for which an external agency has provided financial support and for which a formal written agreement exists, specific outcomes or deliverables are expected, and technical and financial reports are required.

Subcontract. A subcontract is a formal contractual agreement with a participating organization for research collaboration and/or services under sponsored-program projects. The term does not apply to the normal procurement of supplies and research equipment.

University Research. University Research is scholarship and/or creative activities that are paid for with institutional funds. Institutional funding may include funds with the following origin source: state appropriation funds, tuition and fees, gifts, endowment income, interest income, and technology licensing income.

[1] OMB 2 CFR 200.414

4.0 APPLICABILITY

This policy applies to all A-State faculty, staff, and administrators who seek external support for research grants, contracts, and agreements from external sponsors. It does not govern the receipt of philanthropic contributions or clinical trial agreements.

5.0 APPLICABLE REGULATIONS

University Conflict of Interest/Commitment Policy
Governing Principles for University Effort Reporting

6.0 GOVERNING PRINCIPLES

6.1 Non-Discrimination and Openness in Research

A-State does not discriminate against students, employees, or individuals in affiliated organizations on the basis of race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, marital status, sex, age, sexual orientation, gender identity, veteran status, or any other characteristic protected by law. The University is likewise committed to an open, non-discriminatory research environment that supports freedom of access by all interested persons to data, processes, and results of research whenever practical.

6.2 Project Submission

Proposals for extramural support of research, training, or public service projects may be submitted on behalf of A-State employees who:

1. have primary responsibility for design, execution, and management of the project,
2. will be involved in the project in a significant manner, and
3. will serve as the Principal Investigator, Co-Principal Investigator, or Project Director for a research, training, or public service project.

All requests for support and award acceptance from external sponsors must be submitted to and approved by one of the Authorized Organizational Representatives (AOR), which includes the Vice Provost for Research, Innovation, and Discovery and the Executive Director for Research Development. Deans, Department Chairs, and individual faculty or staff members are not authorized to submit applications, pre-applications, or letters of intent or their equivalent for grants or contracts, nor accept awards, contracts, subcontracts, or agreements on behalf of the University. **All proposals must be submitted in accordance with the following timelines.**

Category	**Deadline for Submission to RTT**
Matching Fund Requests	**Minimum fifteen (15) business days** prior to sponsor deadline. This extended timeline allows RTT staff to navigate the financial obligations of the sponsor's requirement for matching funds. This includes working with the PI to identify possible sources of funding and liaising with university leadership to make the request where necessary.
Electronic and Paper Submissions	Proposals must be provided to RTT for submission **no later than ten (10) business days** before the sponsor deadline for full review and compliance check. Once provided to RTT, proposals typically will be submitted in the order they are received. RTT staff need time to review the proposal for necessary files, provide suggested or required edits, repair corrupted files, and overcome other problems that may preclude timely submission. Proposals received after the 10-business day deadline are not guaranteed submission to the sponsor. This is dependent upon the RTT staff's capacity to provide a full review and the state in which the proposal is received. Submissions requiring significant revisions after the 10-business day deadline may be turned away.

6.3 Eligibility Criteria for Principal Investigators

Individuals recommended for principal investigator or co-principal investigator status on a research, training, or public service project must possess qualifications that satisfy the general

standards of research competence. Individuals recommended as project directors must be competent in the project area.

Individuals with faculty rank or other qualified A-State employees may serve as principal investigators, co-principal investigators, or project directors on proposals submitted to any outside funding agency in support of research, training, or other sponsored activities. Candidatesfor these leadership roles must have appropriate academic or experiential credentials and must have primary responsibility for the design, execution, and management of the project.

Candidates for principal investigator must obtain the approval of the Department Chair and the Dean or equivalent administrators to serve in a leadership capacity during the grant or contract submission process. Candidates are strongly encouraged to talk to their chairs or comparable administrators well in advance of grant submission. Chairs should encourage their faculty to submit grant proposals. When discussing proposal ideas with faculty members, chairs should include consideration of the overall merits of the proposed project and whether it: 1) assists the department and the University to achieve their educational, research, or public service goals; and 2) makes use of University resources in a manner that is consistent with departmental goals and objectives.

6.4 Delegation of Principal Investigator Responsibilities

Primary responsibility for a project is vested in principal investigators, co-principal investigators, and project directors and may not be relinquished nor delegated explicitly or implicitly without the support and direction of the Vice Provost for Research, Innovation, and Discovery and the sponsoring agency.

6.5 Cost Sharing/Matching

A-State recognizes that certain grant, contract, and cooperative agreement awards may require cost sharing, either through the use of internal funds, in-kind resources, or other external sources.

Including cost sharing in a proposal may increase the likelihood that a project will be funded and demonstrates the University's commitment to the project. However, cost sharing implies at least some redistribution of department or college resources to support a specific sponsored agreement. Because these resources are often scarce, it is important not to over-commit funds when the sponsor does not require them and when the project can be completed without them. It should also be noted that cost sharing commitments have an effect on calculation of the A-State’s Facilities and Administration rate, since they are included in the research base and excluded from F&A recovery.

To be included as cost share, proposed expenses must be:

- allowable and allocable under the federal regulations and the terms of the sponsoring agency;
- necessary, reasonable, and directly related to the project objectives;
- verified and recorded in the University's accounting

Commitment of University funds or in-kind resources for cost-sharing purposes must be approved, in writing, by the department chair, dean, or official in charge of the funding source before submission. Waived F&A requests must be approved in writing by the Vice Provost for Research, Innovation, and Discovery before a proposal is submitted.

7.0 RESPONSIBLITIES

7.1 Proposal Preparation and Grant/Contract Administration

- **Research and Technology Transfer (RTT) responsibilities include:**
  - Reviewing all proposals for external support to ensure compliance with University policies and sponsor regulations,
  - Obtaining all necessary institutional approvals for submission of a proposal (e.g., Chair, Dean, RTT, Finance, and any other required approvals);
  - Authorizing proposal submissions, as long as their submission is consistent with the timelines set forth in this document,
  - If paper submissions are required by the sponsor, assuming responsibility for submitting the correct number of copies to the agency and mailing/delivering the application by the agency deadline.
  - Negotiating award conditions with external sponsor representatives, and
  - Accepting awards on behalf of A-State

7.1.2 Principal Investigator Responsibilities

The Principal Investigator’s pre-award responsibilities include:

- Notifying the appropriate personnel in RTT as early as possible prior to submission of proposals to external agencies by utilizing the Proposal Notice form found on the RTT website;
- Completing proposal/application in compliance with sponsor’s guidelines and requirements;
- Developing project design;
- Attending to all compliance issues including, but not limited to transportation limitations and export controls; protection of human research subjects; animal care and use; all safety concerns (e.g., radiation, biohazards, laser; and general laboratory); and disclosure of potential or real conflicts of interest in research;
- Submitting annual conflict of interest in research disclosure materials and update any apparent or actual conflict of interest in research issues that may arise between annual disclosures;
- Developing accurate proposal budgets containing only allowable, allocable, and essential expense items;
- Determining effort for key personnel;
- Notifying the Chair and Dean of any released time or absences that will result if the proposal is funded, and obtain appropriate approvals for this time;
- Coordinating required cost sharing or matching funds (including tuition waivers) with RTT, and obtain appropriate approvals;

- Obtaining scope of work, budget, and institutional approval from any external subcontractors fifteen (15) business days in advance of the sponsor's deadline date;
- Submitting proposals and subcontract documentation to RTT for review and approval in accordance with the timelines specified in Section 6.2 of this document; and

The Principal Investigator's post-award responsibilities include:

- Supervising and maintaining progress of the technical aspects of the project to ensure the responsible and ethical conduct of activities according to award document and in compliance with University, sponsor, and local, state, and federal government requirements;
- Devoting effort to the project at the level agreed to with the sponsor;
- Ensuring all compliance issues are met for all key personnel including, but not limited to, conflict of interest in research reporting; effort reporting, and training in the protection of human subjects, animal care and use, and environmental safety;
- Maintaining high-quality, accurate records of research for a period not less than the period of time that the sponsor requires;
- Maintaining research integrity, including the management of activities of project personnel;
- Ensuring responsible management of expenditures in accordance with awarded budget that are allowable, allocable, and essential, and ensuring that any budget changes or alterations are consistent with sponsor and University guidelines (expenditures that exceed the sponsored project budget are the responsibility of the PI/PD and will be charged to a departmental account);
- Selecting, training, and evaluating project staff and providing necessary input and guidance to all students, post-doctoral fellows, staff, and research assistants to ensure the integrity of the project and compliance with sponsor and federal guidelines;
- Informing staff of all University and sponsor guidelines and regulations;
- Ensuring that project staff have the knowledge, resources, and tools necessary for the responsible conduct of research and the technical needs of the project;
- Managing acquisition of equipment, supplies, and personnel according to sponsor guidelines and University policies and procedures;
- Disclosing and managing intellectual property in collaboration with Research and Technology Transfer;
- Fulfilling all reporting requirements, both University and sponsor, in a timely manner, including:
- Certifying time and effort on quarterly basis,
- Approving expenditures,
- Submitting annual conflict of interest disclosures,
- Monitoring conflicts of interest in research and immediately disclosing changes in actual or apparent conflicts,
- Fulfilling sponsor reporting requirements, including technical progress and final reports,
- Working with the Office of Sponsored Programs to close the project at the end of the grant period; and
- Analyzing and publishing

7.1.3 Departmental Chair and School/College Dean Responsibilities

The Department Chair and College Dean, or other appropriate unit head, review and approve the proposal in a timely manner, paying particular attention to any cost sharing that is included in the proposed budget, especially as it relates to the percentage of effort that a faculty member is devoting to the project. By approving in Cayuse, unit heads certify that they approve of the project, the involvement of the PI, other investigators, and students (including release time), the budget, cost sharing, and any other considerations described in the proposal and the project summary in Cayuse.

7.2 Awards Not Reviewed Prior to Submission

Awards for proposals that have not undergone proper review may encounter compliance problems with University or sponsor policies. The University reserves the right to decline an award that is not compliant with institutional, sponsor, or government regulations.

7.3 Authorized Organizational Representative (AOR) Signatory

The Vice Provost for Research, Innovation, and Discovery and designees are the official University signatories. **Deans, Department Chairs, and individual faculty and staff are not authorized to sign application forms on behalf of the University.**

8.0 PROCEDURES

8.1 Proposal Submission

8.1.1 Contact Research and Technology Transfer (RTT)

PIs should contact RTT as early as possible prior to submission of proposals to external agencies. RTT staff review proposals to ensure compliance with University policy and sponsor regulations.

PIs must fill out the proposal notice form available on RTT’s website to provide the following information:

- A summary of the proposed project
- The name of the funding agency and program
- Copies of program guidelines (RFPs, RFAs,)
- The deadline for submission
- Special needs such as matching funds, tuition waivers, or use of institutional resources
- The need for protection of human subjects, animal care and use, biohazards, or other safety approval, and a plan for obtaining that approval PIs must develop budgets that are accurate, reasonable, and adequate for the proposed project. The budget must follow A-State and sponsor budget guidelines, and where applicable, all federal and state regulations. Investigators should work closely with RTT staff in this process. RTT must approve budgets to both federal and private sources of research support.

8.1.2 Obtain Institutional Review and Approvals

PIs and Co-Investigators for both paper and electronic proposal submissions must work with RTT to upload their submissions and all appropriate documentation to the electronic repository, Cayuse, and submit the package to their chair or equivalent administrator for approval. Once the chair or equivalent administrator has approved, the package will be transmitted to the Dean or equivalent, and then to RTT for final approval and submission.

8.1.3 Submit the Proposal to the Agency

The authorized organizational representative (AOR) has authority for and responsibility to submit proposals. If an agency requires that a principal investigator submit their proposal directly, the PI is responsible for ensuring that they have obtained all appropriate approvals, including approval of the AOR.

8.2 Award Acceptance

Usually, notification of an award is sent to the University. However, if an award notice is sent directly to the PI, a copy must be sent immediately to RTT for processing. **PIs cannot incur expenses without a University-assigned fund number and budget for a grant or contract. All external funds within the scope of this policy must be set up in a sponsored program account.**

In most cases, a grant or contract award is made to the University on behalf of the researcher. An authorized organizational representative must sign a contract to accept the award. Deans, Department Chairs, and individual faculty or staff members are not authorized to sign award documents.

RTT will work with Sponsored Programs Accounting to establish a new fund number for a newly awarded grant or contract. The fund will include a line-item budget in accordance with the award budget, funding agency requirements, and University guidelines.

To fulfill audit requirements, all official correspondence or contact with the sponsor normally will be made through RTT or Sponsored Programs Accounting.

Any significant changes to awarded grants need to be brought to the attention of RTT and Sponsored Programs Accounting. Significant changes include but are not limited to:

- Changes in PI or PD
- Changes in effort devoted to the project
- Budget revisions
- Extension of grant period
- Change in scope of the project

Any questions regarding this policy or the procedures mentioned herein should be directed to RTT personnel (research@astate.edu; 870-972-2694).

Research Compliance

Technology Control Plan

A Technology Control Plan (TCP) is required for research which deals with technical items, data, and/or software controlled by U.S. Export Administration Regulations (EAR) or the International Traffic in Arms Regulations (ITAR). The requirement applies to all research activities whether or not they are externally sponsored. The TCP should specifically address the following:

1. Personal Training – Awareness and basic understanding of export restrictions; document time and date of training. **NOTE:** All laboratory personal should receive basic training.
2. Personnel Screening – Identify of foreign nationals with physical access to the laboratory area; identity, residency status, and project role of ASU-Jonesboro participants; identity of person with primary responsibility for security of controlled items/materials/equipment (usually the Principal Investigator but may be a senior member of the research team).
3. Physical Security – Laboratory and building access escort requirements, visitor logs, etc.
4. Equipment Access – Identification of controlled laboratory equipment and methods for restricting access
5. Information Security – Control of access to both electronic and physical data and information, software, and prototype.
6. Internal security evaluation – Periodic review and audit of internal controls to identify and report findings of any unauthorized export.
7. Statement that participants are not on any of the following lists:
    1. Denied Persons List
    2. Unverified List
    3. Entity List
    4. Specially Designated Nationals List
    5. Debarred List
8. Statement that a) controlled items have been or will be identified for all participants prior to access; b) all participants having access to controlled items have been informed of the security measures to be used in controlling access; c) participants will be adequately supervised by the person responsible for access control to prevent the export to unauthorized persons.
9. Signature of the Foreign National in which this plan is executed and acknowledges its existence.
10. Signature of Principal Investigator and, if different, the person with primary responsibility for access control.
11. Signature of Department Head/Chair or unit equivalent acknowledging approval to engage in controlled research activities as described.

*Please see the Export Control, Technology Control Plan document located in the *Attachment* menu. This document contains the required forms Principal Investigators must complete if their research activities involve technical items, data, and/or software controlled by U.S. Export Administration Regulations (EAR) or the International Traffic in Arms Regulations (ITAR).

*For questions, please contact research@astate.edu.

Research Compliance - Links

Arkansas State University is committed to the highest standards of integrity in all areas of research and scholarship and conducts its research in compliance with federal, state, local, and institutional laws, regulations, and policies. Consistent with these principles, the office of Research Compliance is responsible for developing governing principles to guide the conduct of research on campus. Research Compliance works with faculty oversight committees and boards, including:

- ➡Institutional Review Board (IRB) for research involving human subjects
- ➡Institutional Animal Care and Use Committee (IACUC) for research involving animals
- ➡Institutional Biosafety Committee (IBC) for research involving biohazardous materials
- ➡Radiation Safety Committee for radioactive isotopes and responsible use of lasers

Research Compliance works closely with Environmental Health and Safety to ensure compliance in these areas. Research Compliance maintains the necessary assurances and certifications with appropriate federal and state regulatory agencies, provides laboratory and other training programs germane to externally-funded programs, and assists with research-related contracts and agreements.

Conduct, Misconduct, and Conflict of Interest

RESPONSIBLE CONDUCT

Many funding agencies, particularly at the federal level, require training in areas that are known collectively as Responsible Conduct of Research. Specific areas of training include:

- Data Acquisition, Sharing, and Management
- Conflict of Interest and Commitment
- Human Subjects
- Animal Welfare
- Research Misconduct
- Publication Practices and Responsible Authorship
- Mentor/Trainee Responsibilities
- Peer Review
- Collaborative Science

All investigators must complete Responsible Conduct of Research training at www.citiprogram.org.

The Department of Health and Human Services (HHS) Office of Research Integrity also provides in-depth information.

CONFLICTS OF INTEREST

Federal rules require that institutions receiving funding manage any financial conflicts of interest (FCOI). This requires disclosure of such conflicts upon submission of requests for funding and annually, thereafter. According to the HHS, a FCOI may exist if (1) an investigator has a significant financial interest, and (2) the investigator could directly and significantly affect the design, conduct, or reporting of research.

HHS established standards to assure that HHS-funded grants or cooperative agreements are free from bias that may result from the investigator's financial conflicts of interest (Title 42, Part 50). Investigators must make certain FCOI disclosures to A-State, including:

- Remuneration received (salary, consulting fees, honoraria, paid authorship, etc.) when aggregated, exceeds $5,000;
- The value of equity interest (stock, stock options, or other ownership interest) held by the investigator, their spouse, or dependent children;

- Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.
- Updated disclosures must be made when an investigator's FCOI changes.

Investigators must complete FCOI training prior to engaging in any PHS-funded grant and at least every four years, thereafter.

For more information concerning conflicts of interest, please refer to the following:

· ***Department of Health and Human Services Guidelines***

· ***NSF Guidelines***

· ***ASU System Policy on Conflict of Interest*** -- PLEASE NOTE: Financial Conflict of Interest (FCOI) disclosures are separate from the annual Conflict of Interest (COI) statements that Human Resources department collects from all employees, in compliance with State laws.

> You can always find the latest version of the ASU system policies on their ➡website.

RESEARCH MISCONDUCT

In recent years, well-publicized cases of misconduct in university research (i.e., fabrication, falsification, and plagiarism) have aroused concern among research institutions, individual investigators, research sponsors, professional societies, and the general public. Although verified instances of such behaviors are relatively rare, they raise serious questions about the integrity of the research process and the stewardship of public and private research funds. Institutions of higher education, in particular, enjoy a centuries-old tradition of integrity and objectivity, and cases of dishonesty in the university community must be dealt with carefully and thoroughly if the institution is to merit continued public confidence and trust.

Research Misconduct includes (1) fabrication - making up data or results and recording or reporting them; (2) falsification - manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record; or (3) plagiarism - appropriation of another person's ideas, processes, results, or words without giving appropriate credit in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.

LASER SAFETY

The University requires training in the safe use of lasers. The program is monitored by the Director of Environmental Health and Safety and Laser Safety Officer for A-State.

Export Control

Complex export control laws and regulations, administered by the U.S. Department of State, U.S. Department of Commerce, and U.S. Department of the Treasury Office of Foreign Asset Control, protect national security, prevent proliferations of weapons of mass destruction, and protect U.S. economic advantages. They govern the transfer of information, commodities, technology, encryptions, software, and financial transactions. This impacts international travel, transfer of certain information to foreign nationals within the U.S. and abroad, some educational courses (including study abroad courses), and access to export-controlled equipment. Release of controlled technology may require a license from the governing agency. Please be aware that the consequences of non-compliance include severe civil and criminal penalties for the University and all individuals involved, which may include hefty fines and imprisonment.

INTERNATIONAL TRAVEL-TRAVELERS MUST COMPLETE THE FORM AT THIS LINK

International travel requires submission of travel information 45 days prior to departure to ensure all necessary licensure is in place. Details of what is required is explained below, and you should email any questions to export@astate.edu.

International Travel with Institutional Devices Guidelines
Effective Date: March 7, 2025
Revised Date: April 23, 2026

1. Purpose
For the professional development of our faculty, staff, and students and to raise the recognition of our contributions and the profile of Arkansas State University (A-State), international travel is encouraged. To safeguard A-State's institutional data, minimize cybersecurity risks, and comply with export control regulations, this page outlines procedures for faculty, staff, and students planning to travel overseas with electronic devices. This guidance provides three tiers to manage devices in accordance with institutional security best practices, as determined by Information Technology Services (ITS).

2. Approved Recommendations
Before traveling outside of the United States of America (USA), consider the purpose of the trip and determine the need to take an electronic device. Anytime a faculty or staff member or student travels outside the USA, there is an element of risk regarding personal and institutional data

becoming vulnerable to security breaches. The following recommendations are in order of best practices, and A-State wants to ensure there are necessary pathways and processes in place to accommodate and encourage international travel for the continued expansion of A-State on a global scale.

(i) Tier 1: No Device Travel (Highly Recommended) It is highly recommended that travelers leave all electronic personal or institutional devices and valuables at home if possible. This approach minimizes the risk of data theft or compromise, reduces the chance of loss, and ensures compliance with security protocols while abroad.

Benefits of No Device Travel:

- Eliminates cybersecurity risks.
- Prevents loss or theft of personal or institutional assets.
- Reduces administrative processes before travel.

(ii) Tier 2: Travel with a Loaner Device for University Business (Preferred if Device is Necessary) If bringing a university device is essential while traveling on university business, travelers should utilize a loaner device provided through Information Technology Services (ITS). This option is highly encouraged to secure university data and minimize risks associated with personal or other institutional devices abroad. ITS and Research Compliance in Research and Technology Transfer manage and coordinate the loaner device program.

Process for Securing a Loaner Device:

1. Request Submission: Complete the Loaner Device Request Form at least 30 days before travel.
2. Approval Coordination: Obtain necessary approvals from the supervisor and the department's Academic Dean or Vice Chancellor of the administrative department.
3. Loaner Device Pickup: Once approved, coordinate with ITS for device configuration and pickup.
4. Device Return: Return the loaner device to ITS promptly upon returning from travel.

Security Specifications for Loaner Devices:

- Pre-installed with necessary cybersecurity software (KACE [or Jamf for MacOS], CrowdStrike, Malwarebytes, and Microsoft BitLocker [or FileVault for MacOS] encryption).
- Minimal preloaded data to limit exposure in case of loss or theft.
- Device reconfiguration upon return to secure institutional data.

(iii) Tier 3: Travel with an Institutional Device (Only if Absolutely Necessary) If it is deemed absolutely necessary to travel with an institutional device while traveling on university business (laptop, tablet, or cell phone), strict guidelines apply to ensure data and device security.

Requirements for Traveling with an Institutional Device:

1. Justification Form: The traveler must complete the Justification Form outlining the necessity of using an institutional asset abroad.
2. Approval Process: The form must be signed by the traveler’s Academic Dean (or Vice Chancellor of the administrative department).
3. ITS Security Verification: Submit the device to ITS (via a Help Desk ticket request or by emailing security@astate.edu) for verification at least 30 days before travel. ITS will ensure that the device is updated with the latest versions of KACE (or Jamf for MacOS),

CrowdStrike, Malwarebytes, and Microsoft BitLocker (or FileVault for MacOS) encryption.
4. Final Authorization: After ITS security verification, the device may receive final approval for overseas travel.

3. High-Risk Countries (As Determined by the U.S. Department of State)

In alignment with U.S. Department of State guidelines, A-State has designated a list of High-Risk Countries where the data security threat is exceptionally high.

High-Risk Countries Guidelines
For these destinations, Tier 3 (Travel with an Institutional Device) will not be permitted to ensure optimal data security. Faculty and staff are required to select either Tier 1 (No Device Travel) or Tier 2 (Loaner Device) as their device management option.

High-Risk Cybersecurity Destinations
A-State compiles the list of high cybersecurity risk countries from several sources, including countries that are the subject of Travel Warnings by the U.S. Department of State and those that are identified as high risk by other U.S. Government sources such as the Department of the Treasury Assets Control (OFAC), the Federal Bureau of Investigation (FBI), and the Office of the Director of National Intelligence (ODNI). The list will be updated regularly.

Travel to countries with different laws and expectations is sometimes necessary but presents a unique challenge to the confidentiality of university data. The following is a list of countries representing high cybersecurity risks to A-State faculty and staff traveling abroad.

- China, The People's Republic of
- Cuba (Tier 1 only)
- Russia
- Hong Kong
- Korea, Democratic People's Republic of (i.e., North Korea; Tier 1 only)
- Crimea (Region of Ukraine)
- Iran (Tier 1 only)
- Syria (Tier 1 only)

Travelers must check the Travel Warnings by the **U.S. Department of State** ahead of travel and provide the risk level on the International Travel Form.

Process for High-Risk Country Travel:

1. Verification of Travel Destination: Confirm the destination level of risk.
2. Adhere to Approved Tiers: Select either Tier 1 (No Device Travel) or Tier 2 (Loaner Device) except for any countries that are identified as unilaterally or completely embargoed countries (Cuba, Iran, North Korea, and Syria), in which case no technology will be permitted to be taken to those countries. Complete all necessary documentation and approvals associated with the selected tier. **Important Note**: This restriction is intended to prevent data loss and ensure institutional compliance with export control regulations. High-Risk Country designations are subject to change, so travelers should verify the list before each international trip.

State Department Travel Advisory Levels	Institutional Tier	Personal Asset Requirements	Institutional Asset Requirements
Level 1	3	Personal assets allowed to access institutional data.	Assigned institutional asset available for travel. Loaner asset preferred.
Level 2	3	Personal assets allowed to access institutional data.	Assigned institutional asset available for travel. Loaner asset preferred.
Level 3	2	Personal assets are not allowed to access institutional data	Assigned institutional assets are not authorized for travel. Loaner assets only.
Level 4	1	Personal assets are not allowed to access institutional data	Institutional assets (assigned or loaned) are not authorized for travel.
Alternate / High-Risk	1	Personal assets are not allowed to access institutional data	Institutional assets (assigned or loaned) are not authorized for travel.

4. Incident Response Plan

This plan provides immediate response actions for A-State personnel traveling internationally with a loaner or institutional device in the event of device loss, confiscation by Customs Border Patrol (CBP), suspicious activity, or attempted unauthorized access.

(i) If the device is lost or stolen:

1. Attempt to retrace steps if in a secure area, ensuring safety.
2. If device recovery is not possible, immediately contact Information Technology Services (ITS; security@astate.edu) and the local embassy or consulate if sensitive data are involved.
3. Document the time, location, and circumstances of the loss.

(ii) If the device is confiscated by Customs Border Patrol (CBP):

1. Do not resist CBP personnel; cooperate fully while noting details of the interaction.
2. If feasible, politely request an official record or receipt of confiscation.
3. Contact ITS (security@astate.edu) immediately to report the event, including the time, location, and CBP officer details if available.

(iii) If suspicious activity or unauthorized access is suspected:

1. Disconnect the device from any network immediately.
2. Observe and record any suspicious details, such as unusual software behavior or unauthorized access attempts.
3. Immediately contact ITS (security@astate.edu) for further guidance and follow any instructions for securing the device.

5. Personal Devices

To further protect institutional data and minimize security risks, A-State has specific recommendations for personal device use during international travel:

1. *Avoid Business Activities on Personal Devices*: It is highly recommended that employees do not use any personal devices to conduct business-related activities while traveling overseas, including checking university emails or accessing other university resources.
2. *Secure Email Access on Personal Devices*: If accessing university email on a personal device becomes necessary—such as in emergencies or unavoidable situations—employees should use the Microsoft Outlook application, available on both iOS and Android (along with Windows and Mac laptop devices). This app is part of the Microsoft ecosystem and provides enhanced security features. Using the Outlook application ensures better protection of institutional data, offers A-State greater transparency into the device, and enables IT to take security measures such as remotely locking or wiping the device if it is lost or stolen.
3. *Precautions for High-Risk Locations*: Employees traveling to high-risk locations should remove all business-related activities, applications, and sensitive data from their personal devices. If feasible, it is recommended to follow Tier 1 (No Device Travel) and refrain from bringing any electronic devices to high-risk countries. For unexpected or emergency situations where device use may be necessary, travelers may consider purchasing a device locally upon arrival and limit its use strictly to non-sensitive activities. This approach helps reduce security risks associated with traveling with pre-owned devices and provides a safer, temporary solution when a device is essential. These guidelines are intended to reduce the risk of unauthorized access, data theft, and cybersecurity threats associated with personal device use abroad.

6. Compliance and Reporting

Failure to follow these guidelines may lead to disciplinary actions, as it could jeopardize university data security and compliance with export control regulations. Arkansas State University IT Security actively monitors institutional asset locations to ensure assets do not introduce additional cybersecurity risk to institutional technology resources and data. Assets identified outside of the United States and territories without having received the necessary export control approvals will be secured and remediated in alignment with the following matrix. For questions, please contact Information Technology Services (security@astate.edu) or Export Control (export@astate.edu). This document is intended to support all Arkansas State University personnel in responsibly managing device security while conducting international university-related activities.

If unauthorized university assets are detected in international locations, the following will be the ITS containment and remedial action strategy based on US Department of State Travel Advisory Levels:

Travel Advisory Levels	**Containment Action(s)**	**Remedial Action(s)**
Level 1	Network Containment of Asset	Malware and Vulnerability Scan of Endpoint
Level 2	Network Containment of Asset	Wipe and Reimage Endpoint
Level 3	Network Containment of Asset	Wipe and Reimage Endpoint

Level 4	Network Containment of Asset & Disablement of User Account	Wipe and Reimage Endpoint & Physical Tampering Inspection
Alternate / High-Risk	Network Containment of Asset & Disablement of User Account	Wipe and Reimage Endpoint & Physical Tampering Inspection

TRAVELERS MUST COMPLETE THE FORM AT THIS LINK

Resource Links:

- FBI – Business Travel Safety Tips
- FBI - Safety and Security for U.S. Students Traveling Abroad
- U.S. State Department Travel Advisories
- Embargoed and Sanctioned Countries
- U.S. Department of Commerce Sanctioned Destinations
- U.S. Department of State Economic Sanctions Programs
- U.S. Department of State Directorate of Defense Trade Controls Country Policies

EXPORT CONTROLLED RESEARCH, INTELLECTUAL PROPERTY, AND EQUIPMENT

As A-State continues to grow globally while broadening its horizons in research, we are required to comply with all federal regulations including export controls laws. Research Compliance has provided some of the tools needed to help researchers assess their research projects in regards to equipment, publications, and intellectual property as it relates to foreign persons and countries. Before utilizing these documents and resource links, please have your training completed.

Documentation:
(see *Attachments* menu on sidebar)

- Sponsored Funded Research Checklist (during the award setup)
- Technology Control Plan (Department Approval and Lab Personnel Acknowledgement)

Resource Links:

- FBI – Higher Education and National Security
- FBI – Elicitation Techniques that You May Encounter
- FBI - How to Mitigate the Risks of Visitors
- FBI – Intellectual Property Protection
- U.S. Department of Commerce Export Administration Regulations
- U.S. Department of State International Traffic in Arms Regulations
- U.S. Department of Commerce Guidance for High Performance Computers

TRAINING

Research Compliance has provided reference materials along with online training materials for researchers, faculty, students, and staff to receive certification in export controls regulations.

Resources:

- Complying with Export Controls (see *Attachments* menu on sidebar)
- CITI Program export control training

Financial Conflict of Interest

Federal regulation 42 CFR Part 50 Subpart F promotes objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct, and reporting of research funded under Public Health Service (PHS) grants or cooperative agreements will be free from bias resulting from Investigator financial conflicts of interest. As an institution applying for and awarded PHS grants and cooperative agreements, Arkansas State University is required to collect a Financial Conflict of Interest (FCOI) statement on a yearly and ad-hoc basis from all investigators with PHS funding. In anticipation of FCOI disclosures requested beyond PHS funding, the Arkansas State University FCOI procedure includes all Federally-sponsored funding. Additionally, investigators must complete FCOI training when funded, and at least every four years thereafter.

Step 1: Complete the Financial Conflict of Interest Tutorial. Once the tutorial is complete, save the certificate and email it to the Director of Research Compliance at fcoi@astate.edu.
Please note: This tutorial only has to be completed every four years.

Step 2: A Financial Conflict of Interest Disclosure Form must be completed at least once per year for investigators with Federally-sponsored funding. Refer to the FCOI Procedures for definitions and guidance completing the disclosure form. The FCOI Disclosure Form is required annually and on an ad-hoc basis. Refer to the FCOI Procedures for ad-hoc requirements. Return the FCOI Disclosure Form to the Director of Research Compliance at fcoi@astate.edu.

Please direct questions about the Financial Conflict of Interest process to the Director of Research Compliance at fcoi@astate.edu.

FAQ

Q1: Why did I receive this email?
A1: In the last year, you have been paid by (or provided match to) a Federal or Federal pass-through grant or contract and are required by law and Institution procedures to complete FCOI training and a disclosure form.

Q2: Where do I send my disclosure form and training certificate?

A2: Please email it to the Director of Research Compliance at fcoi@astate.edu. or you may bring a hard copy to the Research & Technology Transfer office on the 6th floor of library.

Q3: Do I need to disclosure all my financial information?
A3: A-State and the Federal Government are not interested in your personal financial information (checking, savings, retirement, etc.) so please do not provide this type of information. A-State is

required to disclose financial conflicts of interest that could directly and significantly affect the design, conduct, or reporting of the Federal or Federal pass-through grant or contract you are engaged in. Please review the training module and procedures document to determine what is and is not a financial interest and if you need to disclose it.

Q4: What is a Significant Financial Interest?
A4: Please refer to the training module and procedure document for more information and detail. In short, if you, your spouse or your dependent children receive a salary, stock option, ownership interest, intellectual property rights income, or travel funds as it directly relates to the design, conduct, or reporting of the research/project(s) you are engaged in you must disclose this information.

Q5: I'm not an Investigator so why do I need to complete this training and disclosure form?
A5: The term "Investigator" is defined as any person responsible for the design, conduct, or reporting of research… including sub grantees, contractors, consortium participants, collaborators or consultants.

Q6: I completed a Conflict of Interest form for Human Resources recently. Is this the same form?
A6: No, this is a completely different disclosure form that must be completed.

Q7: What will happen if I have a financial conflict of interest?
A7: Please review the procedures document for information on the process following a disclosure and how it will be managed.

Cayuse IRB

CAYUSE HUMAN ETHICS

A-State uses Cayuse Human Ethics (formerly Cayuse IRB) protocol management software for all IRB, IBC and IACUC submissions. This is a response-drive web form for electronically preparing, submitting, and routing studies for approval.

- **Request Cayuse Log-In Credentials:**
  If you are a new Cayuse user or have forgotten your log-in credentials, please send a Request for Cayuse Log-In Credentials to CayuseIRB@astate.edu. Please provide:
  - Your name
  - Your status (i.e., faculty, staff, students)
  - Your title (e.g., Associate Professor, Graduate Student, etc.)
  - A-State email address
  - Department
  - Phone number

- **Cayuse Dashboard:**
  To log in to the Cayuse dashboard, please click Cayuse Dashboard Login.

- **Cayuse Training:**
  For questions on submitting your protocol or to schedule Cayuse training, please email CayuseIRB@astate.edu.

- **Cayuse Support:**
  For instructional videos on creating and managing studies and submissions in Cayuse, please click Cayuse Support.

NSF Research Security Training Requirement

As you may be aware, NSF has issued an important notice requiring that all principal investigators complete research security training in alignment with the CHIPS and Science Act of 2022 and National Security Presidential Memorandum-33. Effective Dec. 2, 2025, this training must be completed prior to proposal submission. **Our office requires that you complete the necessary training outlined below before we begin the internal review of your next proposal.**

Research and Technology Transfer continues to do its part to ensure compliance with federal agency requirements, and we have a solution in place so that you can continue to submit proposals.

At your earliest convenience, please navigate to your CITI Program account and begin the four-module **Research Security Training basic course**. Once you have completed all four modules with a passing score of 80% or higher, **please send a copy of your certificate of completion to Direct for Research Development, Molly Alexander-Steele (malexandersteele@astate.edu) and to the Director for Compliance, Jenny Estes (jlestes@astate.edu).**

We thank you in advance for your partnership and willingness to complete this training.