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Policy 900 Academic Conduct

Policy Number: 900
Effective Date: 6/1/16
Revised Date: 6/15/17

Scope
This Policy on Academic Conduct applies to predoctoral researchers (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish guidelines for academic conduct.

Policy
Predoctoral researchers must demonstrate personal integrity and honesty at all times in their coursework and research. Predoctoral researchers are obligated to refrain from acts they know or should have reason to know will impair their integrity or the integrity of GSSIMR. Because scientific research is the vital part of the curriculum of GSSIMR, predoctoral researchers are expected to adhere to the same high ethical standards in every facet of research as faculty and staff and to abide by policies of the SGC, SIMR, and GSSIMR.

Violations of the academic conduct policy include, but are not limited to, cheating, plagiarism, fabrication, falsification, forgery, alteration, or other practices that deviate from those commonly accepted within the academic and scientific communities.

Dishonesty in any program requirement may result in a predoctoral researcher’s failure of that requirement and may be grounds for dismissal from the program. The matter may be submitted to the Academic Progression Committee for deliberation and resolution.

Suspension
A predoctoral researcher may be suspended from any classroom or lab session for inappropriate or unsafe behavior or failure to adhere to any GSSIMR academic policy. Suspension may last from several hours to one calendar year. During the suspension time, if it is an extended period, the predoctoral researcher’s schedule will be halted and frozen until they are released from the suspension and return to class and lab activities.

Faculty members are solely responsible for making the immediate decision to suspend a predoctoral researcher from classroom or lab sessions in progress for inappropriate or unsafe behaviors. At the time of a suspension by the faculty, conditions for reinstatement are explained by the Dean or Associate Dean for Academic Affairs. Failure to meet the conditions of reinstatement may result in course failure.

Academic Appeal
A predoctoral researcher may appeal any of the following:
1. Failing final course grade.
2. Suspension from lab exceeding two weeks.
3. Recommendation for dismissal.

An appeal is initiated by the predoctoral researcher submitting a typed statement to the Chair of the Academic Progression Committee, no later than seven (7) business days after being notified of the failing final course grade, suspension from lab or recommendation for dismissal. The typed statement must include the following:

1. A description of the issue.
2. Specific steps that have already been taken to resolve the issue with the faculty and/or GSSIMR administration.
3. Evidence supporting why the predoctoral researcher believes the decision made was inconsistent with existing GSSIMR, SIMR or course policy, was arbitrary, or lacked sufficient evidence.

In preparing the appeal, it is the predoctoral researcher’s responsibility and burden to prove that the action taken by the faculty was inconsistent with existing policy, arbitrary, or lacked sufficient evidence. The predoctoral researcher may seek assistance from a GSSIMR faculty member as an advisor in preparing the statement for an appeal. The role of the advisor is to assist the predoctoral researcher in understanding the policy and procedure. The advisor's role does not include gathering information or presenting evidence.

The predoctoral researcher will submit the letter of appeal with supporting documents to the Chair of the Academic Progression Committee. The Chair will forward appeal documents to faculty involved in the subject matter of the appeal or its resolution. Faculty will submit to the Chair of the Academic Progression Committee within five (5) business days their response to the appeal document, including their supporting documentation. The Chair of the Academic Progression Committee will forward the faculty's response to the predoctoral researcher.

The Academic Progression Committee will meet within seven (7) business days of receiving all the written appeal documents to hear the appeal. The predoctoral researcher may request one continuance, not to exceed one week, for good cause. The predoctoral researcher and faculty will be notified 72 hours before the hearing of the time, date and location of the hearing. It is preferable that predoctoral researchers and faculty attend the committee hearing in person. However, GSSIMR will accommodate the use of speakerphone or other electronic transmission method for a predoctoral researcher who is unable to participate in a face-to-face hearing. Members of the Academic Progression Committee, the involved predoctoral researcher and faculty, and the predoctoral researcher’s advisor will hear the appeal. The meeting is confidential and restricted to those persons listed. If an incident involves more than one predoctoral researcher, each predoctoral researcher will be heard individually.

An Academic Progression Committee member, who has been directly involved in the awarding of a failing course grade or recommending dismissal, will be replaced by a faculty member appointed by the Dean. If an Academic Progression Committee member is the involved predoctoral researcher’s thesis advisor, a replacement committee member will be assigned by the Dean for the purpose of the appeal.
The predoctoral researcher may be accompanied to the Academic Progression Committee hearing by his/her thesis advisor. When the Academic Progression committee has heard all the evidence, the committee members will meet, in private, to discuss the appeal. The committee will make a decision within seven (7) business days after the hearing.

In an appeal of a failing course grade, the Academic Progression Committee can either: 1) uphold the assigned grade or 2) return the grade to the faculty for reconsideration. If the faculty is asked to reconsider a grade by the committee, the faculty can uphold the assigned grade or change the grade. The faculty member will notify the committee of their decision within 72 hours. The faculty's decision is final. The Academic Progression Committee will notify the Dean and the predoctoral researcher of the outcome of the appeal.

If the outcome of an appeal results in dismissal from the program, the predoctoral researcher may make one last appeal to the Dean. The Dean of the Graduate School may take any action she/he deems is appropriate under the circumstances of the case. The decision of the Dean is final.

**Readmission Following Dismissal**

Dismissal from GSSIMR is a serious action and results when two (2) failing grades are earned in any course. Therefore, a predoctoral researcher who has been dismissed from GSSIMR should not expect to be readmitted. A predoctoral researcher who is dismissed from GSSIMR may choose to apply for readmission through the Admissions Committee. The Admissions Committee may consider an application for readmission if there is clear evidence of probable future academic success. It is the predoctoral researcher’s responsibility to support the application for readmission by submitting the following materials to the chairperson of the Admissions Committee:

1. A letter indicating the predoctoral researcher’s interest to be considered for readmission and including a written plan for achieving future academic success in the program.
2. Letters of recommendation for readmission from both the academic advisor and another faculty member from the most recent course taken.

The Admissions Committee reviews these materials and the predoctoral researcher’s overall academic record in making a decision and reserves the right to stipulate additional requirements for readmission.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 901 Attendance
Policy Number: 901
Effective Date: 6/1/16
Revised Date: 7/26/19

Scope
This Policy on Attendance applies to faculty, staff, predoctoral researchers, summer scholars, and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish guidelines for attendance for module courses and other activities and courses.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC expects good attendance and punctuality. If a Covered Individual is going to be late for work or absent, the Covered Individual must call in each day of the lateness/absence as early as possible, and no later than one hour before the start of work unless prior arrangements have been made. Notifying a co-worker is not sufficient; the Covered Individual must make every effort to speak with his/her supervisor and, if that is not possible, must leave a message for the supervisor on voicemail or e-mail.

Excessive absences or late arrivals may result in discipline, including termination. In general, absences will be considered excessive when the absentee rate is 3% or greater. For calculating the absentee or late arrival rate, absences will not count if they are authorized. Authorized absences include but are not limited to FMLA absences, vacation leave, jury duty leave, or approved unpaid leave. Sick days do count toward the absentee rate; the exceptions are FMLA sick days or sick days for which leave has been granted under the Americans with Disabilities Act or similar laws. Failure to call in or come to work three days in a row, absent extenuating circumstances, will be considered a voluntary resignation.

This policy will be interpreted in accordance with all applicable laws, including the Family and Medical Leave Act and the Americans with Disabilities Act.

Predoctoral Researchers:
To meet the goals of the program, predoctoral researchers are expected to comply with the above policy, fully participate in all phases of the research program, and maintain an acceptable time and attendance record. A predoctoral researcher who is unable to meet the time and attendance standard must notify the Associate Dean for Academic Affairs in advance of the tardiness or absence. With prior approval from the advisor and the Associate Dean for Academic Affairs, a predoctoral researcher may take personal days, the number of which will be determined by the predoctoral researcher’s need. Excessive absences or late arrivals may be grounds for dismissal from the program. As defined by the Stowers Group of Companies Attendance Policy, “In general, absences will be considered excessive when the absentee rate is
3% or greater. For calculating the absentee or late arrival rate, absences will not count if they are authorized.”
Authorized absences for predoctoral researchers include, but are not limited to, FMLA absences, jury duty leave, or approved unpaid leave.

**Module Attendance for Predoctoral Researchers:**
Predoctoral researchers are required to attend all portions of all modules. The required times will be distributed in the schedules that accompany each syllabus. These will include:

1) Lectures, both in-class and Wednesday seminars and Friday Science Clubs
2) Journal clubs
3) Laboratory sessions, both the scheduled time as well as any extra time that may be necessary to complete the work. If finished early, predocs may be dismissed by the laboratory instructors.

Any absence needs to be cleared by the lead faculty of that module prior to the absence through email. Reasons must be stated and approval may be denied. Exceptions to this policy are made for emergencies where it may not be possible to contact faculty ahead of time. In those cases, predocs are encouraged to contact the faculty and/or the Associate Dean for Academic Affairs as they are able. Unexcused absences for non-emergency reasons will be referred to the Associate Dean for Academic Affairs for subsequent action. In the event of class cancellation due to any reason including weather, predoctoral researchers will be notified via email.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Scope
This Policy on Dress applies to faculty, staff, predoctoral researchers, summer scholars, and applicants ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The purpose of this policy is to establish guidelines for Covered Individuals as it pertains to dress for activities and courses as well as establish requirements for Personal Protective Equipment (PPE).

GSSIMR is included in the Stowers Group of Companies ("SGC") Organizations and has adopted the following PPE requirements as its own.

Policy
Dress Policy (General)
It is important that all covered individuals give a clean, neat, and appropriate appearance while participating in GSSIMR activities and courses. When Covered Individuals are not in a lab setting they are not restricted from wearing clothing that does not cover the legs (shorts, skirts, dresses), open-toed shoes, perforated shoes, and canvas sneakers. While in the lab, the PPE Requirements must be followed. In addition, it is recommended that Covered Individuals confine long hair and loose clothing.

PPE Requirements (Personal Protective Equipment)
Predoctoral researchers and summer scholars spend most of their time in a laboratory setting and they are to abide by the same requirements and recommendations for personal safety as others who work in laboratories at SIMR. A baseline clothing requirement for entry to any laboratory space (or other space where hazardous materials may be used or stored) has been established and includes:

- Closed-toe, solid top shoes that completely cover the top of the foot
- Clothing (pants, leggings, scrubs, long skirt) that covers the legs so that there is NO exposed skin. Nylons, stockings, and pantyhose do NOT meet this requirement.
- Gloves if touching potentially contaminated equipment

When handling chemical, biological or radiological materials, one must wear the appropriate protective equipment which includes, at a minimum, a lab coat, safety glasses, and appropriate gloves, all of which are provided by the Stowers Institute. For a more complete description of the requirements, see the complete PPE Requirements from Environmental Health & Safety on the following page.
Any predoctoral researcher or summer scholar who does not abide by the recommendations will be reprimanded by his or her faculty or advisor with a verbal warning. If more than one verbal warning is required and the problem persists, the predoctoral researcher or summer scholar can be referred to the Associate Dean for Academic Affairs for further intervention and issue resolution. Any predoctoral researcher or summer scholar who does not follow the proper procedures when handling chemical, biological or radiological materials will be reprimanded by his or her faculty or advisor and may be prohibited from working with those materials in the future.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Personal Protective Equipment Requirements
From Environmental Health & Safety Department (EH&S)

Proper Attire for Entering a Laboratory (or other space where hazardous materials are used or stored)

- Closed-toe, solid top shoes that completely cover the top of the foot
- Clothing (pants, leggings, scrubs, long skirt) that covers the legs so that there is NO exposed skin. Nylons, stockings, and pantyhose do NOT meet this requirement.
- Gloves if touching potentially contaminated equipment

Laboratory PPE Hazard Assessment Tool (LHAT)

Each PI and Core Head is required to complete the LHAT for all activities that occur in his/her laboratory or facility. The LHAT aids in the identification of typical hazards found in a laboratory, allows the PI or Core Head to identify which activities occur in his/her lab, and then specifies the PPE necessary for protecting individuals from the hazards associated with each applicable activity. Each individual is then given information and training, at the lab level, from his/her PI or Core Head, or their designee, with regard to the PPE necessary when conducting specific activities within the laboratory.

PIs and Core Heads are required to update the LHAT whenever:

- a new hazardous material, condition or process is introduced into the laboratory, or
- annually
- whichever occurs first.

Important Reminders

The proper use of personal protective equipment is necessary to aid in protecting you from exposure to the materials that you are working with, to prevent you from carrying contamination home with you on your clothing and/or skin, and to avoid cross contamination of your science. Removal and appropriate disposal of contaminated PPE prior to leaving the work area is also important.

Please remember that PPE is only one step in the hierarchy of controls. Some activities require engineering controls, such as the use of a chemical fume hood or biological safety cabinet.

When in doubt, please always ask!! If you are not sure what type of PPE you should be wearing for a certain activity, ask your PI or Core Head. If still in doubt, or if you need a specialty PPE item (such as a specific type of gloves) please let EH&S assist you.

Basic Guidelines for Wearing Scrubs and Lab Coats

Some of our facilities require the use of scrubs at all times. However, when not working in one of these areas, the general rule (please see your lab’s LHAT for more specific information) is
that scrubs and/or a lab coat must be worn in the laboratory/animal facility environment for any work involving any of the following:

- Work with hazardous chemicals
- Work with hazardous biological materials
  - including (most) animal work due to zoonosis and allergy potential and to prevent cross-contamination
- Work with radioactive materials

The purpose of the scrubs and/or lab coat is to protect the wearer from taking any of the above listed materials or their bi-products out of the facility and home on his/her clothing. Because the scrubs and/or lab coat may come into contact with any of the items listed above, it is important that they be removed prior to entering:

- Stowers Café
- Break rooms
- Restrooms
- Office areas

This aids in preventing both the accidental ingestion of such contaminants by the wearer as well as the possible spread of contamination to other individuals in these areas - making for a safer environment.

One Glove Rule

If you are wearing gloves in the hallway and you push an elevator button or touch a door knob, for instance, then anyone who witnesses this has the right to be concerned that the surfaces that you have touched are now potentially contaminated with whatever was on your gloves. Your gloves may be clean, but the other person does not know this. As you can imagine, this is a large cause for concern.

If gloves are needed to transport a material outside the lab, then wear one glove to handle the transported item. The ungloved hand is then free and clean to use on door knobs, etc.

Where do I get my PPE?

Safety Glasses

- Regular safety glasses are available in The Cube
- Reader safety glasses are available by contacting EH&S
- Prescription safety glasses are available to eligible individuals. Please contact EH&S for details and for a schedule of the next time the RX Safety Glasses provider will be onsite.

Lab Coats

- Lab coats are available in the lab coat closet on the B3 level, right around the corner from The Cube. Each new individual is given one on his/her first day.
- When a lab coat is in need of laundering, take it to the lab coat closet for
laundering and grab a clean one.

Gloves

- Each laboratory or facility provides a variety of glove choices
  - If you need glove type that your laboratory or facility does not have, please contact EH&S for assistance

Specialty Items

For all other PPE Items not listed above, or other specialty items, please contact your EH&S Committee Representative or EH&S.
Policy 903 Consumption of Alcohol

Policy Number: 903

Effective Date: 6/1/16

Revised Date: 6/20/17

Scope

This Policy on Consumption of Alcohol applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Policy

GSSIMR sponsors events to promote scientific discourse, education, and the exchange of ideas. Events will be onsite or offsite and may include food and beverages. Covered Individuals are encouraged to participate in these events but may not consume alcoholic beverages if under 21 years of age.

It is a violation of state law for an individual under the age of 21 to have possession of alcohol or for a business or person to furnish alcohol to a minor.

Failure to abide by this policy may lead to disciplinary action up to and including dismissal from GSSIMR.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 904 Laptop and Software

Policy Number: 904

Effective Date: 7/12/17

Revised Date:

Scope

This Policy on Laptops and Software applies to predoctoral researchers (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose

The purpose of this policy is to establish guidelines for possession and use of laptops, related devices, and software provided to Covered Individuals by GSSIMR.

Policy

One benefit provided by GSSIMR to Covered Individuals is a laptop with necessary related devices (e.g., adapters) and software (“equipment”). This equipment is issued to Covered Individuals once, when they start the graduate program. It is the responsibility of each Covered Individual to be a responsible steward of this equipment.

GSSIMR selects and purchases the brand, model, size, and capabilities of the laptop that is issued, as well as necessary related devices, such as adapters for charging or giving presentations. GSSIMR purchases software for the laptop that is needed by all Covered Individuals during their module courses and lab research. Covered Individuals must use the equipment issued by GSSIMR for the module courses, and may use it and/or other equipment in the lab during lab research.

Covered Individuals should protect the laptops by purchasing covers and/or bags for them. Laptops and related devices should be labeled with a Covered Individual’s name. Related devices should be organized so they are available when needed. Covered Individuals should use care with the laptop to make sure it is not dropped; otherwise damaged by liquids, force, heat, or other methods; or lost.

If equipment needs to be repaired, a Covered Individual should notify the Graduate School office. If a member of the Stowers Resource Management (“SRM”) Information Technology (“IT”) department, or a vendor authorized by IT and GSSIMR, determines that the damage to the equipment is no one’s fault (e.g., a manufacturing defect), GSSIMR will pay for the repair or replacement of the equipment. If IT, or a vendor authorized by IT and GSSIMR, determines that the damage to the equipment is due to misuse or neglect, the Covered Individual is responsible for paying for the repair or replacement of the equipment. Regardless of who may cause damage to the equipment, the Covered Individual is responsible for the cost of repair or replacement of the equipment issued to him/her.

If equipment needs to be replaced, a model most similar to the one originally issued to the Covered Individual will be purchased from an authorized vendor by GSSIMR. If the Covered Individual is responsible for the cost of the replacement, he/she will pay GSSIMR for it. While
equipment is being repaired, a loaner laptop or related device may be issued to the Covered Individual from GSSIMR.

During a Covered Individual’s rotation or thesis lab research, a research project may require additional software. With concurrence of IT and the thesis advisor, the additional software may be purchased by the lab for use on the Covered Individual’s laptop.

It is recommended that Covered Individuals not add software programs to their laptops for personal or professional use. If programs are added and they adversely affect the performance of the laptop or take memory that is needed for a course or lab research, the Covered Individual will need to remove the additional programs from the laptop. If an added program corrupts the laptop, the Covered Individual will be responsible for paying for repair by a vendor authorized by IT and GSSIMR.

It is recommended that all files and documents be saved to the SRM personal or common drives. Files that are saved only to the laptop are not backed up and will not be able to be retrieved if a laptop is damaged or lost. In all instances, Covered Individuals must abide by Policy 129GS, “Use of Computers and Phones,” and other related policies.

Upon graduation from GSSIMR with a Ph.D. degree or a master’s degree, a Covered Individual may keep the laptop and related devices that were issued to him/her. Access to some software programs will end when the Covered Individual completes the graduate program. If a Covered Individual withdraws from the graduate program, all equipment must be returned to GSSIMR in good, working condition on or before the Covered Individual’s last day in the graduate program. If any equipment is missing or damaged, the Covered Individual may be responsible for paying for replacement or repair.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 905 Medical Insurance
Policy Number: 905
Effective Date: 09/05/18
Revised Date:

Scope
This Policy on Medical Insurance applies to predoctoral researchers of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to require medical insurance coverage for predoctoral researchers.

Policy
Every GSSIMR predoctoral researcher is required to have medical insurance coverage. For predoctoral researchers to fulfill the GSSIMR mission to pursue innovative and creative investigations in the biological sciences, they need to be present for courses and in the lab. Without medical insurance coverage, predoctoral researchers may forgo treatment and experience extended illnesses, or incur substantial expenses due to injury or illness that would negatively impact their ability to carry out their research and fulfill requirements for the completion of the Ph.D. program.

Predoctoral researchers must either enroll in a medical insurance plan offered by the Stowers Group of Companies (“SGC”) or confirm medical insurance coverage under another medical plan by completing a form and providing proof of coverage to the SGC Benefits Department. Predoctoral researchers are eligible for medical insurance through the SGC effective their first day of enrollment in the graduate program. Insurance premiums are deducted from predoctoral researchers’ paychecks. The Benefits Department can provide predoctoral researchers with information about current plan(s).

Following each period of initial enrollment and annual re-enrollment for benefits, the Benefits Department verifies the predoctoral researchers’ medical insurance coverage with the Associate Dean for Administration. All records are maintained confidentially.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 910 Grievance
Policy Number: 910
Effective Date: 6/1/16
Revised Dates: 07/09/18, 10/30/18

Scope
This Policy on Grievance applies to predoctoral researchers (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to set forth the policies, rules, and procedures of GSSIMR with respect to filing a grievance.

Policy
A predoctoral researcher with a grievance regarding a final grade or academic progress should refer to the Academic Conduct Policy in the GSSIMR Catalog & Handbook or Policy and Protocol Manual.

A predoctoral researcher with a grievance regarding on-going coursework, faculty, policies and procedures of GSSIMR or non-academic issues should attempt to resolve the grievance with the person responsible. If not resolved, the predoctoral researcher should consult with the Associate Dean for Academic Affairs and/or the Human Resources Officer who will advise the predoctoral researcher and serve as a liaison between the predoctoral researcher, the person responsible, and/or the administration of SIMR. All reports will be promptly investigated, and every effort will be made to conduct the investigation in as confidential a manner as possible.

If the grievance involves the Associate Dean for Academic Affairs, the predoctoral researcher should consult with the Dean. If the grievance involves the Human Resources Officer, the predoctoral researcher should consult with the President. A predoctoral researcher should present unresolved issues or appeals in writing to the Dean and to the Academic Progression & Assessment Committee or Supervisory Committee, whichever is applicable. The Dean has 7 business days to present a resolution of the grievance. Final appeals may be made to the President of GSSIMR. Predoctoral researchers who are dissatisfied with the resolution offered by the institution may contact the Missouri Department of Higher Education at (573) 751-2361 for information on filing a formal grievance.

A predoctoral researcher with a grievance regarding scientific conduct should consult his or her advisor. If further resolution is necessary, the predoctoral researcher should follow the Stowers Group of Companies (“SGC”) Scientific Misconduct policy (Policy Number 602R). In addition, the predoctoral researcher should notify the Dean and the Associate Dean for Academic Affairs.

A predoctoral researcher with a grievance regarding equal opportunity, sexual harassment and other forms of harassment, reasonable accommodation, ethics, conflict of interest, fraud, or a similar matter should contact the Associate Dean for Academic Affairs or the Human Resources
Officer who will serve as a liaison for the predoctoral researcher as he or she follows the process outlined in the applicable SGC policy.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 911 Grading
Policy Number: 911
Effective Date: 6/30/17
Revised Date:

Scope
This Policy on Grading applies to faculty, staff, and predoctoral researchers ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The purpose of this policy is to establish guidelines for the grading process for the academic programs.

Policy
GSSIMR uses the following grading scale:

P:   Passing
     Equivalent to a grade of 70% or above.
F:   Failing
     Equivalent to a grade of less than 70%.
I:   Incomplete
WP:  Withdraw Pass
WF:  Withdraw Fail

An instructor may assign the grade of I (incomplete) to predoctoral researchers who have been unable to complete the work of the course because of illness or serious reasons beyond their control. An incomplete grade is appropriate only when enough work in the course has been completed for predoctoral researchers to finish the remaining work without re-enrolling in the course or attending additional classes. The work must be completed within one calendar year or the incomplete grade will automatically lapse to an F. Predoctoral researchers should not re-enroll in a class for which they earned an incomplete. Predoctoral researchers may not earn a degree or graduate with an incomplete on their transcript.

An instructor may assign the grade of WP (withdraw pass) to predoctoral researchers who are withdrawing from the course and have successfully completed enough work in the course for the instructor to determine a passing grade as of the withdraw date.

An instructor may assign the grade of WF (withdraw fail) to predoctoral researchers who are withdrawing from the course and are failing as of the withdraw date.

Two failing grades in the graduate program is grounds for dismissal. Prior to receiving a failing grade, the predoctoral researcher will be notified by the instructor and/or Associate Dean for Academic Affairs that they are in jeopardy of not passing. During this conference the predoctoral researcher will be counseled as to what they need to do in order to successfully complete the
course. The instructor and/or Associate Dean for Academic Affairs will schedule a follow-up meeting in order to evaluate progress. Every reasonable effort will be made to assist the predoctoral researchers in their success.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 912 Issue Resolution
Policy Number: 912
Effective Date: 6/1/16
Revised Date: 06/20/17, 07/09/18, 10/30/18

Scope
This Policy on Issue Resolution applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”) who have a dispute or concern based on or related to a disability under section 504 of the Rehabilitation Act.

Purpose
GSSIMR strives to create and nurture an environment in which individuals are treated with respect and dignity. This means protecting each Covered Individual’s right to be heard and fostering good communication and harmonious working relationships among all Covered Individuals, vendors, employees of an affiliated institution, visitors, or any other person with whom GSSIMR business brings a Covered Individual in contact. This environment includes providing an environment free from all types of harassment or discrimination, including discrimination related to a disability within the meaning of section 504 of the Rehabilitation Act, with which this policy is intended to comply. All supervisors are expected to maintain a positive atmosphere in which integrity, trust, and respect for each individual are evident. GSSIMR therefore initiates this policy and related procedures to provide a means by which the concerns or complaints of Covered Individuals may be heard and addressed in a prompt and fair manner.

Policy
1. If a Covered Individual believes that any working or educational environment condition, policy, practice, or action by GSSIMR, another Covered Individual, or any person with whom GSSIMR business brings the Covered Individual in contact is unsafe, unjust, or inappropriate, he/she should address such a problem with his/her faculty. Open discussion is encouraged so that problems are resolved between a Covered Individual and the faculty in the normal course of their day-to-day relationships. Experience suggests that most problems are solved with frank, prompt, and open discussion at this level. If the issue rises to a level that must be addressed through Policy 910 (Grievance), Policy 913 (Sexual Harassment), or Protocol 1050 (Concerns Regarding Predoctoral Researchers), a Covered Individual shall first use the procedures set forth in those policies or protocol.

2. If a Covered Individual has a dispute or concern based on or related to Policy 910 (Grievance), Policy 913 (Sexual Harassment), or Protocol 1050 (Concerns Regarding Predoctoral Researchers), a Covered Individual shall use the procedures set forth in those policies or protocol. Any Covered Individual not satisfied with the result from that policy may then use the appropriate appeals process outlined in the applicable policies or protocol.
3. A Covered Individual should address to the Associate Dean for Academic Affairs and/or Human Resources Officer any complaint related to GSSIMR resolution of a dispute or concern relating to a disability under section 504 of the Rehabilitation Act.
4. If the issue is not satisfactorily resolved by the appropriate process, the Covered Individual may seek higher level review from the Dean. The decision rendered by the Dean shall be final unless the Covered Individual makes a final appeal to the President. A decision at a lower level will also be deemed final should the Covered Individual not seek further review within a reasonable time based on the issue.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.
This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 913 Sexual Harassment and Other Forms of Harassment

Policy Number: 913

Effective Date: 6/1/16

Revised Date: 06/20/17, 10/30/18

Scope
This Policy on Sexual Harassment and Other Forms of Harassment applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
GSSIMR strives to create and nurture an environment in which individuals are treated with dignity and respect. In keeping with these values and as part of the effort to provide an environment free of harassment, GSSIMR has adopted the following policy.

Policy
This policy prohibits discrimination in the form of sexual harassment and other forms of harassment. GSSIMR will not tolerate any form of harassment against Covered Individuals, whether by other Covered Individuals or by vendors, employees of an affiliated institution, visitors, or any other person with whom GSSIMR business brings Covered Individuals in contact. Accordingly, every Covered Individual is also expected to avoid engaging in any conduct that could reasonably be construed as unlawful harassment against any individual in the workplace or educational setting in any way connected with GSSIMR business. Members of GSSIMR administration are expected to intervene to stop any such conduct observed or known, and to report all incidents of harassment to the Associate Dean for Academic Affairs and/or the Human Resources Officer.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct where submission to such conduct becomes a term or condition of employment or the basis for any employment decision, or of participation or admittance in GSSIMR programs or activities. No person shall suggest, state, or threaten, either explicitly or implicitly, that a Covered Individual’s submission to or rejection of sexual advances will in any way influence any decision regarding that individual’s employment, wages, advancement, assigned duties, shifts, or any other condition of employment or career development, or participation or admittance in any way in GSSIMR programs or activities.

Sexual harassment also includes conduct that has the purpose or effect of interfering with the Covered Individual’s performance, participation in GSSIMR programs or activities, or creating an intimidating, hostile, or offensive environment. That would include repeated offensive sexual flirtations, advances, or propositions; obscene or sexually oriented language or gestures; sexually oriented kidding, teasing, or jokes; speculation of sexual experience; display or circulation of obscene or sexually oriented printed or visual materials; physical interference with or restriction
of an individual’s movements and offensive physical contact such as grabbing, patting, pinching, or brushing against another’s body. These are examples only and this list is not meant to be all-inclusive of inappropriate conduct or behavior. It refers to behavior that is not welcome, that is personally intimidating, hostile, or offensive, that debilitates morale, and that therefore interferes with the conduct of GSSIMR business. It should also be noted that a hostile, intimidating, or offensive environment may be created if the pervasive sexual conduct of an individual is considered offensive to a Covered Individual, even if the Covered Individual is not the object of the conduct, and even if the conduct is not offensive to the person for whom it is intended.

In addition to sexual harassment, the conduct prohibited by this policy includes any verbal or physical conduct that may reasonably be perceived as demeaning or showing hostility toward an individual because of race, creed, color, religion, gender, sexual orientation, national origin, age, pregnancy, disability (including within the meaning of section 504 of the Rehabilitation Act), military status, level of English proficiency, blindness, or any other status protected by law. The types of conduct prohibited by this policy include, but are not limited to, epithets, slurs, negative stereotyping, derogatory comments, or intimidating acts based on an individual’s protected status, and the circulation or posting of written or graphic materials that show hostility toward an individual because of his or her protected status.

It is the responsibility of every Covered Individual to avoid any behavior that could reasonably be interpreted as harassment prohibited by this policy.

Any Covered Individual who witnesses or experiences conduct which he or she believes to be inconsistent with this policy is obligated and expected to promptly report such conduct to the Associate Dean for Academic Affairs and/or the Human Resources Officer. If the issue involves the Associate Dean for Academic Affairs, the Covered Individual may go directly to the Dean. If the issue involves the Human Resources Officer, the Covered Individual may go directly to the President. The availability of this complaint procedure does not preclude individuals who believe they are being subjected to harassing conduct from promptly advising the offender that his or her behavior is unwelcome and requesting that it be discontinued, however, under no circumstances is a person required to make a report of the misconduct to the accused person. Regardless of whether the accused is directly advised of their offensive conduct, the Covered Individual remains under obligation and is expected to promptly report such conduct to the Associate Dean for Academic Affairs and/or the Human Resources Officer.

All reports of conduct in violation of this policy will be promptly investigated, and every effort will be made to conduct the investigation in as confidential a manner as possible. Conduct in violation of this policy will be remedied, and may result in disciplinary action, including but not limited to removal from the GSSIMR premises, program, or activity, or termination of association.

No Covered Individual who exercises his or her right to report harassment, who registers a complaint pursuant to this policy in good faith, or who participates in an investigation of harassment will be subjected to any form of retaliation.
Any Covered Individual who believes he/she is the subject of retaliation shall report such conduct immediately to the Associate Dean for Academic Affairs or the Human Resources Officer. If the issue involves the Associate Dean for Academic Affairs, the Covered Individual may go directly to the Dean. If the issue involves the Human Resources Officer, the Covered Individual may go directly to the President.

After the complaint process in this policy has been used and completed, a Covered Individual not satisfied with the result may present unresolved issues or appeals in writing to the Dean. The Dean has 7 business days to present a resolution of the complaint. Final appeals may be made to the President of GSSIMR.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 914 Admissions

Policy Number: 914

Effective Date: 9/5/18

Revised Date:

Scope
This Policy on Admissions applies to predoctoral researcher candidates (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish guidelines for the admissions process.

Policy
The principal aim of the GSSIMR Admissions Policy is to offer admission to predoctoral researcher candidates of the highest intellectual potential. All admission decisions are guided by the mission of the institution:

The mission of The Graduate School of the Stowers Institute for Medical Research is to prepare a superb cadre of predoctoral researchers from around the world for the pursuit of innovative and creative investigations in the biological sciences.

GSSIMR will admit and accord or make available to qualified individuals of any race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, gender identity or expression, veteran status, or marital status all the rights, privileges, programs and activities generally accorded or made available to individuals at the Graduate School, and prohibits any discrimination on the basis of any such characteristic and any other characteristic protected by applicable law.

All admission decisions are made by a duly appointed faculty committee. The faculty committee directs the application process, the application reviews, the interview process, and the decision-making process. A slate of candidates for admission is developed and confirmed by the faculty. Faculty are guided through the process by the mission and standards of ethical behavior.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.
This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 915 Reasonable Accommodation

Policy Number: 915

Effective Date: 6/1/16

Revised Date: 8/23/18, 10/30/18

Scope
This policy on Reasonable Accommodation applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to provide a procedure for individuals with disabilities to request accommodation. GSSIMR will engage in an interactive accommodation process in response to an accommodation request.

Policy
GSSIMR is committed to complying fully with federal and state laws, including the Americans with Disabilities Act and the Rehabilitation Act, concerning individuals with disabilities.

Unless doing so would result in undue hardship, GSSIMR will make reasonable accommodations for qualified individuals with known disabilities where such accommodation is needed in order for the Covered Individual to participate in programs, to perform the essential functions of his or her job, or to apply for admission to a program or for a position, or otherwise as required by law.

Covered Individuals have an obligation to request reasonable accommodation when it is needed. The request should be made to the Associate Dean for Academic Affairs and should be made in writing unless a written request is impossible or impractical. The Associate Dean for Academic Affairs will work with the Human Resources Officer as applicable to individual situations.

Covered Individuals have an obligation to work with GSSIMR to identify the most appropriate reasonable accommodation. Where more than one reasonable accommodation will be equally effective, GSSIMR may choose which accommodations to offer. In order for GSSIMR to verify that the Covered Individual has a disability and needs an accommodation, and in order to determine the most appropriate accommodation, Covered Individuals may be required to provide GSSIMR with medical documentation regarding their disability and their requested accommodation. GSSIMR may also require the individual to be evaluated by a doctor of GSSIMR’s choice. Requests for reasonable accommodation and all related medical information will be maintained separately from other records. Medical information is strictly confidential, and Covered Individuals who improperly use or disclose such information will be subject to disciplinary action, including removal from the program/premises, or termination.
This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 920 Laboratory Entry

Policy Number: 920

Effective Date: 6/1/16

Revised Dates: 6/15/17; 08/01/17; 5/14/18

Scope

This Policy on laboratory entry applies to predoctoral researchers of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose

The purpose of the laboratory entry policy is to establish the occasions when a GSSIMR predoctoral researcher will enter a SIMR laboratory for research and provide details as to why this occurs.

Policy

GSSIMR predoctoral researchers enter SIMR labs for rotation and thesis research.

Each predoctoral researcher participates in three eight-week laboratory rotations during the spring term of their first year. The goal of the laboratory rotations is to position the predoctoral researchers to enter thesis laboratories of their choosing, with the consent of the faculty. Each laboratory rotation is decided by mutual consent of the predoctoral researcher and the faculty. The process is outlined in Protocol 1020 (Laboratory Rotations).

The option of a fourth rotation is reserved for the rare occasion when a predoctoral researcher cannot find an adequate fit for a thesis lab after her/his first three rotations for reasons beyond her/his control. If such a situation arises, the predoctoral researcher will need to initiate the request for a fourth rotation. The process is outlined in Protocol 1021 (Fourth Rotation).

Predoctoral researchers enter thesis laboratories of their choosing in the summer term of the first year. Thesis laboratory placements are decided by mutual consent of the predoctoral researcher and the faculty. While in their thesis laboratories, predoctoral researchers are expected to develop and execute a research project that addresses a significant biological question to satisfy the requirements of a Ph.D. degree. The complete placement process is outlined in Protocol 1023 (Thesis Laboratory).

On occasion, special circumstances may arise that require a predoctoral researcher to change rotation or thesis laboratories. Predoctoral researchers should follow the process appropriate for their situation, as outlined in Protocol 1023 (Thesis Laboratory) or Protocol 1037 (Faculty Member’s Departure).

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 921 Master’s Degree

Policy Number: 921
Effective Date: 6/1/16
Revised Dates: 10/17/16; 6/15/17; 4/27/18

Scope
This Policy on Master’s Degree applies to predoctoral researchers (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish the conditions under which a predoctoral researcher can pursue a master’s degree.

Policy
GSSIMR recruits, admits, and enrolls predoctoral researchers exclusively for the Ph.D. program. GSSIMR does not recruit, admit, or enroll predoctoral researchers whose primary objective is a master’s degree. However, in certain cases, GSSIMR will confer a Master’s of Science (M.S.) degree in Biology to predoctoral researchers who, for various reasons and circumstances, elect not to complete the Ph.D. degree. Circumstances under which a predoctoral researcher could revise their enrollment include, but are not limited to, changes in marital status; changes in parental status; caretaking of a parent, sibling, spouse or child; health issues; and other life changing events.

Predoctoral researchers must meet with and receive written permission from their Supervisory Committee, in consultation with the Dean, prior to pursing a master’s degree, as outlined in Protocol 1029 (Master’s Degree).

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.
This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 930 FERPA

Policy Number: 930
Effective Date: 6/1/16
Revised Date: 7/13/17

Scope
This Policy on FERPA applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”) and officials of the Stowers Group of Companies (“SGC”).

Policy
The Family Educational Rights and Privacy Act of 1974 (as amended) (“FERPA”) is a federal law designed to protect the privacy of education records. It also provides guidelines for appropriately using and releasing education records.

FERPA protects the education records of predoctoral researchers who are currently or formerly enrolled regardless of their age or status with regard to parental dependency. Education records of predoctoral researchers who have applied to, but have not attended GSSIMR, are not subject to FERPA guidelines, nor are deceased predoctoral researchers.

FERPA affords the following rights to predoctoral records with respect to their education records:

- The right to inspect and review their education records within 45 days of the day GSSIMR receives a request for access
  Predoctoral researchers should submit a “Predoctoral Researcher’s Request to Inspect Education Records” form to the GSSIMR office to identify the record(s) they wish to inspect. GSSIMR staff will make arrangements for access and notify the predoctoral researcher of the time and place where the records may be inspected.

- The right to request to amend the predoctoral researcher’s education records that the predoctoral researcher believes are inaccurate or misleading
  Predoctoral researchers should write to the GSSIMR office, name the record in question, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If GSSIMR decides not to amend the record as requested by the predoctoral researcher, GSSIMR will notify the predoctoral researcher of the decision and advise the predoctoral researcher of his/her right to a hearing regarding the request for amendment.

- The right to limit disclosure of personally identifiable information contained in the predoctoral researcher’s education records, except to the extent that FERPA authorizes disclosure without consent
  One exception which permits disclosure without consent is disclosure to a SGC official with legitimate educational interests in order to fulfill his or her professional responsibilities.

- The right to be notified of FERPA rights at least annually

- The right to file a complaint with the FERPA office in Washington, DC concerning an alleged failure by GSSIMR to comply with FERPA
“Education records” are records that are (1) directly related to a predoctoral researcher and (2) maintained by GSSIMR, any entity in the SGC, or a party acting for GSSIMR (if certain conditions are met). A predoctoral researcher has the right of access to his or her education records, with the exceptions of information about other predoctoral researchers, financial records of parents, and confidential letters of reference to which the predoctoral researcher has waived access. Education records include any records in any medium (e.g., handwritten, printed, electronic, video, or audio recordings) that are in the possession of any SGC official. This includes transcripts or other records obtained from a school in which the predoctoral researcher was previously enrolled.

The following information is not considered part of an education record:

- Sole possession records or private notes held by SGC officials that are not accessible or released to other personnel
- Law enforcement or SGC security records that are solely for law enforcement purposes and maintained solely by law enforcement or the SGC Security Department
- Employment records where employment is not connected to predoctoral researcher status
- Records related to treatment provided by a physician, psychiatrist, psychologist or other recognized professional or paraprofessional and disclosed only to the individuals providing treatment
- Alumni records created after the predoctoral researcher graduated from or left GSSIMR

Generally, GSSIMR must have written permission from the predoctoral researcher before any SGC entity can release information from the predoctoral researcher’s record.

Exceptions:

- Directory information (unless a “Directory Information Restriction Form” is filed with GSSIMR)
- To SGC officials who have a legitimate educational interest
- To federal, state or local authorities involving an audit or evaluation of compliance with educational programs
- In connection with financial aid, including Veterans’ benefits
- To organizations conducting studies for or on behalf of educational institutions
- To accrediting and state certification organizations
- To parents of a dependent predoctoral researcher (as defined by Internal Revenue code)
- To comply with a judicial order or subpoena
- In a health or safety emergency
- Results of a disciplinary hearing to an alleged victim of a crime of violence
At GSSIMR, “directory information” consists of a predoctoral researcher’s:

- Name
- Addresses (including e-mail)
- Telephone numbers
- Dates of attendance
- Most recent education institution attended
- Participation in officially recognized activities
- Degrees and awards received
- Thesis laboratory
- Photographs

A predoctoral researcher has the option to request that some or all directory information be restricted. In order to maintain directory information as confidential, a predoctoral researcher must sign a “Directory Information Restriction Form” and submit it to GSSIMR. This restriction will be in effect when it is received by the GSSIMR office and until a predoctoral researcher amends a form and signs it, and submits the amended form to GSSIMR.

An SGC official is defined as:

- A person employed by a SGC entity in an administrative, supervisory, academic, research, or support staff position (including security personnel and health staff)
- A person or company employed by or under contract to a SGC entity to perform a specific task (e.g., attorney, auditor, outsourced service provider)
- A member of any SGC entity’s Board of Directors
- A person serving on a GSSIMR committee
- A person assisting a SGC official in performing his or her tasks

At the post-secondary level, parents have no inherent rights to inspect a predoctoral researcher’s education records. Parents may obtain directory information at the discretion of GSSIMR. Parents may obtain non-directory information if the predoctoral researcher provides written consent. Parents also may obtain non-directory information at the discretion of GSSIMR and after it has been determined that the predoctoral researcher is a legal dependent (by Internal Revenue code) of the parent requesting the information. The parent will need to provide to the GSSIMR office a copy of their most recent Federal Income Tax return to document the predoctoral researcher’s dependent status.

To review the complete text of the Family Educational Rights and Privacy Act, or for additional information, contact the Associate Dean for Administration & Registrar.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 931 Transcript Issuance

Policy Number: 931

Effective Date: 6/1/16

Revised Dates:

Scope

This Policy on Transcript Issuance applies to faculty, staff, and predoctoral researchers (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose

The purpose of this Policy is to set forth the policies, rules, and procedures of GSSIMR with respect to issuing transcripts.

Policy

A current or former predoctoral researcher who wishes to obtain a copy of a transcript from GSSIMR must complete and sign a Transcript Request Form then submit the form in person, by mail, or as an e-mail attachment to the Graduate School office. Each request form must contain an original signature and/or be submitted as a signed PDF from the predoctoral researcher’s e-mail address. All financial obligations to GSSIMR must be paid before a transcript will be issued. Three business days should be allowed for processing transcript requests, except at the close of a term when more time may be required.

Transcripts are issued at no charge. Photo identification is required to pick up a transcript from the Graduate School office. Transcripts are mailed by standard U.S. Postal Service first-class delivery. Fees for any special delivery (such as Fed Ex) are charged to a predoctoral researcher’s credit card or collected in cash before sending the transcript.

Copies of transcripts from other institutions are not provided.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.

This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 932 Withdrawal Policy
Policy Number: 932
Effective Date: 6/1/16
Revised Dates:

Scope
This Policy on Withdrawal applies to faculty, staff and predoctoral researchers ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The purpose of this Policy is to set forth the policies, rules and procedures of GSSIMR with respect to withdrawing from GSSIMR.

Policy
A predoctoral researcher who wishes to withdraw from GSSIMR must meet with the Dean or his designee then submit a written notice to the Associate Dean for Administration & Registrar. The Associate Dean subsequently takes the necessary steps to end the predoctoral researcher’s affiliation with GSSIMR in a timely manner.

If a predoctoral researcher withdraws from GSSIMR, his or her transcript indicates a grade of “W” for the courses in which he or she was enrolled at the time of withdrawal. “Withdrawal from Program” and the date of withdrawal is noted on the transcript following the last term’s grades. The effective date of the withdrawal is a date indicated in the predoctoral researcher’s written notice or, if no date is indicated, it is the date the written notice is received by the Associate Dean for Administration & Registrar.

A predoctoral researcher who withdraws from GSSIMR and later wishes to be reinstated must reapply by following the same admission application process as all applicants.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 933 Transfer Credit

Policy Number: 933
Effective Date: 6/1/16
Revised Dates: 8/08/18

Scope
This Policy on Transfer Credit applies to faculty, staff, and predoctoral researchers (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this Policy is to set forth the rules and procedures of GSSIMR with respect to transfer of credit hours from another institution to GSSIMR.

Policy
No credit is given for hours earned at another institution. Due to the structure of the GSSIMR program, courses taken at other institutions are likely to be incompatible with and contrary to the GSSIMR program. The modular structure of the GSSIMR program, as opposed to the more common didactic courses at other institutions, immerses predoctoral researchers immediately in a research dynamic that extends through their laboratory rotations and into their thesis research. Moreover, the program is organized around the core disciplines and state-of-the-art capabilities of SIMR itself and the GSSIMR faculty. To award credit for hours earned at another institution would be contrary to the philosophy and structure of the GSSIMR program.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 934 Credit Hours
Policy Number: 934
Effective Date: 6/1/16
Revised Dates: 6/15/17

Scope
This Policy on Credit Hours applies to faculty, staff, and predoctoral researchers (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this Policy is to define a credit hour and describe how credit hours are determined for GSSIMR courses.

Policy
A credit hour is the unit of measuring educational credit, usually based on the number of classroom hours per week throughout a term. Credit hours for GSSIMR courses are based on the Carnegie unit which defines a semester unit of credit as equal to a minimum of three hours of work (for example, 1 hour of lecture plus 2 hours of homework/by-arrangement lab, or 3 hours of lab) per week for a 16-week semester.

For a lecture class, one Carnegie unit is considered to be one hour of lecture class time and two hours of homework per week. Total semester hours are calculated by multiplying the weekly hours by 16. [(1 hour lecture + 2 hours homework) x 16 weeks = 48 hours = 1 credit unit]

For a lab class, the hours per week are considered to be all in lab. One Carnegie unit is three hours per week of lab time. Total semester hours are calculated by multiplying the weekly hours by 16. [3 hours lab x 16 weeks = 48 hours = 1 credit unit]

When a predoctoral researcher is required to use supervised on-site labs to complete assignments in place of homework, those hours are classified as by-arrangement lab hours and are counted the same as homework hours.

Credit for GSSIMR’s courses is calculated for a course to contain the same number of hours as if the course were scheduled for a full semester. Shortened courses provide adequate time for predoctoral researchers to complete homework and by-arrangement lab assignments.

Module Courses:
Module courses in the first fall term earn 2 credit units each. A typical module course is a combination of lecture, homework and by-arrangement lab. [Example: (16 hours lecture + 32 hours homework/by-arrangement lab) x 2 weeks = 96 hours]

Rotation Labs:
Rotation Lab courses in the first spring term are lab classes and earn 6 credit units each. [Example: 36 hours x 8 weeks = 288 hours]
Thesis Labs:
Thesis Lab courses are lab classes and earn 6, 15 or 18 credit units each, depending on the length of the term.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Policy 935 GSSIMR Records Retention and Release

Policy Number: 935

Effective Date: 6/20/17

Revised Dates:

Scope
This Policy on GSSIMR Records Retention and Release applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this Policy is to define the process of records retention and release for Covered Individuals.

Policy
GSSIMR conforms to federal regulations known as the Family Educational Rights and Privacy Act, or FERPA. The purpose of FERPA is to provide rights to students and their families with regard to access and privacy of academic records. FERPA guarantees students at the postsecondary level the right to inspect and view their academic records. It also prohibits GSSIMR from releasing information from a student's record to any third party unless the student authorizes the release. For a more complete policy, see FERPA Policy Number 930.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the Records Retention and Management Policy as its own. For a more complete policy, see Policy Number 207.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Scope
This Policy on Faculty Appointment and Responsibilities applies to faculty (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this Policy is to set forth the rules and procedures of GSSIMR with respect to faculty appointment and faculty responsibilities.

Policy
Faculty Appointment
Faculty appointments are determined by the Dean. The majority of GSSIMR faculty are SIMR investigators. Additional faculty may be recruited and appointed from other SIMR scientists and external scholars based on their qualifications, the need within GSSIMR, and their contributions to the Graduate School.

GSSIMR maintains oversight of faculty qualifications. All GSSIMR faculty have at least one terminal degree. Most faculty are internationally recognized scientists who have published in top-tier scientific journals.

Faculty candidates meet with the GSSIMR Dean to discuss areas of research and interests in teaching and service to GSSIMR. The Dean discusses the curriculum in depth with the investigator or scientist to determine where they could fit in with the needs of the Graduate School. During the appointment process, the Dean may consult with the faculty candidate’s scientific supervisor to ensure the faculty will have sufficient time to devote to the educational activities required with the appointment. The Dean may take into consideration recommendations of supervisors at SIMR or other recommendations for external scientists and scholars. All appointments are made by the Dean and ratified by the GSSIMR Board of Directors.

Faculty Responsibilities
Faculty at GSSIMR have three primary roles. Every designated faculty member is expected to participate in governance. Participation by faculty in teaching and advising varies by individual and term. Faculty members will engage with at least one, if not all, of the following activities.

Teaching Responsibilities:
1. Organize and teach module courses that are specific to field of expertise.
2. Facilitate predoctoral researchers through laboratory rotations, in which they are immersed in the laboratory’s research program where they address a specific research question.

3. Evaluate each predoctoral researcher by assigning a grade and providing comments on module course reports, rotation lab reports, term reports or as requested.

**Advisor Responsibilities:**

1. Serve as thesis advisor to predoctoral researchers for the duration of their time in the lab, as they develop and carry out a research project(s) and prepare for the assessment, thesis writing and thesis defense.

2. Serve on thesis supervisory committees for predoctoral researchers, as requested.

**Governance Responsibilities:**

1. Attend Faculty Governing Council meetings and participate in decision making process.

2. Serve on faculty committees and participate in the shared governance of GSSIMR.

**Faculty Designation:**

Appointment is determined by the Dean

**Qualifications:**

Terminal degree in a discipline relevant to biomedical science and/or biomedical education.

**Reporting Structure:**

Position reports to the Dean of GSSIMR

This policy was approved by the GSSIMR Board of Directors on September 19, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2020.
Protocol 1001 Conference Allowance

Protocol Number: 1001
Effective Date: 6/1/16
Revised Date: 4/27/18

Protocol

Predoctoral researchers in good standing are each eligible for a $1500 allowance each calendar year for five years (starting January 1 of the first academic year, ending December 31 of the sixth academic year), and a $750 allowance from January 1 – June 30 of the sixth academic year. Expenses over $1500 need to be paid by the predoctoral researcher or by his/her thesis lab. Any unused allowance amount of $1500 or less can be carried over to the next calendar year; the total allowance for any calendar year cannot exceed $3000. Any allowance balance remaining on June 30 of the sixth academic year will be forfeited. The purpose of the conference allowance is for predoctoral researchers to attend a scientific conference or training each year. Examples of typical expenses include (but are not limited to):

- Conference registration costs
- Airfare and/or personal auto mileage between Kansas City and the conference/training
- Rental car
- Ground transportation to and from an airport
- Hotel or similar lodging for an eligible trip
- Meal costs during the trip

The provisions of GSSIMR travel policy(ies) apply.

The following process must be followed to receive funding:

1. Predoctoral researcher provides advisor with information about the conference/training and secures his/her approval to attend.
2. Predoctoral researcher provides the conference/training information to the GSSIMR Associate Dean for Administration.
3. Advisor sends her/his written approval for the predoctoral researcher to attend the conference/training to the Associate Dean for Administration (e-mail is acceptable).
4. The Graduate School office reviews the request and notifies the predoctoral researcher and advisor whether or not the allowance is approved.

If the allowance is approved, The Graduate School office can work with a predoctoral researcher to register for the conference and arrange travel. Eligible costs will be directly applied to the conference allowance.

Once other expenses have been incurred and paid for, a predoctoral researcher coordinates with the lab’s administrative assistant and GSSIMR to submit these expenses for approval within 14 days of incurring the expense. Expenses must be itemized with original receipts or other
supporting documentation indicating the nature of the expense and proof of payment. Requests are processed within a reasonable period, with any reimbursements delivered by electronic deposit.

Because conference attendance is a required part of the graduate program, the conference allowance expenses are not taxable to the predoctoral researcher.
Protocol 1002 Personal Travel Allowance

Protocol Number: 1002
Effective Date: 6/1/16
Revised Date: 5/4/18

Protocol
Predoctoral researchers in good standing are each eligible for a $1500 allowance each calendar year for five years (starting January 1 of the first academic year, ending December 31 of the sixth academic year), and a $750 allowance from January 1 – June 30 of the sixth academic year. The allowance may be used on multiple trips home per year until the full $1500 is used. If the trip home exceeds the $1500 allowance, the predoctoral researcher is responsible for paying the additional amount. Any unused allowance amount of $1500 or less can be carried over to the next calendar year; the total allowance for any calendar year cannot exceed $3000. Any allowance balance remaining on June 30 of the sixth academic year is forfeited.

The purpose of the travel allowance is to help defray the cost of travel to a predoctoral researcher’s home outside of the Kansas City area. This allowance is only for the predoctoral researcher’s personal travel, but not for family members'. Examples of typical expenses include (but are not limited to):

- Airfare and/or personal auto mileage between Kansas City and home outside the Kansas City area
- Rental car
- Ground transportation to and from an airport
- Hotel or similar lodging for an eligible trip

Once expenses have been incurred and paid for, predoctoral researchers submit these expenses to The Graduate School office for approval within 14 days of incurring the expense. Expenses must be itemized with original receipts or other supporting documentation indicating the nature of the expense and proof of payment. Requests are processed within a reasonable period via payroll.

OR

The Graduate School office can work with predoctoral researchers to select flights and arrange air travel. Eligible costs will be directly applied to the travel allowance. Predoctoral researchers are responsible for providing a credit card or reimbursing GSSIMR for costs that exceed the amount of the allowance.

The travel allowance is taxable. Quarterly, Accounting notifies predoctoral researchers of their tax liability if they have incurred travel allowance expenses for the previous quarter. Affected predoctoral researchers then complete a form and select the number of paychecks from which the associated taxes will be withheld. These amounts are reported on the predoctoral researcher’s payslip and to the Internal Revenue Service, along with a predoctoral researcher’s other taxable wages.
Protocol 1003 Moving Expenses

Protocol Number: 1003
Effective Date: 6/1/16
Revised Date: 4/27/18

Protocol

Each predoctoral researcher moving to the Kansas City area from within the United States receives a moving allowance in the amount of $1,000.00. Each predoctoral researcher moving internationally receives a moving allowance in the amount of $2,000.00. Each predoctoral researcher residing in the Kansas City area at the time of acceptance does not receive a moving allowance.

Once eligible moving expenses have been incurred and paid for, predoctoral researchers must submit these expenses to the Graduate School office for approval within 30 days of incurring the expense. Expenses must be itemized with original receipts or other supporting documentation indicating the nature of the expense and proof of payment. Requests are processed via payroll after the predoctoral researcher’s start date.

Alternatively, the Graduate School office can work with predoctoral researchers to select flights and arrange air travel to move to Kansas City. Eligible costs are directly applied to the moving allowance. Predoctoral researchers must reimburse GSSIMR for airfare that exceeds the amount of the allowance, or the amount can be deducted from the first paycheck(s).

This allowance may be applied toward expenses incurred to enable predoctoral researchers to move themselves, their family (if applicable) and personal household belongings from their previous city of residence to their new place of residence in the Kansas City area.

Examples of eligible moving expenses include (but are not limited to):

- Airfare and/or personal auto mileage (while en route from previous residence to Kansas City)
- Lodging (while en route from previous city of residence to Kansas City)
- Meals during the move trip
- Car rental
- Moving company expenses
- Storage of personal goods
- Temporary housing (for example, a hotel until an apartment or house can be secured, beyond the three weeks of transitional housing accommodations provided)

Moving expenses are taxable. Accounting calculates the associated taxes on the moving expense reimbursement and increases the reimbursement to cover the taxes. The total reimbursement is reported on the predoctoral researcher’s payslip with appropriate taxes withheld. These amounts are then reported to the Internal Revenue Service along with a predoctoral researcher’s other taxable wages.
Protocol 1020 Laboratory Rotations Placement

Protocol Number: 1020
Effective Date: 08/01/2017
Revised Date: 4/27/18

Protocol

Each predoctoral researcher participates in three laboratory rotations during the spring term of their first year. These three rotations assist the predoctoral researcher in determining a thesis lab.

The decision for the first two laboratory rotations is made by the end of the predoctoral researchers’ first fall term. The decision for the third rotation is made midway through the second rotation in the spring term. Each laboratory rotation is decided by mutual consent of the predoctoral researcher and the principal investigator. Predoctoral researchers are encouraged to consider rotation labs based on their individual interest and interview with the potential principal investigators. The interview should include a discussion of potential rotation projects. Once the predoctoral researcher has narrowed their interest to two top laboratories, he/she can again approach the principal investigators with a request to rotate in the laboratory. If both the principal investigator and predoctoral researcher agree, they should work out the order of the rotations.

Predoctoral researchers should base their decisions for rotations on the following factors:

1) Research interest. The module courses and principal investigators’ talks (when principal investigators discuss their research with the first-year class) are opportunities for the predoctoral researcher to be exposed to the research topics.

2) Matching principal investigator temperament and mentoring style to a predoctoral researcher’s learning style. Predoctoral researchers will be exposed to aspects of a principal investigator’s style during the module courses, and they should seek out this information during their interview with the principal investigator and by talking to members of the laboratory.

3) Seriousness in joining the laboratory. Predoctoral researchers should rotate only in laboratories that they are serious about joining. Rotating to learn a technique is highly discouraged.

Principal investigators should base their decisions for rotations on the following factors:

1) Budget. Prior to confirmation of rotations, principal investigators will submit a report to the Associate Dean for Administration that states that the lab’s budget will be sufficient to support a predoctoral researcher for thesis research (if the principal investigator and a predoctoral researcher mutually agree on a thesis lab placement).

2) Space. Principal investigators should allow a rotation only if they have sufficient space and resources in the laboratory to support the predoctoral researcher for thesis research. Allowing a predoctoral researcher to rotate to learn a technique is highly discouraged.

3) Fit. The predoctoral researcher has demonstrated an adequate fit with the lab environment.
Once a rotation is agreed upon and the above criteria have been met, both the principal investigator and the predoctoral researcher should separately confirm the arrangement in writing to the Associate Dean for Administration.
Protocol 1021 Fourth Rotation

Protocol Number: 1021

Effective Date: 6/1/16

Revised Dates: 6/15/17; 4/27/18

Protocol

The option of a fourth rotation is reserved for the rare occasion that a predoctoral researcher cannot find an adequate fit during her/his first three rotations for reasons beyond her/his control. If such a situation does arise, the predoctoral researcher will need to initiate the request for a fourth rotation as outlined in this protocol.

Each predoctoral researcher participates in three lab rotations during the spring term of their first year. These three rotations assist the predoctoral researchers in determining a thesis lab. On occasion, a predoctoral researcher requests a fourth rotation to aid in selecting a thesis lab.

A guideline of circumstances that may or may not achieve the granting of a fourth rotation are outlined below. A request will not be considered if the predoctoral researcher has failed any of the fall module courses. If a request is considered, a determination will be made on a case-by-case basis.

The following are circumstances, largely out of the predoctoral researcher’s control, in which a fourth rotation may be granted:

1. During or after a rotation, it is determined that a principal investigator will be leaving SIMR. These reasons include, but are not limited to, the principal investigator leaving for another position or retiring.
2. During or after a rotation, it is determined that a principal investigator’s lab is not available to the predoctoral researcher for thesis research due to budget issues.
3. For reasons outside of the control of the predoctoral researcher, he or she was unable to place in a thesis lab.

The following reasons, which are in the control of the predoctoral researcher, are NOT grounds for a fourth rotation:

1. Poor academic and/or scientific performance, as documented by the principal investigator, in one or more rotations.
2. Demonstration of a poor attitude, as documented by the principal investigator, during one or more rotations.
3. A failing grade, as documented by the principal investigator, in one or more rotations. Two failing grades will result in automatic dismissal.

Requests for a fourth rotation should be made to the Dean in writing as soon as the need becomes apparent, but no later than the seventh week of the third rotation. Significant and unexplained delays in making a request may be grounds to deny a request for a fourth rotation. Both the Associate Dean for Academic Affairs and the Dean are available in person or via email at any time. Predoctoral researchers are strongly encouraged to consult either one or both with questions and concerns as they arise during a rotation even prior to any formal request.
Once a request is made in writing, the Dean will make a decision regarding the fourth rotation within five business days and will notify the predoctoral researcher by email of the decision. All decisions made by the Dean are final.

If a predoctoral researcher fails to match in a thesis lab and is not granted a fourth rotation, the predoctoral researcher will be dismissed from GSSIMR.

If a predoctoral researcher fails to match in a thesis lab and is granted a fourth rotation and again fails to match in a thesis lab, the predoctoral researcher will be dismissed from GSSIMR. There is no option for a fifth rotation.
**Protocol 1022 Rotation Presentations**

**Protocol Number: 1022**

**Effective Date: 8/1/19**

**Revised Dates:**

**Protocol**

At the end of the second rotation, each predoctoral researcher makes a brief presentation to the Rotation Committee on what he/she performed and accomplished in one of the first two rotations and answers queries raised by the committee members.

Rotation Committee talks: The presentation should be about what the predoctoral researcher performed and accomplished in one of the first two rotations and be a shortened version of the presentation made to the rotating lab, with edits to meet the specifications below. This presentation should be 10 minutes long, and it will be followed by 5-10 minutes of Q&A with the Rotation Committee members.

a. Predoctoral researchers should learn how to give a short (~10-minute) talk to a general audience, and the rotation presentation is one of the first opportunities to do this. The most effective talks are prepared in advance, approved by the lab head, and practiced in front of peers. They should:
   - Start with an open question in the field
   - Provide brief background about the question to be asked
   - Explain experimental approach(es) to address the question
   - Present results and their analysis
   - End with a brief summary and future plans

2. Each slide should have a title. Plots should be labeled and statistical analysis should be included, where possible, including error bars and tests for significance. Since data from other lab members is often part of the background and even the results, predoctoral researchers should be sure to acknowledge the work of others by placing names/citations on the lower right corner of the slide and acknowledging fellow lab members at the end of the presentation.

Evaluation Criteria: The Rotation Committee will evaluate the comprehension of the project, including the background of the field and justification for pursuing the course of investigation; the understanding of the methods used and of alternative methods that can address the questions posed by the project; the explanation and interpretation of project results both methodologically and as it relates to the questions/hypothesis of the project; and the overall clarity of the presentation. Evaluation will be done both in watching the presentation and in asking questions of the speaker. The Rotation Committee assigns grades for the presentations and provides those to the Dean.
Learning Objectives for Laboratory Rotation Presentations to Rotation Committee:

1. Predoctoral researchers will deliver a brief presentation on their research project including a suitable introduction of the problem for a general audience, results and conclusions, and answer questions from the audience.
2. Predoctoral researchers will assemble and present research figures with title and labels, understand what each element of the figure means, use readable and distinguishable colors and provide attribution, when needed.
3. Predoctoral researchers will demonstrate that they have based their experiments on hypothesis driven research.
4. Predoctoral researchers will understand and communicate the purpose of a specific experimental approach and alternative approaches to answer the same question.
5. Predoctoral researchers will analyze whether experiments have worked or failed and begin to interpret results.

Evaluation Scale:
1 – Did not meet expectations
2 – Met some expectations
3 – Met expectations
4 – Exceeded some expectations
5 – Exceeded expectations
Evaluation of Learning Objectives

The Learning Objectives for Laboratory Rotation Presentations to the Rotation Committee are listed in the left-hand column of the table below. The Rotation Committee evaluates each learning objective for each predoctoral researcher and records the evaluations in the table, using the 1-5 scale.

Evaluation Scale:
1 – Did not meet expectations
2 – Met some expectations
3 – Met expectations
4 – Exceeded some expectations
5 – Exceeded expectations

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<thead>
<tr>
<th>LEARNING OBJECTIVE</th>
<th>EVALUATION</th>
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<tr>
<td>1. Predoctoral researchers will deliver a brief presentation on their research project including a suitable introduction of the problem for a general audience, results and conclusions, and answer questions from the audience.</td>
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Comments and Grades

The Rotation Committee evaluates each presentation according to the Evaluation Criteria, assigns a grade for the presentation, and provides the evaluations and grade to the Dean.

Rotation Committee’s evaluation and comments:

Grade (Pass or Fail):
Protocol 1023 Thesis Laboratory Placement
Protocol Number: 1023
Effective Date: 08/01/2017
Revised Dates: 12/04/17; 5/04/18

Protocol
Predoctoral researchers enter thesis laboratories of their choosing in the summer term of the first year. Placements are made with the consent of the faculty and final approval by the Dean. Predoctoral researchers are expected to develop and execute a research project that addresses a significant biological question to satisfy the requirements of a Ph.D. degree in their thesis laboratories.

Predoctoral researchers base their decisions for thesis laboratories on the following factors:

4) Research interest. Module courses, faculty talks about their lab’s research to the first-year class, and rotation experiences are opportunities for the predoctoral researcher to be exposed to the research topics being explored in faculty laboratories.

5) Learning style. Predoctoral researchers are exposed to aspects of a faculty’s mentoring style and scientific focus during the module courses and rotation experiences. They are encouraged to select a faculty whose mentoring style matches their learning style.

Faculty accept GSSIMR predoctoral researchers into their laboratories for their thesis work based on the following factors:

4) Budget. The faculty’s budget must be sufficient to support a predoctoral researcher for at least the first five terms (approximately 18 months) of thesis research, with the intent that the budget will be sufficient to support the predoctoral researcher for the entirety of their thesis research.

5) Fit. The predoctoral researcher has demonstrated an adequate fit with the lab environment.

The Dean acts to ensure that faculty is able to provide a successful environment for crafting and completing the thesis. Three to four months before the start of rotations, the Dean determines the eligibility of laboratories to host predoctoral researchers. This determination is made based on an assessment of the following three factors:

1) Budget. The Dean’s determination is based upon a financial projection from the SIMR Finance Department for the first five terms of thesis research. For any laboratory deemed by the Finance Department to have insufficient resources, the Dean will contact the faculty to determine if there are contingency plans or extenuating circumstances that might allow the faculty to successfully support a predoctoral researcher’s thesis endeavors.

2) Space and Resources. The Dean’s assessment on this factor is based on conversations with the faculty.

3) Overall Performance as a GSSIMR Faculty Member. This determination is influenced by the following factors: failure to adequately advance current predoctoral researchers in
the lab toward program completion; evidence of not fulfilling duties of a thesis advisor; failure to perform duties of a GSSIMR faculty member; or behavior by the faculty that is contrary to GSSIMR policies.

Process

Predoctoral researchers

During each of their three rotations, predoctoral researchers should fully engage in the laboratory experience, including following direction from the faculty, attending meetings, and focusing on successfully completing a small project. They should consider their research interest and faculty’s mentoring styles to assist them with selecting a lab for thesis research.

By the end of the sixth week of the third rotation (or another date announced in advance by the Associate Dean for Administration), predoctoral researchers do the following:

1) Select a lab for thesis research. Meet with that lab’s principal investigator or director to express interest. Determine if the principal investigator or director consents to the placement. If the placement is agreed upon, the process continues. If the placement is not agreed upon, the predoctoral researcher repeats this step until a thesis lab placement is determined. The predoctoral researcher may consult with the Associate Dean for Academic Affairs and/or the Dean.

2) Email the Associate Dean for Administration to confirm the lab placement for thesis research.

3) Contact (in person, if possible) the principal investigators or directors of the other rotation labs to let them know which lab was chosen for thesis research.

4) Wait for the Dean’s approval of the thesis lab placement.

Faculty

During predoctoral researchers’ rotation lab experiences, faculty should assess a predoctoral researcher’s fit with the lab environment.

When considering a thesis lab placement, faculty complete the following steps in the timeframe and order that makes the most sense for the situation:

- Meet with the interested predoctoral researcher to discuss their interest in the lab for thesis research.
- Assess their budget to determine if it is sufficient to support a predoctoral researcher for the first five terms (approximately 18 months) of thesis research. (The intent is that their budget will be sufficient to support the predoctoral researcher for the entirety of their thesis research.) If there is any question about the sufficiency of the budget, the faculty consults with the SIMR Finance Department or Dean, as appropriate.
- Consider the space and resources available in the lab to determine if the lab can accommodate a predoctoral researcher for thesis research.
If a faculty completes the steps above and decides to accept a predoctoral researcher for thesis research, he/she will do the following by the end of the sixth week of the third rotation (or another date announced in advance by the Associate Dean for Administration):

1) Confirm the thesis lab placement with the predoctoral researcher.
2) Email the Associate Dean for Administration to confirm their willingness to accept the predoctoral researcher for a thesis placement.

**SIMR Finance Department**

1) Prior to rotation lab selections, the Finance Department provides the Dean’s office with a report that places all labs in one of three categories:
   a. Labs that *have* budgets that will be sufficient to support a predoctoral researcher for the first five terms (approximately 18 months) of thesis research.
   b. Labs that *might have* budgets that will be sufficient to support a predoctoral researcher for the first five terms (approximately 18 months) of thesis research.
   c. Labs that *do not have* budgets that will be sufficient to support a predoctoral researcher for the first five terms (approximately 18 months) of thesis research.

When preparing this report, the Finance Department takes into consideration a faculty’s anticipated promotion, as well as the lab’s monetary obligations, expected grant renewal(s), and turnover of personnel.

2) Early in the third rotation, the Finance Department reviews the report prepared previously and, if necessary, provides a revised report to the Dean.

**GSSIMR Staff**

The Associate Dean for Academic Affairs is available throughout the thesis lab selection process to provide guidance and assistance to predoctoral researchers, faculty, and other staff members.

**Associate Dean for Administration:**

1) Receive emails from predoctoral researchers with their thesis lab selections.
2) Receive emails from faculty to confirm thesis lab placements.
3) After discussion with the Dean, confirm the thesis lab placement with the predoctoral researcher and faculty.
4) Make arrangements with SIMR administrative and scientific departments for the predoctoral researcher to join the lab for thesis research.

**Dean:**

As noted above, the Dean will assess the acceptability of each proposed placement, based on the following criteria:

1) Budget.
2) Space and Resources.
3) Overall Performance as a GSSIMR Faculty Member.

Should any of these three criteria suggest that a given placement might not be in the best interest of the predoctoral researcher or GSSIMR, the Dean should consult directly with the faculty. The
purpose of that meeting is to explore opportunities to address significant concerns. Following that conversation, the Dean will take one of the following actions:

1) If the Dean approves of a desired thesis lab placement, he/she notifies the Associate Dean for Administration who informs the predoctoral researcher and faculty.

2) If the Dean does not approve of a desired thesis lab placement, he/she consults with the faculty, GSSIMR president, and/or SIMR scientific director, as appropriate, to attempt to resolve the situation. If a desired placement is not approved, the Dean meets with the predoctoral researcher.

3) If the desired placement is not approved after the Dean’s attempts to resolve a situation, the Dean works with the Associate Dean for Academic Affairs, GSSIMR president, SIMR scientific director, CFO, and/or SIMR president, as appropriate, to assist the predoctoral researcher with finding a thesis lab placement.
Protocol 1024 Faculty Member’s Departure

Protocol Number: 1024
Effective Date: 6/1/16
Revised Dates: 7/19/17; 04/27/18

Protocol

On occasion, a faculty member of the Graduate School of the Stowers Institute for Medical Research may leave his/her position as a principal investigator at the Stowers Institute for Medical Research (“SIMR”), which may impact a predoctoral researcher’s rotation or thesis research in the principal investigator’s laboratory.

Rotation Laboratory

If a principal investigator will be leaving SIMR, a predoctoral researcher may not select the principal investigator’s laboratory for a rotation between the time of the announcement and the principal investigator’s departure from SIMR.

If the principal investigator will leave his/her position as a principal investigator, but remain at SIMR in another position, the predoctoral researcher may be allowed to select that laboratory for a rotation. This will be determined in part by the principal investigator’s new position. The predoctoral researcher will consult with the Dean to determine if this is a possibility.

If the announcement of the principal investigator’s departure is made during a predoctoral researcher’s rotation, the predoctoral researcher will consult with the Dean to determine if he/she will complete the rotation in that laboratory or in another laboratory at SIMR.

Thesis Laboratory

If a principal investigator chooses to leave SIMR to move to another institution, the predoctoral researcher in his/her lab may move to the principal investigator’s new lab and earn a degree from GSSIMR if:

1) the principal investigator wants the predoctoral researcher to move AND
2) the predoctoral researcher wants to move AND
3) the predoctoral researcher has been conducting thesis research in the principal investigator’s lab at SIMR for at least one year AND
4) the predoctoral researcher has successfully completed his/her Qualifying Assessment

If, for any reason, the predoctoral researcher will remain at SIMR instead of moving with the principal investigator, the predoctoral researcher will consult with the Dean, potential thesis advisor(s) and his/her Supervisory Committee (if formed) to determine an available lab at SIMR in which to complete his/her thesis research and earn a degree from GSSIMR.

If the principal investigator’s appointment is not renewed, or he/she is asked to leave SIMR for any reason, or the principal investigator chooses to leave SIMR, but does not move to another institution (e.g., retires), the predoctoral researcher in that lab will either be allowed to complete his/her thesis research before the principal investigator leaves SIMR or will consult with the Dean,
potential thesis advisor(s) and his/her Supervisory Committee (if formed) to determine an available lab at SIMR in which to complete his/her thesis research and earn a degree from GSSIMR.

If the principal investigator leaves his/her position as a principal investigator, but remains at SIMR in another position, the predoctoral researcher will either be allowed to complete his/her thesis research in the principal investigator’s lab or will consult with the Dean, potential thesis advisor(s) and his/her Supervisory Committee (if formed) to determine an available lab at SIMR in which to complete his/her thesis research and earn a degree from GSSIMR. This will be determined in part by the principal investigator’s new position.

The GSSIMR Dean must be kept informed of any deliberations that involve the placement of predoctoral researchers in their rotation or thesis research labs.

Any exceptions to these rules must be discussed with and approved by the GSSIMR Dean and the SIMR Scientific Director. In the event of a split decision or an appeal by a predoctoral researcher, the GSSIMR President, after consulting with the SIMR President and CEO, will have final approval.
Protocol 1025 Supervisory Committee
Protocol Number: 1025
Effective Date: 6/1/16
Revised Dates: 6/19/17; 4/27/18

Protocol

Committee’s Roles and Responsibilities:

Predoctoral researchers are expected to complete their thesis within approximately 5 years of matriculation, and the Supervisory Committee plays a key role in guiding this process. Committee members serve as mentors and should be available to the predoctoral researcher for consultation, as needed. The Supervisory Committee is key in the following areas:

1. Qualifying Assessment – within first three years of a predoctoral researcher’s program
   - Read proposal turned in by the predoctoral researcher in preparation for Qualifying Assessment
   - Attend oral presentation by predoctoral researcher
   - Evaluate predoctoral researcher

2. Supervisory Committee meetings – required once a year; recommended two times each year
   - Attend oral presentation by predoctoral researcher
     - GSSIMR faculty: Attend all meetings
     - Committee member from outside the Stowers Institute for Medical Research (“SIMR”): Participate in person, by phone or Skype, or through consultation apart from the committee meeting
   - Evaluate predoctoral researcher’s progress and provide recommendations and feedback on their project(s)
   - Provide feedback and participate in discussions about professional development and career path

3. Thesis Defense
   - Read thesis prepared by the predoctoral researcher
   - Attend oral presentation by predoctoral researcher
   - Evaluate predoctoral researcher to determine if requirements for the Ph.D. degree in Biology have been met

Committee Formation:

A Supervisory Committee is formed after the predoctoral researcher enters the thesis lab in June of the first year. Each Supervisory Committee is comprised of a minimum of four faculty members, one of whom is the thesis research advisor. The remaining members (at least one of whom is an Investigator or Associate Investigator at SIMR) are appointed by the thesis research advisor and predoctoral researcher and approved by the Dean. One of the committee members may be faculty from outside SIMR. The predoctoral researcher needs to notify the Associate Dean for Administration of the committee members by October 1st of the second year.
Travel Expenses for Outside Committee Member:

GSSIMR covers the costs for the travel, meals and accommodation for the Supervisory Committee member who is from outside SIMR, as follows:

- For the Qualifying Assessment
- For one Supervisory Committee meeting each year (optional; determined by each committee)
- For the Thesis Defense

If a Supervisory Committee member’s visit to SIMR is extended for purposes unrelated to the committee meetings, GSSIMR works with the relevant members of SIMR to determine the fair distribution of expenses.

The administrative assistants for the relevant laboratory and GSSIMR coordinate the division of duties to arrange the travel for each meeting.

Supervisory Committee Meetings:

The objective of the Supervisory Committee meetings is to evaluate the predoctoral researcher’s progress, provide recommendations and feedback on their project(s), and assist with their professional development. Predoctoral researchers are required to meet with their Supervisory Committee once a year (and generally meet with them twice a year) to give an oral presentation of their progress. This includes some background and recap of previous meeting(s).

Scheduling of the meetings is done by the predoctoral researcher and research advisor, at times of year that are agreed upon in advance by the committee members. The predoctoral researcher informs the Associate Dean for Administration of the meeting at the time it is scheduled, and the Graduate School office assists with meeting arrangements.

Two to three days prior to the Supervisory Committee meeting, the predoctoral researcher sends to the committee members a brief (two to three pages, double spaced) summary of the objectives for the meeting, whether it be help with one particular aspect of a project, review of soon-to-be published material, or readiness to defend a thesis. This summary includes a recap of the previous meeting and the progress that has been made since that meeting.

The predoctoral researcher takes to the meeting a blank copy of the Supervisory Committee Meeting Report document. At the beginning of the meeting, one committee member (not the advisor) is appointed as chair of the committee to complete the Report. After the discussion, all committee members sign one copy of the Report, and the chair sends that in interoffice mail to the Associate Dean for Administration. Within a week of the Supervisory Committee meeting, the chair completes a blank form, emails it to the Associate Dean for Administration and copies all committee members, and attaches a copy of the predoctoral researcher’s summary of the objectives for the meeting.
Protocol 1026 Qualifying Assessment

Protocol Number: 1026
Effective Date: 6/30/17
Revised Dates: 10/5/17; 4/27/18

Protocol

Within the first two years of their thesis research, predoctoral researchers undergo a Qualifying Assessment, which consists of a written thesis proposal and an oral presentation. The primary aim of the Qualifying Assessment is to provide the predoctoral researcher with an invaluable opportunity to receive constructive feedback in order to strengthen his or her proposal.

The written proposal may be conceived with the assistance of a research advisor, but should represent the predoctoral researcher’s own plan. The written proposal contains the specific aims of the research, detailed background, preliminary data, and planned experimental approaches for the thesis project being pursued or a closely related project (as determined in consultation with the predoctoral researcher’s research advisor). An additional part of the proposal is a brief summary (two to three pages, double spaced) of the objectives for the meeting, similar to what is prepared for any Supervisory Committee meeting.

The oral component of the Qualifying Assessment includes the discussion of the project with the Supervisory Committee. The research advisor should be present for the discussion of the project but may not be present when the Supervisory Committee votes on a grade of Pass or Fail.

Preparing for the Qualifying Assessment:

Predoctoral researchers are expected to fully prepare for the Qualifying Assessment, and failure to adequately do so will require a second assessment. Failure to adequately prepare for a second assessment is grounds for dismissal from the program as determined by the Academic Progression and Assessment Committee.

To schedule the Qualifying Assessment, the predoctoral researcher works with GSSIMR’s Administrative Coordinator to find a date and time when all Supervisory Committee members are able to attend. Three hours should be allowed for the Qualifying Assessment, and the Administrative Coordinator will arrange a conference room and appropriate catering for the meeting. GSSIMR will arrange travel for the outside committee member and coordinate preparations with the lab’s administrative assistant. Outside committee members may be present for the Qualifying Assessment via Skype.

The predoctoral researcher sends the written proposal and brief summary to the Supervisory Committee and the Associate Dean for Administration at least two weeks prior to the Qualifying Assessment so the committee has time to read all of it. If the Supervisory Committee needs more than two weeks to read the proposal and summary, they need to let the predoctoral researcher know well in advance.

The written portion is 5-10 pages long, single space. It is written like an NIH proposal with Introduction, Specific Aims, Background and Significance, Preliminary Data, and Planned Experimental Approaches to address each Aim. Examples to review can be found at:
http://www.niaid.nih.gov/researchfunding/grant/pages/appsamples.aspx. The written portion should contain clearly labeled figures and be carefully checked for spelling and grammatical errors. Some amount of time and effort needs to be applied to make an optimal proposal. It should be written by the predoctoral researcher, but can be revised with the aid of the research advisor and other members of the lab. An additional part of the proposal is a brief summary (two to three pages, double spaced) of the objectives for the meeting, similar to what is prepared for any Supervisory Committee meeting.

The Qualifying Assessment:

The Qualifying Assessment is scheduled for three hours. The oral presentation component of the Qualifying Assessment is 20-30 minutes long and followed by extensive discussion. The presentation is less general than a Friday Science Club talk, but less specific than a lab meeting. It should be revised and practiced with the research advisor and other lab members.

The predoctoral researcher takes to the meeting a blank copy of the Qualifying Assessment Report document. At the beginning of the meeting, one committee member (not the advisor) is appointed as chair of the committee to complete the Qualifying Assessment Report. After the oral presentation, all committee members sign one copy of the Qualifying Assessment Report, and the chair sends that in interoffice mail to the Associate Dean for Administration. Within a week of the Qualifying Assessment, the chair completes a blank form, emails it to the Associate Dean for Administration and copies all committee members, and attaches a copy of the written proposal.
Protocol 1027 Ph.D. Thesis

Protocol Number: 1027
Effective Date: 6/30/17
Revised Dates: 10/5/17; 6/13/18

Protocol

The completion of a body of research that addresses a significant biological problem and is likely to result in at least one publication in a high-impact journal is required for the successful completion of the Ph.D. research program. The Supervisory Committee will ultimately assess whether this criteria is met during the Thesis Defense. In general, the publication forms the main body of a thesis. A detailed literature review precedes the thesis and a discussion of the possible next steps in the research follows the thesis. A detailed reference section is added at the end of the thesis with citations throughout the document.

To defend the thesis, a predoctoral researcher presents an open seminar and subsequently is examined by the Supervisory Committee. Satisfactory defense of the thesis and fulfillment of all requirements of GSSIMR results in the granting of the Ph.D. degree in Biology.

Preparing for the Thesis Defense:

Prior to scheduling a Thesis Defense, the predoctoral researcher meets with members of her/his Supervisory Committee (at least the GSSIMR faculty members) with the intent of proposing the final timeline towards the Thesis Defense. This meeting is scheduled as a regular Supervisory Committee meeting with additional information about the predoctoral researcher’s intent written in the summary provided to the committee. If the Supervisory Committee agrees to the proposed content of and a timeline for the Thesis Defense, the predoctoral researcher schedules it as instructed below.

To schedule the Thesis Defense, the predoctoral researcher works with GSSIMR’s Administrative Coordinator to find a date and time when all Supervisory Committee members are able to attend. Four hours should be allowed for the Thesis Defense: one hour for the open seminar followed by three hours for examination by the Supervisory Committee. GSSIMR’s Administrative Coordinator will arrange appropriate conference room(s) and catering for the meeting. GSSIMR will arrange travel for the outside committee member and coordinate preparations with the lab’s administrative assistant. Outside committee members may be present for the Thesis Defense via Skype.

The predoctoral researcher sends the thesis to the Supervisory Committee and the Associate Dean for Administration at least two weeks prior to the Thesis Defense so the committee has adequate time to read and review the document. If the Supervisory Committee needs more than two weeks to read the proposal and summary, they need to let the predoctoral researcher know well in advance.
Thesis Document:

The thesis is written to document the full range of research performed by the predoctoral researcher. It should be written in Times New Roman or Calibri 12 point and contain the following sections:

1) **Title Page**: Title of Thesis, Name of Predoctoral Researcher, “A Thesis Submitted in Partial Fulfillment of the Requirements for the Ph.D. in Biology at The Graduate School of the Stowers Institute for Medical Research,” Date

2) **Statement of Copyright** (centered on a page, on a page by itself):
   © Copyright by (Name), Year
   All Rights Reserved

3) **Acknowledgements**: List committee members’ names in this section instead of including a signature page.

4) **Table of Contents**: To help with the process of writing and editing, set up the thesis document in Word to automatically create and update the Table of Contents.

5) **Introduction**: The Introduction is a comprehensive literature review that sets up the scientific problem. The end of this section should include a separate page stating the Specific Aims of the proposal.

6) **Materials and Methods**

7) **Results**: Scientific papers should comprise the majority of the content, and unpublished results should be included.

8) **Discussion and Conclusions**

9) **Future Directions**

10) **References**: The references should be formatted in the manner of an *Annual Reviews* article.

All Figures should be printed on separate pages, with no text on the other side of the paper.

After the Thesis Defense and after any corrections and edits requested by the Supervisory Committee, the predoctoral researcher provides a copy of the final thesis in a Word document to the GSSIMR office. The GSSIMR office binds the thesis and provides copies as needed.

Thesis Defense:

The Thesis Defense is scheduled for four hours: one hour for the open seminar followed by three hours for examination by the Supervisory Committee.

*Open Seminar*

The open seminar consists of a 45- to 50-minute formal seminar, followed by a 10- to 15- minute question and answer session. The presentation should be formatted for a general scientific audience, with introductory slides, data slides, conclusions, future directions, and acknowledgments. The seminar should be revised and practiced with the research advisor and other lab members, and slides should be corrected for inconsistencies, mis- or no labeling, typos, and multimedia malfunctions prior to the seminar.
Following the open seminar, the Supervisory Committee continues the examination with the predoctoral researcher. The predoctoral researcher takes to this meeting a blank copy of the Thesis Defense Report document. An electronic version of the Thesis Defense Report is also available to the Supervisory Committee, if they prefer to type comments. At the beginning of the meeting, one committee member (not the advisor) is appointed as chair of the committee to complete the Thesis Defense Report.

The Supervisory Committee asks questions pertaining to the thesis and the encompassing scientific field, whether methodological or conceptual. Therefore, it is vital that the Supervisory Committee has adequate time to read the thesis document (see above).

Immediately following the examination, the Supervisory Committee meets without the predoctoral researcher present. The thesis advisor may stay for the meeting, but recuses her/himself for the final deliberations on the grade. The Supervisory Committee discusses whether the thesis and the defense meet the criteria of “the completion of a body of research that addresses a significant biological problem.” They discuss and record on the Thesis Defense Report comments, suggestions, and a grade (see below). This feedback and the grade will be discussed with the predoctoral researcher immediately following a Supervisory Committee consensus.

**Thesis Defense Grade:**

One of three grades is assigned: pass, conditional pass, or fail.

- A passing grade indicates that the predoctoral researcher has met all thesis requirements to receive a Ph.D.
- A conditional pass grade indicates a specified number of adjustments that need to be made to the thesis document. These adjustments may be relatively minor (such as proper reference formatting) to rewriting poorly written sections of the thesis. Changes need to be made by the predoctoral researcher and sent to the Associate Dean for Administration within 7 days of the defense. Once these specific changes are made, the thesis document, or sections in question, are redistributed to the Supervisory Committee by the Associate Dean for Administration. All Supervisory Committee members respond to the Associate Dean for Administration within 14 days of receiving the revisions. A written approval indicates that the predoctoral researcher has addressed their comments and thus meets all thesis requirements to receive a Ph.D. If more revisions are necessary, this process will continue in 3-day intervals between the committee member who requests more changes, the predoctoral researcher and the Associate Dean for Administration until the committee member(s) is satisfied.
- A failing grade indicates that the predoctoral researcher has not met the stated criteria for a completed thesis. In issuing this grade, the Supervisory Committee must specify the areas that are lacking. This may include, but is not limited to, insufficient data to produce a “body of research that addresses a significant biological problem” to a poorly prepared seminar to unsatisfactory defense of the thesis. The Thesis Defense Report indicates the specific areas that need improvement, and the committee informs the predoctoral
researcher at the end of her/his defense. Following this outcome, the chair of the Supervisory Committee will meet with the Dean to discuss the reasons for the failing grade. This meeting occurs within 7 days of the failed thesis defense. If the chair of the Supervisory Committee is not available, any Supervisory Committee member other than the thesis advisor may meet with the Dean. If the Dean is not available, the Associate Dean for Academic Affairs may act in his/her place. Subsequently, the predoctoral researcher and the thesis advisor meet with the Dean to discuss the failing grade. The second Thesis Defense must be scheduled within 6-8 months after the first Thesis Defense. If more time is needed, this may be grounds for dismissal from the program.

**Thesis Defense Report:**

The first page of the Thesis Defense Report is completed and signed by the committee members during the thesis defense, and the chair sends that page in interoffice mail to the Associate Dean for Administration. Within a week of the Thesis Defense, the chair completes the remainder of the Thesis Defense Report (which includes the comments and grade), emails it to the Associate Dean for Administration, and copies all committee members.
Protocol 1028 Thesis Publishing

Protocol Number: 1028
Effective Date: 6/1/16
Revised Date: 5/25/18

Protocol
GSSIMR will bind and print, at no cost to the graduate, four or more copies of the thesis paper. Bound copies will be distributed to the graduate, the thesis advisor(s), GSSIMR, and SRM Library Services. GSSIMR uses the binding company Houchen for thesis binding. The following protocol will be followed:

**Book Cover Color:** Group F Buckram – 798 Tan

**Book Cover Lettering Color:** Black

**Book Cover Font:** Standard. Capitalize instead of italics or underline.

**Cover Contents Layout:**

<table>
<thead>
<tr>
<th>TITLE</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Graduate School of the Stowers Institute for Medical Research
Month Year

**Spine Contents Layout:**

<table>
<thead>
<tr>
<th>TITLE . . .</th>
<th>LastName</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Size: 8.5”x 11”

**Printing:** 2-sided for text. Color figures on separate sheets. 24 lb. bright white paper.

GSSIMR will print and provide printed pages to Library Services to send to the binding company.

**Committee Members’ Signature Page:** Instead of including the signature page, the committee members’ names are to be listed in acknowledgements.

**Copies:**
1. Predoctoral researcher
2. Thesis advisor(s)
3. GSSIMR
4. Library Services
**Electronic Copy:** GSSIMR will provide Library Services with a PDF copy of the thesis. One year following the date of the thesis, Library Services will upload the thesis into the online SIMR Library Catalog that can be accessed only internally by Stowers members.
Protocol 1029 Master’s Degree

Protocol Number: 1029
Effective Date: 6/1/16
Revised Dates: 10/17/16; 6/15/17; 4/27/18

Protocol

GSSIMR will confer a Master’s of Science (M.S.) degree in Biology to predoctoral researchers who, for various reasons and circumstances, elect not to complete the Ph.D. degree. Circumstances under which a predoctoral researcher could revise their enrollment include, but are not limited to, changes in marital status; changes in parental status; caretaking of a parent, sibling, spouse or child; health issues; and other life changing events.

Predoctoral researchers must meet with and receive written permission from their Supervisory Committee, in consultation with the Dean, prior to pursing a master’s degree.

Requirements for M.S. Degree

The requirements for the master’s degree include a passing grade for each of the introductory module courses, successful completion of the lab rotation requirements, and at least one year of thesis research as defined for the Ph.D. program (75 credits). In addition, the predoctoral researcher must successfully complete the Qualifying Assessment, submit a written thesis describing research work completed to date, complete the defense of the thesis, and secure a majority vote of the Supervisory Committee; and the thesis advisor must provide a written evaluation.

Supervisory Committee Meeting for Approval

Prior to pursuing a master’s degree or scheduling a Thesis Defense, the predoctoral researcher should have completed or be close to completing the first three requirements of the master’s degree (passed all module courses, one year of thesis research, and successfully completed the Qualifying Assessment). The predoctoral researcher meets with her/his Supervisory Committee to determine if a master’s degree is the appropriate path for the predoctoral researcher. This meeting is scheduled as a regular Supervisory Committee meeting with additional information about the predoctoral researcher’s intent written in the summary provided to the committee in advance of the meeting. If approved, the Supervisory Committee reviews and approves the timeline for the Qualifying Assessment (if not completed) and completion of a thesis.

Thesis Research Requirement

Predoctoral researchers begin their thesis research in June of the first year. They are expected to develop and execute a research project that addresses a significant biological question to satisfy the requirements of a master’s degree. Following successful completion of the Qualifying Assessment, predoctoral researchers devote the remainder of their time in the program fully to laboratory research. They are also expected to participate in lab meetings, seminars, and journal clubs.
The thesis laboratory is a 900-level course for 12 credit units for a fall term, 18 credit units for a spring term, and 6 credit units for a summer term, for a total of 36 credit units per year (fall, spring and summer terms).

Thesis laboratory research continues until the predoctoral researcher has completed a written thesis describing research work completed. Once completed, the predoctoral researcher defends the thesis with a presentation to the Supervisory Committee followed by questions from committee members. In addition, the thesis advisor provides a written evaluation and a unanimous vote of the Supervisory Committee is required. The Supervisory Committee will ultimately assess whether all criteria are met during the Thesis Defense.

**Qualifying Assessment Requirement**

**Overview:**

Within the first three years of their program, predoctoral researchers undergo a Qualifying Assessment, which consists of a written proposal and an oral presentation. The primary aim of the Qualifying Assessment is to provide the predoctoral researcher with an invaluable opportunity to receive constructive feedback in order to strengthen his or her proposal.

The written proposal may be conceived with the assistance of a thesis advisor, but should represent the predoctoral researcher’s own plan. The written proposal should contain the specific aims of the research, detailed background, preliminary data, and planned experimental approaches for the thesis project being pursued or a closely related project (as determined in consultation with the predoctoral researcher’s thesis advisor). An additional part of the proposal is a brief summary (two to three pages, double spaced) of the objectives for the meeting, similar to what is prepared for any Supervisory Committee meeting.

The oral component of the Qualifying Assessment includes the discussion of the project with the Supervisory Committee. The thesis advisor should be present for the discussion of the project but may not be present when the Supervisory Committee votes on a grade of Pass or Fail.

**Preparing for the Qualifying Assessment:**

Predoctoral researchers are expected to fully prepare for the Qualifying Assessment, and failure to adequately do so will require a second assessment. Failure to adequately prepare for a second assessment is grounds for dismissal from the program.

To schedule the Qualifying Assessment, the predoctoral researcher works with GSSIMR’s Administrative Coordinator to find a date and time when all Supervisory Committee members are able to attend. Three hours should be allowed for the Qualifying Assessment, and the Administrative Coordinator will arrange a conference room and appropriate catering for the meeting. GSSIMR will arrange travel for the outside committee member and coordinate preparations with the lab’s administrative assistant. Outside committee members may be present for the Qualifying Assessment via Skype.

Each Supervisory Committee determines and tells the predoctoral researcher how far in advance of the Qualifying Assessment they want to receive the written proposal and brief summary to have time to read all of it prior to the Qualifying Assessment.
The written portion is 5-10 pages long, single space. It is written like an NIH proposal with Introduction, Specific Aims, Background and Significance, Preliminary Data, and Planned Experimental Approaches to address each Aim. Examples to review can be found at: http://www.niaid.nih.gov/researchfunding/grant/pages/appsamples.aspx. The written portion should contain clearly labeled figures and be carefully checked for spelling and grammatical errors. Some amount of time and effort needs to be applied to make an optimal proposal. It should be written by the predoctoral researcher, but can be revised with the aid of the thesis advisor and other members of the lab. An additional part of the proposal is a brief summary (two to three pages, double spaced) of the objectives for the meeting, similar to what is prepared for any Supervisory Committee meeting.

The Qualifying Assessment:

The Qualifying Assessment is scheduled for three hours. The oral presentation component of the Qualifying Assessment is 20-30 minutes long and followed by extensive discussion. The presentation is less general than a Friday Science Club talk, but less specific than a lab meeting. It should be revised and practiced with the thesis advisor and other lab members.

The predoctoral researcher takes to the meeting a blank copy of the Qualifying Assessment Report document. At the beginning of the meeting, one committee member (not the advisor) is appointed as chair of the committee to complete the Qualifying Assessment Report. After the oral presentation, all committee members sign one copy of the Qualifying Assessment Report, and the chair sends that in interoffice mail to the Associate Dean for Administration & Registrar. Within a week of the Qualifying Assessment, the chair completes a blank form, emails it to the Associate Dean for Administration & Registrar and copies all committee members, and attaches a copy of the written proposal.

Thesis Defense Requirement

Preparing for the Thesis Defense:

To schedule the Thesis Defense, the predoctoral researcher works with GSSIMR’s Administrative Coordinator to find a date and time when all Supervisory Committee members are able to attend. Three hours should be allowed for the Thesis Defense which includes time for the predoctoral researcher’s presentation to the committee followed by examination by the Supervisory Committee. GSSIMR’s Administrative Coordinator arranges appropriate conference room(s) and catering for the meeting. GSSIMR arranges travel for the outside committee member and coordinates preparations with the lab’s administrative assistant. Outside committee members may be present for the Thesis Defense via Skype.

In extraordinary circumstances, a proposal to modify the structure of the Thesis Defense may be submitted by the predoctoral researcher to the Supervisory Committee. The Supervisory Committee would need to unanimously agree to the request and then submit a written plan to the Dean for final approval.

Thesis Document:

Each Supervisory Committee determines and tells the predoctoral researcher how far in advance of the Thesis Defense they want to receive the thesis so they have adequate time to read and
review the document. If this information is not conveyed to the predoctoral researcher, the thesis must be turned into the Supervisory Committee members NO LATER than 7 full days prior to the defense.

If available, published work forms the main body of a thesis. A detailed literature review precedes the thesis and a discussion of the possible next steps in the research follows the thesis. A detailed reference section is added at the end of the thesis with citations throughout the document.

The thesis is written to document the full range of research performed by the predoctoral researcher. It should be written in Times New Roman or Calibri 12 point, be about 75 pages long, and contain the following sections:

11) Title Page: Title of Thesis, Name of Predoctoral Researcher, “A Thesis Submitted in Partial Fulfillment of the Requirements for the Masters of Science in Biology at The Graduate School of the Stowers Institute for Medical Research,” Date

12) Statement of Copyright (centered on a page, on a page by itself):
© Copyright by (Name), Year_
All Rights Reserved

13) Acknowledgements
14) Table of Contents
15) Introduction: The Introduction is a comprehensive literature review that sets up the scientific problem. The end of this section should include a separate page stating the Specific Aims of the proposal.

16) Materials and Methods
17) Results: Scientific papers should comprise the majority of the content, and unpublished results should be included.

18) Discussion and Conclusions
19) Future Directions
20) References: The references should be formatted in the manner of an Annual Reviews article.

All Figures should be printed on separate pages, with no text on the other side of the paper.

After the Thesis Defense and after any corrections and edits requested by the Supervisory Committee, the predoctoral researcher provides a copy of the final master’s thesis in a Word document to the GSSIMR office. The GSSIMR office binds the master’s thesis and provides copies as needed.

Thesis Defense:

The Thesis Defense is scheduled for three hours which includes time for the predoctoral researcher to present to the Supervisory Committee followed by examination by the committee.

The predoctoral researcher takes to this meeting a blank copy of the Thesis Defense Report document. An electronic version of the Thesis Defense Report is also available to the Supervisory Committee, if they prefer to type comments. At the beginning of the meeting, one committee member (not the advisor) is appointed as chair of the committee to complete the Thesis Defense Report.
Following the presentation, the Supervisory Committee asks questions pertaining to the thesis and the encompassing scientific field, whether methodological or conceptual. Therefore, it is vital that the Supervisory Committee has adequate time to read the thesis document (see above).

Immediately following the examination, the Supervisory Committee meets without the predoctoral researcher present. The thesis advisor may stay for the meeting, but recuses her/himself for the final deliberations on the grade. The Supervisory Committee discusses whether the thesis and the defense meet the criteria of “the completion of a body of research that addresses a significant biological problem” at the master’s level. They discuss and record on the Thesis Defense Report comments, suggestions, and a grade (see below). The committee will discuss this feedback and the grade with the predoctoral researcher immediately following a Supervisory Committee consensus.

One of three grades is assigned: pass, conditional pass, or fail.

- A passing grade indicates that the predoctoral researcher has met all thesis requirements to receive a master’s degree.
- A conditional pass grade indicates specific adjustments that need to be made to the thesis document. These adjustments may be relatively minor (such as proper reference formatting) to rewriting poorly written sections of the thesis. Changes need to be made by the predoctoral researcher and sent to the Associate Dean for Administration within 7 days of the defense. Once these specific changes are made, the thesis document, or sections in question, are redistributed to the Supervisory Committee by the Associate Dean for Administration. All Supervisory Committee members respond to the Associate Dean for Administration within 14 days of receiving the revisions. A written approval indicates that the predoctoral researcher has addressed their comments and thus meets all thesis requirements to receive a master’s degree. If more revisions are necessary, this process will continue in 3-day intervals between the committee member who requests more changes, the predoctoral researcher and the Associate Dean for Administration until the committee member(s) is satisfied.
- A failing grade indicates that the predoctoral researcher has not met the stated criteria for a completed thesis. In issuing this grade, the Supervisory Committee must specify the areas that are lacking. This may include, but is not limited to, insufficient data to produce a “body of research that addresses a significant biological problem” to unsatisfactory defense of the thesis. The Thesis Defense Report indicates the specific areas that need improvement, and the committee informs the predoctoral researcher at the end of her/his defense. Following this outcome, the chair of the Supervisory Committee meets with the GSSIMR Dean to discuss the reasons for the failing grade. This meeting occurs within 7 days of the failed thesis defense. If the chair of the Supervisory Committee is not available, any Supervisory Committee member other than the thesis advisor may meet with the Dean. If the Dean is not available, the Associate Dean for Academic Affairs may act in his/her place. Subsequently, the predoctoral researcher and the thesis advisor meet with the Dean to discuss the failing grade. The second Thesis Defense must be scheduled within 6-8 months after the first Thesis Defense. If more time is needed, this may be grounds for dismissal from the program.
The first page of the Thesis Defense Report is completed and signed by the committee members during the thesis defense, and the chair sends that page in interoffice mail to the Associate Dean for Administration. Within a week of the Thesis Defense, the chair completes the remainder of the Thesis Defense Report (which includes the comments and grade), emails it to the Associate Dean for Administration, and copies all committee members.
**Sample Timeline for Requirements for Master’s Degree:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>By March 30, 2018</td>
<td>Predoctoral researcher expresses concern to thesis advisor about completing the Ph.D. degree and expresses interest in switching to master’s degree track. It is anticipated that this discussion will take place over a series of meetings and will not be decided based on one discussion between the thesis advisor and the predoctoral researcher.</td>
</tr>
<tr>
<td>By April 30, 2018</td>
<td>Predoctoral researcher and thesis advisor meet several times and discuss at length the switch from Ph.D. to master’s degree. The predoctoral researcher understands the potential ramifications of this decision and wants to move forward. The predoctoral researcher and thesis advisor meet with the Dean to discuss the switch in degree programs.</td>
</tr>
<tr>
<td>By May 30, 2018</td>
<td>Supervisory Committee meets to determine if a master’s degree is the appropriate path for predoctoral researcher. Predoctoral researcher prepares for the Supervisory Committee meeting as for a regular Supervisory Committee meeting and includes additional information about their intent in the summary provided to the committee. If the Supervisory Committee approves the predoctoral researcher’s plan to pursue a master’s degree, the committee reviews and approves the timeline for Qualifying Assessment (if not completed) and completion of a thesis, including the Thesis Defense. The Committee completes a Supervisory Committee Meeting Report at the conclusion of the meeting.</td>
</tr>
<tr>
<td>By August 15, 2018</td>
<td>(If approved by Supervisory Committee) Predoctoral researcher’s Supervisory Committee meets for the Qualifying Assessment to determine if predoctoral researcher is ready to move forward to writing thesis and/or what steps need to be taken to get to that point. Predoctoral researcher prepares for the Qualifying Assessment as outlined in the Master’s Degree Policy. The committee completes a Qualifying Assessment Report at the conclusion of the meeting.</td>
</tr>
</tbody>
</table>
Defense may be submitted by the predoctoral researcher to the Supervisory Committee. The Supervisory Committee would need to unanimously agree to the request and then submit a written plan to the Dean for final approval.

The Supervisory Committee completes a Thesis Defense Report at the conclusion of the meeting.
Protocol 1030 Course Development

Protocol Number: 1030
Effective Date: 6/1/16
Revised Dates: 7/19/17; 04/27/18

Protocol

Faculty can develop and propose new courses, make significant changes to current courses, or reactivate an old course. In order to accomplish these actions regarding a course, the Form for Courses must be completed and submitted to the Curriculum Committee for review and approval. Once the Curriculum Committee reviews and approves the course form, the Faculty Governing Council will discuss the course and vote for approval and adoption. The Dean will make the final teaching assignments for all courses. Once approved, the form goes to the Associate Dean for Administration/Registrar for further action.

The faculty submitting the form must include the course name, a catalog description of the course, and the rationale or purpose for the course.
Office of the Registrar
Form for: New Course, Changes to Existing Courses, Reactivating a Course

Use this form to notify the Registrar’s Office of new and reactivated course offerings. All new courses must be approved by the Curriculum Committee and then the Faculty Governing Council. The Dean will make the final teaching assignments for all courses.

Purpose of the form:
☐ New Course ☐ Changes to Existing Courses ☐ Reactivating a Course

Faculty Submitting Form: Date Submitted:

Course Name:

Catalog Description:

Rationale/Purpose for adding the course or reactivating a course:

Suggested Faculty:

Reviewed by Curriculum Committee: Date: _______
☐ Approved ☐ Needs Further Review (see attached) ☐ Denied (see attached)

Date Approved by Faculty Governing Council:

For Office of the Registrar Use Only
Course #: Credit Units:
Assigned Faculty:
Approved Date: Beginning Semester:

8/05/19
Protocol 1031 Course Syllabi

Protocol Number: 1031
Effective Date: 6/30/17
Revised Date: 4/27/18; 7/30/19

Protocol

Course organizers must turn in their course syllabus for distribution by the Associate Dean for Academic Affairs. The syllabus should be emailed to the Associate Dean for Academic Affairs 10 business days prior to the course start date. If there are any final changes to the syllabus, an updated one will be emailed to the Associate Dean for Academic Affairs as soon as it is available, but no later than the day prior to the course start date. If the Associate Dean for Academic Affairs is unavailable, the course syllabus may be sent to the Associate Dean for Administration.

Each syllabus will be posted on the K drive, in the Graduate School folder (or, if that changes, where indicated in the orientation package). Each syllabus must be posted 5 business days prior to the start of the course. Final revisions may be made by the first day of class, as per above instructions. The Associate Dean for Academic Affairs will inform the predoctoral researchers of their responsibility to access and use the syllabi during orientation.

Each course syllabus should be reviewed and updated each year by the course faculty.

The Associate Dean for Academic Affairs will verify that syllabi requirements are met and maintain a file of all course syllabi for a five-year period. The course organizers should follow the provided template to develop course syllabi.

Predoctoral researchers are expected to read the entire syllabus for each course and are responsible for adhering to the policies contained within each syllabus. Predoctoral researchers should consult a course syllabus for information on assignments, grading, and the course schedule.
All GSSIMR course syllabi must contain the following:

**Syllabus Map:**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>Section 1</td>
<td>COURSE INFORMATION</td>
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<td>Section 2</td>
<td>COURSE DESCRIPTION</td>
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<td>Section 3</td>
<td>COURSE MATERIAL AND LOCATION</td>
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<td>Section 4</td>
<td>COURSE LEARNING OBJECTIVES</td>
</tr>
<tr>
<td>Section 5</td>
<td>EVALUATION (GRADING) AND DUE DATES</td>
</tr>
<tr>
<td>Section 6</td>
<td>GSSIMR POLICIES</td>
</tr>
<tr>
<td>Section 7</td>
<td>COURSE SCHEDULE</td>
</tr>
</tbody>
</table>

**SECTION 1: COURSE INFORMATION**

A. COURSE TITLE AND NUMBER

B. CREDIT HOURS: X credit units

C. COURSE DATES

D. COURSE ORGANIZER NAME(S) (CONTACT INFORMATION)

E. COURSE INSTRUCTOR NAME(S)
   1. FACULTY
   2. POST-DOC OR TECHNICIAN NAME(S). *(THOSE WITH ASSIGNED TEACHING RESPONSIBILITY)*
   3. PREDOC NAME(S). *(THOSE WITH ASSIGNED TEACHING RESPONSIBILITY)*
   4. INVITED GUEST LECTURER/INSTRUCTOR

**SECTION 2: COURSE DESCRIPTION**

**General Overview (from Catalog)**

**Detailed Course Overview**

A. LECTURES
B. LABS
C. JOURNAL CLUBS
D. SMALL GROUP DISCUSSION

**SECTION 3: COURSE MATERIAL AND LOCATION**

**SECTION 4: COURSE LEARNING OBJECTIVES**
SECTION 5: EVALUATION (GRADING) AND DUE DATES

2. PRESENTATIONS
3. PAPERS WRITTEN BY PREDOCS
4. PAPER DISCUSSIONS
5. LABS
6. PROFESSIONALISM: The predoctoral researcher displayed professionalism as evaluated by attendance, preparation, and participation.
   - **Attendance**: The predoctoral researcher attended the majority of classes during the module course and sufficiently made up for any class missed.
   - **Preparation**: The predoctoral researcher was well prepared to discuss the topics that were covered in the extensive primary and secondary source reading and in-class discussions.
   - **Participation**: The predoctoral researcher was engaged in all aspects of the module course.

SECTION 6: GSSIMR POLICIES

1. ATTENDANCE
2. DRESS POLICY
3. ASSISTANCE WITH SCIENTIFIC WRITING

SECTION 7: COURSE SCHEDULE
Protocol 1032 Teaching Assistants for GSSIMR Courses

Protocol Number: 1032
Effective Date: 5/30/18
Revised Date:

Protocol

GSSIMR Course Teaching Assistant opportunities are part of the co-curricular program. Co-curricular programs are learning activities that complement the formal curriculum. Programs identified as co-curricular align with and augment the curricular goals stated in the Core Competencies. These programs are not credit bearing and they serve to enhance the academic program. Predoctoral researchers enrolled in the GSSIMR program can serve as a teaching assistant in GSSIMR module courses. Teaching assistants must participate in planning activities, assessment activities, and teaching components.

Teaching Assistant Definition (Names included in the module syllabus)

1. Predoctoral researcher (minimum requirement: currently enrolled in a Ph.D. program and supervised by GSSIMR faculty)
2. Postdoctoral researcher or senior scientist in the lab of a GSSIMR faculty (minimum requirement: earned a Ph.D. or its equivalent)

Names of proposed teaching assistants (TAs) must be submitted by course organizers to the GSSIMR office ___(when)_____, along with a TA’s current Biosketch or CV. Postdoctoral researchers and senior scientists must also submit an official transcript that shows the Ph.D. (or equivalent) was awarded. The GSSIMR office will verify the academic credentials of the TA to determine if they meet the minimum requirements.

Course organizers are required to confirm with the GSSIMR office that each TA is involved in at least one action under “Planning Responsibility” and “Assessment Responsibility” and two actions under “Teaching Commitment.”

1. Planning Responsibility
   a. Participate in assignment planning
   b. Provide input in the planning of lab experiences
   c. Provide input for assignment planning for future modules
2. Assessment Responsibility
   a. Grade assignments
   b. Provide assessment of predoctoral researchers to course faculty
3. Teaching Commitment
   a. Prepare for classroom activities, including reading all required articles
   b. Attend all lectures for the duration of the assigned section
c. Provide assistance to predoctoral researchers beyond lectures and demonstrating equipment
d. Provide lab supervision and interact with individual predoctoral researchers in lab
e. Lead journal club discussions
f. Assist predoctoral researchers with interpretation of lab results and preparation of presentations

Guest Lecturer Definition (Names included in the module syllabus)

1. Scientist other than GSSIMR faculty who is delivering a one-day lecture in a module and has no assessment role in the module (Ph.D. or equivalent is required for all guest lecturers.)
2. Lab member who is giving a lab tour and has no assessment role in the module
3. Lab member who is giving an equipment demonstration and has no assessment role in the module

Lab Support Definition (Names not included in the module syllabus)

1. Provides support for predoctoral researchers and faculty in the lab component of the module
2. Provides occasional assistance directly to the predoctoral researchers in the lab component of the module
3. Provides lab set-up including making solutions, growing stocks, prepping examples, etc.
4. Does not serve as the lead in the lab component of the module
5. Does not have an assessment role in the module
Protocol 1033 Assessment of Predoctoral Researcher Learning Outcomes

Protocol Number: 1033
Effective Date: 7/30/19

PURPOSE OF ASSESSMENT
Assessment of predoctoral researcher learning is to determine how well predoctoral researchers as a whole are meeting expected learning goals, and inform decisions about how to innovate, improve, and maintain excellence in program content, delivery, and pedagogy. Assessment is intended to inform action.

ASSESSMENT PROCESS
The Graduate School Office collects the data from each of the points/milestones listed in the Assessment Cycle during the calendar year. An assessment report is produced by the Graduate School Office that is finalized in December for internal distribution in January of the following calendar year. The report is shared with the faculty and given to committees to take appropriate actions regarding the curriculum. The faculty committees review and take action on the data.

FACULTY COMMITTEES
Dean’s Council is comprised of the Dean and the chairs of each faculty committee. The functions of the Dean’s Council as it relates to the assessment data:

1. Review and analyze the complete assessment report.
2. Create a Dean’s Council Report to accompany Assessment Report that includes:
   a. Goals created for the program based on the data.
   b. Action plan created based on the goals and the data.
   c. Track, review, and update the actions taken the previous year.
3. Work with respective committees to implement action plan.

The Functions of the Academic Progression and Assessment Committee as it relates to the assessment data:

1. Regularly evaluate and adjust learning goals as needed for the academic program.
   a. Annually review learning goals (core competencies) of the academic program.
   b. Analyze and make changes as appropriate.
2. Establish and maintain an assessment program.
3. Facilitate the ongoing assessment of student learning.
4. Evaluate criteria and policies to be utilized for the progression and graduation of predoctoral researchers.
5. Review progression and matriculation data to identify trends for failure to matriculate and make recommendations to the Dean.

6. Develop, revise or evaluate academic policies and procedures related to predoctoral researcher progress or reinstatement.

7. Continue to monitor academic and professional standards issues within the program and make recommendations to the faculty and the Dean with respect to mechanisms to improve the development, monitoring, and enforcement of academic and professional standards within GSSIMR.

The Functions of the Admissions Committee as it relates to the assessment data:

1. Evaluate criteria and policies to be utilized in the admissions of predoctoral researchers while considering how to bridge the admissions process to evaluation.

2. Review progression and matriculation data to identify trends for failure to matriculate and make admissions change recommendations to the Dean.

The Functions of the Curriculum Committee as it relates to the assessment data:

1. Evaluate the scope and content of the courses by critically reviewing course syllabi, faculty and predoctoral researchers’ evaluations; discussing with faculty and predoctoral researchers; and considering other formal and informal forms of feedback.

2. Submit recommendations including, but not limited to, changes in course objectives, syllabi, topics covered, module course sequence, and evaluation revisions. Faculty personnel issues, appointments, and assignments are the responsibility of the Dean.

3. Other responsibilities, in consultation with the Dean, include supervising the implementation of the curriculum, determining the educational policies regarding methods of teaching and evaluation, and offering development support for teaching faculty.

The Functions of the Rotation Committee as it relates to the assessment data:

1. Revises learning goals for laboratory rotations and laboratory presentations.

2. Develop, revise or evaluate policies and procedures related to laboratory rotations and rotation presentations.
ASSESSMENT CYCLE

The assessment cycle is January – December. Point in time data is collected from the tool in the indicated months. Cumulative data is collected for the year in the indicated months.

<table>
<thead>
<tr>
<th>Month of data collection</th>
<th>Point in time data collected</th>
<th>Cumulative data collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>• Rotation I Reports</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
<td></td>
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<tr>
<td>April</td>
<td>• Rotation II Reports</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>• Rotation Presentations</td>
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<td></td>
<td>Reports</td>
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<tr>
<td>June</td>
<td>• Rotation III Reports</td>
<td>• Qualifying Assessment</td>
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<td></td>
<td>• Thesis Lab Term Reports</td>
<td>Reports</td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>• Thesis Lab Term Reports</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>• Module Course Reports (I</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and II)</td>
<td>• Academic Progression</td>
</tr>
<tr>
<td></td>
<td>• Academic Progression</td>
<td>Matrix</td>
</tr>
<tr>
<td>October</td>
<td>• Module Course Reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(III and IV)</td>
<td>• Alumni Survey</td>
</tr>
<tr>
<td>November</td>
<td>• Module Course Reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(V and VI)</td>
<td>• Predoctoral Researcher</td>
</tr>
<tr>
<td></td>
<td>• Predoctoral Researcher</td>
<td>Satisfaction Survey</td>
</tr>
<tr>
<td>December</td>
<td>• Module Course Reports</td>
<td>• Thesis Defense Reports</td>
</tr>
<tr>
<td></td>
<td>(VII and Readings Course)</td>
<td>• Supervisory Committee</td>
</tr>
<tr>
<td></td>
<td>• Thesis Lab Term Reports</td>
<td>Reports</td>
</tr>
<tr>
<td></td>
<td>• Predoctoral Researcher</td>
<td>Data</td>
</tr>
</tbody>
</table>
Protocol 1034 Regular Program Review
Protocol Number: 1034
Effective Date: 07/30/19
Revised Date:

Program review will take place every 5 years. This is a data driven process to determine the quality of teaching and the level of predoctoral researcher learning. The process will also provide data on the quality of research conducted by the predoctoral researchers and will determine predoctoral researcher satisfaction. This data will be reviewed and analyzed and used to determine resource requirements, future objectives, and changes necessary to achieve goals.

Program review is composed of seven sections. These sections are:

1. Education and Learning
   a. Module Course Summary Report with 5-year data provided by Grad School Office
   b. Rotation Summary Report with 5-year data provided by Grad School Office
   c. Matrix Summary Report with 5-year data provided by Grad School Office
   d. Enrollment Management Report provided by Grad School Office (enrollment, retention, persistence, completion, placement)
   e. Placements of Former Predocs Report
   f. Curriculum Review Summary Report with 5-year data provided by Curriculum Committee
   g. Annual Assessment Reports
   h. Dean’s Council Report on Assessment (Annual)
   i. Admissions process review and data performed by Admissions Committee

2. Predoctoral Researchers Report
   a. Scientific meetings attended
   b. Posters presented at scientific meetings
   c. Talks given at scientific meetings
   d. Award for poster and/or talk at scientific meetings
   e. First author papers published (number and year in program)
   f. Author on papers published (number and year in program)
   g. Grants and fellowships applied for
   h. Grants and fellowships received
   i. Predoctoral researcher satisfaction with the program
   j. Predoctoral researcher complaints
   k. Demographics

3. Alumni Survey Report
4. External Peer Review Report
5. Resources Report
6. Faculty and Staff Report
7. Governance Report

Reports are generated by faculty committees, the Graduate School Office, external peer reviewers, the finance department, and the governing board. The reports are compiled into the final Program Review Report. The Dean’s Council receives the Program Review Report and reviews and analyzes the report, creates goals for the program based on the data, creates an action plan based on the goals and the data, and works with respective committees to implement action plan. The Dean’s Council will produce a Dean’s Council Report on Program Review that includes the above-mentioned points.
Protocol 1035 Data Collection

Protocol Number: 1035
Effective Date: 5/4/18
Revised Date:

Protocol

The Graduate School collects data to track information related to predoctoral researchers, the admissions process, predoctoral researcher satisfaction with the program, and the learning process. This occurs in different ways at different times of the program. Policy 930 (FERPA) lists the data that is considered “directory information” by GSSIMR. All data and education records are maintained and used according to FERPA.

Predoctoral Researchers and Admissions Process
During the application stages of the admissions process, data is collected through the application forms and includes:
- Name(s)
- Contact information such as addresses (physical and email) and phone numbers
- Citizenship and languages
- Immigration status if not a U.S. citizen
- Date of birth
- U.S. Social Security number
- Educational background (institution, major, dates attended, degree)
- Previous research experience
- Transcript from each university they’ve attended
- Publications on which they are an author
- Demographic information that is optional for them to provide (gender, race/ethnicity, marital status, veteran)

This data is stored securely in online files, student record software system, and/or locked file cabinets.

Once a predoctoral researcher is admitted into the program, additional data collected includes:
- Work experience
- Awards
- Disciplinary history
- Visa information (if international)
- Travel information including airport preferences
- Food allergies and restrictions

This data is collected by the GSSIMR staff and is stored securely in online files, student record software system, and/or locked file cabinets.
Prior to matriculation, the predoctoral researchers complete background checks. The information collected from the background checks include:

- Name(s)
- Date of birth
- U.S. Social Security number
- Verification of employment history
- Criminal history information

This data is collected by the Human Resources Department in their role as specified by the Funding and Support Services Agreement and is stored securely in online files and/or locked file cabinets.

Program Satisfaction and Learning Process
Data collected regarding program satisfaction and the learning process is used to assess predoctoral researcher’s learning based on the Core Competencies and program requirements, satisfaction with the program, and completion rates. Data collected includes:

- Module Course Evaluations
- Predoctoral researcher’s course evaluations feedback (anonymously)
- Term Reports
- Rotation Reports
- Qualifying Assessments
- Supervisory Committee Reports
- Thesis Defense Reports
- Career development data
  - Scientific meetings attended
  - Scientific talks delivered
  - Posters presented
  - Papers published
  - Courses served as teaching assistants
  - Awards received
  - Fellowships (applied for and received)

This data is collected by the GSSIMR staff and is stored securely in online files, student record software system, and/or locked file cabinets. This data is used to assist in determining benchmarks, dashboards, achievements, successes, and areas needing improvement.
Protocol 1036 Curriculum Review

Protocol Number: 1036
Effective Date: 05/4/18
Revised Date: 05/4/18; 07/30/19

Protocol

Comprehensive curriculum review will take place every five years. Data will be gathered the following year during the implementation stage for review at the end of the sixth year. The curriculum review has three components.

5 Year Curriculum Review (Modules):

STEP 1: Annual Faculty Module Review

1. Faculty Module Review Form Part 1 is completed annually by the instructors in each module following their module course.
2. Faculty Module Review Form Part 2 is completed annually by the Designated Course Instructor within 2 weeks of the course ending. The Designated Course Instructor responds to the predoctoral researcher evaluations.
3. Part 1 and Part 2 is submitted to the Curriculum Committee. The data is reviewed, discussed, and changes proposed with the following guiding principles:
   a. Structure of module courses stay the same.
   b. New module courses are not introduction to biology courses but do need to cover the fundamentals of the topics.
   c. Review and discuss changes in the areas of research or technologies
   d. Review and discuss additions to faculty and areas of research
   e. Sequence of modules must make sense in terms of science
   f. Review and discuss any redundancies
   g. Any changes made must support the mission of preparing predoctoral researcher for innovative and creative investigations in the biological sciences.
4. Decisions made and then shared with Dean for approval and confirmation of teaching faculty. If there are any new proposed courses, the Dean contacts the faculty.
5. New module schedule reviewed and approved by FGC.

STEP 2: Module Survey to the instructors in each module with the following questions:

1. Which module do you teach in? (if you teach in more than one module, please submit separately for each module)
2. List a major course topic covered in the module.
   a. Rank the priority of this topic in the module.
   b. Does this topic get sufficient coverage?
3. Repeat question 2 five times to allow for multiple topics to be reported.
4. Which topics would you consider reducing, condensing, or merging with your module to make space for the new topics or insufficiently covered topics?

5. Please give us your thoughts about the integration of technology in your module. Are you in favor of integrating technology training into the modules, especially in the afternoon lab portion?

6. Which topics would you consider reducing, condensing, or merging in the curriculum in general to make space for new topics or insufficiently covered topics?

7. In general, what topics would you like to see covered in future modules.

STEP 2: Curriculum Committee review data from previous predoctoral researcher module course surveys.

STEP 3: Curriculum Committee meet to discuss results from faculty survey and predoctoral researcher module course surveys. Decision making process with the following guiding principles:
   1. Structure of module courses stay the same.
   2. New module courses are not introduction to biology courses but do need to cover the fundamentals of the topics.
   3. Review and discuss changes in the areas of research or technologies
   4. Review and discuss additions to faculty and areas of research
   5. Sequence of modules must make sense in terms of science
   6. Review and discuss any redundancies
   7. Any changes made must support the mission of preparing predoctoral researcher for innovative and creative investigations in the biological sciences.

STEP 4: New module course scheduled developed with new module courses.

STEP 5: New module course scheduled shared with Dean for approval and confirmation of teaching faculty.

STEP 6: The Dean contacts faculty of new proposed courses.

STEP 7: New module courses and new module schedule reviewed and approved by FGC.

STEP 8: Curriculum Map updated by the Curriculum Committee to reflect changes.

5 Year Curriculum Review (Rotations):

STEP 1: Rotation Survey to faculty with the following questions:
   1. Is the length of each rotation (8 weeks) sufficient time for predoctoral researchers to complete a project? Please explain.
   2. Is length of each rotation (8 weeks) sufficient time for the faculty to evaluate predoctoral researchers? Please explain.
   3. Are predoctoral researchers adequately prepared for rotations?
4. If predoctoral researchers are not prepared, please list issues/deficiencies you have experienced with the predoctoral researchers.
5. How do you evaluate the predoctoral researchers in your lab during rotations?
6. Do the rotations presentations or lab meeting presentations reflect the appropriate rigor for first year predocs? If not, what have you found to be lacking?

STEP 2: Rotation Committee meet to discuss results from survey. Decision making process with the following guiding principles:
1. Structure of one semester dedicated to rotation courses stay the same.
2. Any changes made must support the mission of preparing predoctoral researcher for innovative and creative investigations in the biological sciences.

STEP 3: Changes or suggestions presented to the Dean for consideration.

STEP 4: Changes or suggestions reviewed and approved by FGC.

STEP 5: Curriculum Map updated by the Curriculum Committee to reflect changes.

5 Year Curriculum Review (Qualifying Assessment):

STEP 1: Qualifying Assessment Survey to faculty with the following questions:
1. Are the predoctoral researchers adequately prepared for the qualifying assessment within their second year in their thesis research?
2. What do you think of the general methodology of predoctoral researcher presenting thesis proposal and discussion of proposal versus an in-depth examination of the predoctoral researchers’ general biological knowledge?
3. Are you satisfied with the amount of time the predoctoral researchers take to prepare for the Qualifying Assessment? Too little time? Too much time?

STEP 2: Academic Progression and Assessment Committee meet to discuss results from survey. Decision making process with the following guiding principles:
1. Structure of having a required Qualifying Assessment remain.
2. Any changes made must support the mission of preparing predoctoral researcher for innovative and creative investigations in the biological sciences.

STEP 3: Changes or suggestions presented to the Dean for consideration.

STEP 4: Changes or suggestions reviewed and approved by FGC.

STEP 5: Curriculum Map updated by the Curriculum Committee to reflect changes.
Protocol 1037 Faculty Evaluation

Protocol Number: 1037
Effective Date: 5/18/18
Revised Date: 6/14/18

Protocol
All GSSIMR faculty members will assemble a complete packet for reappointment every three years. Every three years the Dean will meet with the faculty to discuss appointments and assignments in the Graduate School. Every year, the faculty and Graduate School office will produce documents for the review.

The focus of the review is limited to the activities the faculty carry-out on behalf of GSSIMR. Review packet materials will be submitted to the Administrative Coordinator in the Graduate School Office.

Elements of the review:
1. Teaching responsibilities
   a. Assessment of quantity and quality of teaching
   b. Assessment of whether the faculty member’s needs are being met with regard to mentoring and professional development as it relates to the teaching role
2. Advisor responsibilities
   a. Assessment of quality of advising, mentoring, and supervising provided to the predoctoral researchers in rotation and thesis lab
   b. Assessment of quality of advising, mentoring, and supervising provided to the predoctoral researchers on supervisory committees
3. Governance responsibilities
   a. Assessment of contributions to faculty governance including service on faculty committees

Review Packet:
1. Review of Teaching following the process outlined below will be completed every year.
2. Faculty self-evaluation based on teaching, advising/mentorship, governance submitted by the faculty will be completed every three years.
3. Letter listing committee work, courses taught, and rotation and thesis mentorship submitted by the Associate Dean for Administration will be completed every year.
4. Most recent Scientific Advisory Board renewal letter or equivalent will be gathered every year.

Review Process:
1. Dean reviews the information each year.
2. Dean produces a letter indicating review of documents and whether the faculty member has been reappointed each year.
3. Every three years, the Dean meets with each faculty to discuss the entire review packet.
Review of Teaching in GSSIMR

Goal: The purpose of this process is to formalize the evaluation of faculty teaching efforts in the first-year modules within the context of the team-teaching structures used in these courses. The process endeavors to provide clear and fully constructive feedback to faculty and to course leaders, as well as to provide written evaluations of teaching to the Dean.

Process: Two weeks after the end of each module, the module faculty will receive the predoctoral researcher evaluations for that course. The instructors will meet as a team to discuss their overall level of satisfaction with the teaching experience, each faculty member’s contribution, and the feedback provided via the predoctoral researcher evaluations. It is expected that these conversations will be open-ended and carried out in such a way as to support both constructive criticism and praise for the efforts of each faculty member. The faculty need to consider concerns raised in student evaluations and discuss what changes, if any, need to be made to the course.

At the completion of the meeting, the faculty will agree on the major components of a brief written summary of their discussion. This written summary will be completed by the Course Leader(s) and forwarded to the Dean. In those cases where the faculty have identified areas for future improvement, the Dean may choose to meet with that faculty group to learn how s/he might be of greatest assistance.
Protocol 1038 Marketing and Recruiting Materials

Protocol Number: 1038
Effective Date: 6/30/18
Revised Date:

Protocol

The Graduate School produces marketing and recruitment materials on a regular basis as well as other communication pieces including maintaining a website. The Associate Dean for Academic Affairs identifies the needs regarding current and new materials as well as updates to the website. Once the need is identified, the following protocol is followed:

1. Initiate communication and/or meeting with Science Communications.
2. Science Communications develops a timeline and estimated cost for the requested materials.
3. Associate Dean for Academic Affairs consults with the Associate Dean for Administration regarding the budget and cost of the materials.
4. Science Communications develops the materials within the agreed budget.
5. Associate Dean for Academic Affairs reviews materials.
6. Any needed changes are made by Science Communications and the Associate Dean for Academic Affairs gives approval.
7. Materials are published and delivered to GSSIMR.

In addition to the above protocol, the Associate Dean for Academic Affairs regularly reviews the website for any needed updates. This occurs in the summer after policies, protocols, and the Catalog and Handbook have been updated, in the fall before applications are made available, and in the spring after graduation. In addition, website changes are authorized by the Associate Dean for Academic Affairs as needed. The protocol is as follows:

1. Initiate communication specifying needed changes with the web developer within Science Communications.
2. Web developer makes changes, usually within 24-48 hours, and informs the Associate Dean for Academic Affairs.
3. Changes are reviewed by the Associate Dean for Academic Affairs.
Protocol 1040 Addressing Concerns Regarding Predoctoral Researchers

Protocol Number: 1040
Effective Date: 6/30/18
Revised Date: 7/09/18

Protocol

If someone is concerned about a GSSIMR predoctoral researcher for any reason, they should share that concern with Graduate School staff. When a concern is shared, the following steps are followed:

1. Receive Concern
A concern is shared with the Associate Dean for Academic Affairs (or, secondarily, Associate Dean for Administration). Concerns might include, but are not limited to, attendance; performance in courses, laboratory rotations, and thesis laboratories; possible policy infractions; physical and mental health, and stress. Concerns can be brought forth by faculty, predoctoral researchers, staff, or others.

2. Assessment of Concern
An assessment is conducted by the Associate Dean with whom the concern was shared during the original report. The goal of the assessment is to determine the next steps for addressing the concern and helping the predoctoral researcher as appropriate. During the assessment, the Associate Dean:
   a. Takes the original report into consideration.
   b. Reviews any available previously reported concerns and other known information.

3. Determine Next Steps
The Associate Dean bases the next steps on the assessment. Next steps can include, but are not limited to:
   a. Monitoring the situation and communicating with original reporter.
   b. Consulting with relevant GSSIMR staff including the Human Resources Officer.
   c. Talking with the predoctoral researcher.
   d. Informing the Dean for awareness and monitoring.
   e. Involving the Dean for further action.
   f. Involving the Human Resources Officer for further action.
   g. Contacting relevant faculty and communicating with them about the predoctoral researcher.
   h. Determining if other policies or protocols need to be applied and following the appropriate steps in those policies or protocols.
   i. Contacting relevant departments as outlined in the Shared Services Agreement as appropriate.
   j. Referring the predoctoral researcher to other resources, such as mentoring from the Dean and/or supervisory committee members; insurance benefits and the Employee Assistance Plan (EAP); benefits department; human resources department; travel allowance.

4. Take Action
Once the Associate Dean determines what the appropriate next steps are, action is taken in order to help the predoctoral researcher.

5. Additional Actions
   Based on the results of the previous steps, Associate Dean, in consultation with the Human Resources Officer and/or the Dean, will determine if additional actions need to be taken.

Through this process, communication with appropriate people will continue. Written record of the concern and action may be maintained based on the level of action that is taken.

Ongoing professional development of faculty and staff will occur to inform them about concerns that may arise as they interact with predoctoral researchers. The identification of specific predoctoral researchers will be kept confidential in any general discussion in accordance with Policy 930 (FERPA).
Protocol 1041 Predoctoral Researchers’ Complaints

Protocol Number: 1041
Effective Date: 10/15/18

Protocol

GSSIMR acknowledges on occasion predoctoral researchers will have concerns or issues that rise to the level of complaint. Once a concern or issue rises to the level of complaint, it is documented and tracked in the Complaints Log. The Associate Dean for Administration and Registrar is in charge of entering predoctoral researchers’ complaints into the log and tracking them for resolution.

6. Receive Concern or Issue
A concern is shared by a predoctoral researcher with a GSSIMR staff member or Human Resources Officer.

7. Assessment of Concern or Issue
An assessment is conducted by the person who received the concern who may consult with other GSSIMR staff members and/or Human Resources Officer. The goal of the assessment is to determine if the concern or issue rises to the level of formal complaint. During the assessment, GSSIMR staff:

- Takes the original report into consideration.
- Reviews any available previously reported concerns and other known information.

8. Determine Level of Concern or Issue
The GSSIMR staff member who received the concern consults with the Dean to determine if the concern or issue rises to the level of a formal complaint. In order to be considered a formal complaint the concern or issue must:

- Not be able to be addressed by other policies or protocols
- Involve more than one department or area within GSSIMR, SIMR, and/or SRM
- Have the potential to impact one or more predoctoral researcher
- Be serious in nature

9. Logging the Formal Complaint
Once a formal complaint is determined, the Associate Dean for Administration and Registrar logs the complaint into the Complaints Log and updates it as information is available. The following information is included:

- Summary of the complaint
- Solution sought
- Communication with the predoctoral researcher
- Outcomes/Actions
- Closed date
10. Addressing the Formal Complaint
When a formal complaint is logged, a Primary Person relevant to the complaint will be designated by the Dean. The Primary Person will lead the efforts to find a solution to the complaint and any resulting outcomes/actions, communicate with the predoctoral researcher, and provide updates to the Associate Dean for Administration and Registrar for the Complaints Log. Time to resolve complaints will vary depending on the nature of a complaint.

11. Addressing the Concern or Issue
If the concern or issue does not rise to the level of a formal complaint it is considered an informal complaint and addressed by relevant GSSIMR staff through established policies, protocols, and methods. It is not logged in the Complaints Log.
Protocol 1042 Exit for Predoctoral Researchers

Protocol Number: 1042
Effective Date: 6/30/18
Revised Dates:

Protocol

After a predoctoral researcher fulfills all requirements to earn a Ph.D. or master’s degree from GSSIMR, he/she completes the program and no longer is an active GSSIMR member. If a predoctoral researcher leaves the program before completing a degree, he/she no longer is an active GSSIMR member. All GSSIMR records related to that predoctoral researcher are updated or closed accordingly.

After completing or leaving the GSSIMR program, there may be a variety of reasons for a predoctoral researcher to remain at SIMR as a SIMR member and continue working in the thesis lab or elsewhere.

Prior to a predoctoral researcher defending their Ph.D. or master’s thesis, the GSSIMR Associate Dean for Administration notifies the SRM Administration Department of the date for the defense. This notification enables the Administration Department to prepare for the predoctoral researcher’s possible transition to another position at SIMR. The Associate Dean for Administration remains in contact with the Administration Department as the thesis date approaches and provides any updated information. If a predoctoral researcher plans to remain at SIMR, the Associate Dean for Administration notifies the Administration Department when all GSSIMR requirements are fulfilled.

If a predoctoral researcher completes their Ph.D. and remains at SIMR for a short-term appointment of 12 months or less, their title changes to postgraduate researcher, their salary increases, and their benefits remain the same as for a predoctoral researcher. The SRM Administration Department provides the thesis advisor and/or predoctoral researcher with current salary information. To facilitate this change, the thesis advisor completes a form from the SRM Administration Department.

If a predoctoral researcher completes their Ph.D. and plans to remain at SIMR for a postdoctoral position of approximately five years, their title changes, their salary increases, and their benefits may change. The SRM Administration Department provides the thesis advisor and/or predoctoral researcher with position-specific information, including salary, and facilitates the change.

If a predoctoral researcher completes their master’s degree and remains at SIMR in another position, the SRM Administration Department provides the predoctoral researcher and hiring manager with position-specific information and facilitates the change.

If a predoctoral researcher leaves the GSSIMR program before completing a degree and remains at SIMR in another position, the SRM Administration Department provides the predoctoral researcher and hiring manager with position-specific information and facilitates the change.
If a predoctoral researcher leaves GSSIMR and SIMR for a position elsewhere, all records related to that predoctoral researcher are updated or closed accordingly as of the effective date of departure.
Protocol 1050 Policy and Protocol Review

Protocol Number: 1050
Effective Date: 7/9/18
Revised Date:

Protocol

The Graduate School of the Stowers Institute for Medical Research (GSSIMR) maintains policies and protocols necessary to the success of the academic program and daily operations. These policies and protocols are reviewed and updated on a yearly basis. The Director of Accreditation & Compliance is charged with oversight of policies and protocols with the goal of keeping them current and relevant. The following questions are asked during the yearly policy and protocols review:

1. Is the policy or protocol still necessary, accurate, and complete?
2. Should the policy or protocol be combined with another policy or protocol or should it be rescinded?
3. Is the policy or protocol up to date with the current laws, regulations, and related policies?
4. Will the suggested changes improve the effectiveness or clarity of the policy or protocol?

Responsibility for policy and protocol review lies with the following groups.

- Faculty Governing Council (FGC)
- Academic Progression and Assessment Committee
- Admissions Committee
- Curriculum Committee
- Rotations Committee
- Staff
- Dean
- President
- GSSIMR Board of Directors

Faculty, through faculty committees, are responsible for reviewing, updating, and approving policies and protocols related to the academic program. The Dean reviews and approves all policies and protocols related to the academic program and those specific to achieving the goals of the academic program. The President and GSSIMR Board of Directors have the responsibility for reviewing and approving policies related to the success and business of GSSIMR.

Steps:

1. The group that is identified as the policy/protocol owner based on the details of the policy/protocol and committee responsibilities reviews the policy/protocol during a spring meeting.
2. The policy/protocol owner group makes changes and edits based on the four questions above.
3. The policy/protocol owner group submits those changes and edits to the Director of Accreditation & Compliance for review.
4. The Director of Accreditation & Compliance submits the policy or protocol to the next approving authority for discussion and review. This could be FGC, the Dean, the President, and/or the Board of Directors.
5. The approving authority reviews the policy/protocol and takes the appropriate next steps. This can include approving the policy/protocol, returning it to the policy/protocol owner group for additional discussion and edits, or rejecting the proposed changes.
6. Once changes are approved, the Director of Accreditation & Compliance updates the policy/protocol in the manuals, the website, handbooks, and catalog as appropriate during the summer term.
7. The changes are distributed to the predoctoral researchers, faculty, and staff at the beginning of the fall term via email or printed materials.
100GS CODE OF CONDUCT

Policy Number: 100GS

Effective Date: 06/20/17

Revised Dates:

Scope

This Policy on Code of Conduct faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose

The SGC is committed to conducting its activities in full compliance with applicable laws and in accordance with the highest standards of ethics. The purpose of this policy is set forth the SGC’s general expectations of Covered Individuals in this regard and to cross reference additional SGC policies, guidelines and procedures relating to standards of conduct for particular circumstances or activities.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own. The purpose of this policy is to set forth GSSIMR’s high professional standards of conduct.

Policy

Covered Individuals at all times are expected to demonstrate the highest standards of behavior, in both their personal and professional activities, by fully complying with all applicable laws, rules and regulations, and by conducting themselves ethically, honestly and with integrity. This includes, for example: being vigilant in protecting and enhancing the reputation of the SGC; maintaining the confidentiality of non-public information gained by reason of the Covered Individual’s employment or other association with an SGC Organization; dealing fairly and honestly with other Covered Individuals and anyone else with whom the Covered Individual has contact in connection with SGC activities; maintaining an environment free of any form of discrimination, harassment and retaliation; basing decisions and actions on the best interests of the SGC; refraining from using the SGC’s resources for personal purposes or gain beyond on any permitted, limited personal use; and seeking to avoid a conflict or even the appearance of a conflict between the private interests of the Covered Individual and the interests of the SGC. Failure to do so may be grounds for disciplinary action, up to and including termination of employment or other association with the SGC.

The SGC has other policies relating to standards of conduct for particular circumstances or activities that expand upon this policy by providing additional or more specific guidance. These additional policies include, without limitation: Sexual Harassment and Other Forms of Harassment (101); Issue Resolution (102); Drugs and Alcohol in the Workplace (103); Solicitation (108); Separation Process (113); Use of Computers and Phones (129); Children on the Premises
(130); Workplace Violence and Weapons (133); Personal Relationships in the Workplace (135); Whistleblower and Other Reporting of Misconduct (136); Intellectual and Other Property, Confidential Information and Nonsolicitation Policy (201); Fraud (203); Insider Trading (208); Social Media (402); Travel and Business Expenses Paid with SGC or SGC-Administered Funds (700); and Use of the Family Lounge (803).

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
This Policy on Drugs and Alcohol in the Workplace applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to provide for an environment free of the influence of drugs and alcohol, and to comply with the federal Drug-Free Workplace Act.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC believes that a safe working environment requires that Covered Individuals be unimpaired by drugs and alcohol. A Covered Individual under the influence of drugs or alcohol can endanger his/her safety and the safety of other Covered Individuals and those in the community, as well as jeopardize the SGC’s operations. Any Covered Individual whose job performance, conduct, or association with the SGC is, in administration’s reasonable view, adversely affected by current alcohol use or the use of drugs may be subject to testing for alcohol, illegal drugs or controlled substances, discipline, and/or referral to a substance abuse assistance or rehabilitation program; may be removed from premises; and/or may be terminated from employment or educational programs.

For purposes of this policy, “illegal drugs” means narcotics, opiates, hallucinogenics, any prescription drug for which the individual does not have a prescription and other controlled substance.

Illegal Drugs
No Covered Individual shall be permitted on premises under the influence of, or with detectable levels of, illegal drugs. The manufacture, distribution, dispensation, possession, use, sale or offer to sell, purchase or attempt to purchase, receipt or transportation of illegal drugs, while on SGC premises or while engaged in SGC business, is prohibited. Any Covered Individual engaging in such conduct may be subject to testing for alcohol, illegal drugs or controlled substances, discipline, and/or referral to a substance abuse assistance or rehabilitation program. In addition, the Covered Individual may be referred to law enforcement authorities for prosecution.

Covered Individuals should be aware that any visitor, vendor or other third party who manufactures, distributes, dispenses, possesses, uses, sells or offers to sell, buys or attempts to buy, receives or transports illegal drugs, while conducting business with or for SGC, or while on
SGC property, will be immediately removed from SGC premises/business. In addition, the individual may be referred to law enforcement authorities for prosecution.

The foregoing paragraphs do not apply to the possession and use of legally prescribed controlled substances that may affect their ability to safely and effectively perform their job. However, Covered Individuals who use such substances may be individually assessed as to whether or not they can safely and effectively perform the essential functions of their position.

Any Covered Individual who is convicted of any criminal drug statute due to a violation occurring at the SGC premises must notify the Dean of the conviction, in writing, no later than 5 days after the conviction. Failure to report such a conviction will result in removal from premises. The SGC will notify the requisite federal agency, if applicable, in accordance with federal law within 10 days of such notice. The SGC will also discipline the Covered Individual, including possible termination from employment or educational programs, and/or require satisfactory participation in a substance abuse assistance or rehabilitation program.

**Alcohol**

No Covered Individual shall be permitted on SGC premises under the influence of, or with detectable levels of, alcohol. Covered Individuals who violate this section may be subject to discipline, including termination from employment or educational programs, and/or satisfactory participation in a substance abuse assistance or rehabilitation program. This section does not apply to authorized, moderate use or possession of alcohol by Covered Individuals, aged 21 or over, at onsite or offsite events sponsored by the SGC.

**Testing for Cause**

The SGC may require “for cause” drug and alcohol tests of current Covered Individuals. The following items constitute “cause”:

- When the SGC reasonably suspects a Covered Individual of using illegal drugs or alcohol, of being under the influence of illegal drugs or alcohol, or of having detectable levels of illegal drugs or alcohol in his or her system.
- When a Covered Individual apparently contributes to an on-the-job accident involving personal injury or property damage.
- When the SGC reasonably suspects a Covered Individual of manufacturing, distributing, dispensing, possessing, using, selling or offering to sell, buying or attempting to buy, receiving, or transporting illegal drugs while on the premises or while engaged in SGC business.
- When the SGC has reason to believe that during a prior drug or alcohol test the Covered Individual provided a contaminated or altered sample for the drug or alcohol test.
- When a Covered Individual has previously refused to take a drug or alcohol test at the appointed time.
- As part of a follow-up program when the Covered Individual has been disciplined or required to seek treatment or counseling for a violation of this policy. (Such tests may be conducted without notice for a period of six months following the later of the violation or the Covered Individual’s return to work if the violation resulted in suspension, counseling,
or rehabilitation and, absent renewed cause, no more than six tests will be given during the six-month period.)

If the Covered Individual refuses to submit to drug and alcohol testing, the Covered Individual may be subject to discipline, including termination from employment or educational programs. If the test sample shows any evidence of adulteration or tampering, the Covered Individual may be subject to discipline, including termination from employment or educational programs. If the Covered Individual tests positive, the Covered Individual may be subject to discipline, including termination from employment or educational programs, and/or encouraged to undergo treatment. (In cases where the SGC offers the Covered Individual continued association, it is subject to the Covered Individual’s successful completion of a medically supervised drug and/or alcohol rehabilitation program acceptable to the SGC. Such completion and a release to return to work must be documented to the SGC satisfaction.) Any Covered Individual who refuses treatment or who continues to violate this policy after completing a treatment program will be subject to discipline, including termination from employment or educational programs.

**Searches**

The SGC reserves the right to search a Covered Individual, his/her personal effects and vehicle while on SGC property, if the SGC reasonably suspects the presence of drugs or alcohol. Failure to consent to a search will result in removal from premises and discipline, including termination.

**Confidentiality**

To the extent possible, and in compliance with applicable laws, information learned by the SGC as a result of this policy will be kept confidential.

**Workers Compensation**

Under Missouri Law, violation of this policy may result in a reduction or denial of Workers’ Compensation benefits.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
104GS COACHING AND COUNSELING
Policy Number: 104GS
Effective Date: 6/20/2017
Revised Dates: 2/4/19

Scope
This Policy on Coaching and Counseling applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
This policy describes the SGC’s approach to enhancing performance and to managing performance problems. The SGC envision a working environment that provides each Covered Individual an opportunity to learn, grow and make a worthwhile contribution that is mutually rewarding for both the SGC and the Covered Individual.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Coaching and counseling of Covered Individuals will normally take one of two forms:

1. Coaching. Coaching provides an opportunity for Covered Individual to improve his/her performance which may improve results in the future.
2. Counseling. Counseling (problem-oriented) makes each Covered Individual aware of a failure to meet standards of performance and provides an opportunity, where appropriate, for the Covered Individual subsequently to meet those standards.

Note: “Performance” as encompassed by this policy may include both individual achievement toward goals and standards of behavior.

Coaching
Performance coaching is that aspect of performance management that occurs on a day-to-day basis during the performance period which may help the Covered Individual achieve the highest possible results. The coaching process places the supervisor in a supportive role rather than a judgmental role and increases the probability of success for the Covered Individual and the supervisor. The supervisor’s primary responsibilities in the coaching process are to define standards of performance in terms of results expected, to provide timely feedback on performance, and to provide assistance when needed.

SGC standards of performance and quality are high. From time to time, individuals may fail to perform or achieve expected results. While such failure may lead to learning and improvements,
continued failure to meet standards of performance requires corrective action on the part of the supervisor and the Covered Individual. Where continued failure to meet standards occurs despite coaching, a counseling process may be initiated. (See Counseling section.) In some situations, however, counseling may not be appropriate and termination of employment may be immediate.

**Counseling**
When discipline is selected, it is envisioned that success may occur at any time in the process, and the purpose of coaching and counseling is to give the employment relationship a chance to succeed. An individual review of each situation shall be conducted to determine what is the most appropriate level of counseling and to develop an effective plan for measuring progress. Incidents or behavior may arise that warrant counseling or discipline at varying levels or of varying degrees, including immediate termination. In general, the various forms or types of counseling and discipline that may be utilized are:

**Verbal Warning**
It is the responsibility of the supervisor to inform the Covered Individual of any failure to meet standards of performance as soon as this failure is recognized.

**NOTE:** No record will appear in the Covered Individual’s permanent personnel file. However, this verbal warning will be retained in a separate file in case further problems arise. This procedure provides a strong incentive for improvement.

**Written Warning**
If the problem reoccurs, other problems develop, or the initial problem is serious enough to bypass a verbal warning, the supervisor should review the facts with the next level manager and the Executive Vice President for Administration to determine if the Covered Individual should be given a written warning. The written warning becomes a part of the Covered Individual’s permanent personnel file.

**Termination**
If, in the supervisor’s judgment, the Covered Individual continues to fail to meet the required standards of performance, or if the problem is serious enough to warrant immediate discharge, the Dean shall initiate a process to review the recommended termination. Actions that may lead to immediate termination include, but are not limited to: insubordination, excessive/unauthorized absence, possession of a weapon on SGC premises, fighting, violence, and falsification.

**Suspension – Pending Investigation or Action**
If a violation occurs for which discharge may be appropriate at a time when all of the essential decision-makers are not present or are unable to be consulted, or time is needed to investigate the circumstances surrounding the incident, the Dean, at his/her own discretion, may suspend the Covered Individual by sending him/her home immediately. If any essential decision-maker is available for consultation, such consultation should occur. The Covered Individual will then be
notified when to report for resolution of the matter. The suspension normally will be with regular pay. Any exception to a suspension with pay requires approval by the President.

Conclusion
Coaching and Counseling are successful if the Covered Individual is able to achieve improved performance, as reflected in subsequent performance appraisals, without the need for any further disciplinary steps. There are no time limits for disciplinary actions; warning letters do not lapse and are not removed from a Covered Individual’s permanent personnel file. On the other hand, a supervisor should note progress and improved performance. If previous performance issues recur or other performance issues arise, an individual review of the situation to determine what is the most appropriate level and method of counseling will include consideration of past performance issues and progress or improved performance.

The procedures outlined in this coaching and counseling policy are provided as general guidance to supervisors and Covered Individuals for dealing with job performance issues. Employment remains at will, and this policy does not create a contractual right of any Covered Individual to be employed or to be entitled to any particular level of discipline in a given circumstance.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
108GS SOLICITATION
Policy Number: 108GS
Effective Date: 6/1/16
Revised Date:

Scope
This policy on Solicitation applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to restrict solicitation to and from, and distribution to and from, Covered Individuals in order to (1) minimize interference with operations, and (2) prevent pressure on Covered Individuals, including pressure to expend funds or time in a manner not of one’s own choosing. All non-work solicitation is prohibited during working time and non-work distribution is prohibited in working areas during working time.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Solicitation is defined as selling or promoting products, goods, or services; seeking contributions or pledges, and the distribution of printed materials; and conducting membership drives for organizations other than those currently existing at an SGC Organization. This includes, but is not limited to, selling cookies and candy, and seeking to sell personal items.

Sales representatives or vendors dealing in SGC supplies, equipment, or services may conduct business in accordance with the SGC policies.

Covered Individuals may not solicit, or distribute written materials, during working time for any non-work-related purpose. Working time includes the working time of both the Covered Individual doing the soliciting or distributing and the Covered Individual to whom the soliciting or distributing is directed.

Covered Individuals may not distribute written materials in working areas during non-working time for any purpose. Working areas are all areas at the SGC except member lounges, member restrooms, parking lots, and other designated SGC non-working areas.

Any and all bulletin boards at the SGC are the property of the SGC, and may not be used for any non-business purpose.

Off-duty Covered Individuals may be on SGC property during non-working hours only for activities that do not create a health or safety hazard.
At no time shall any Covered Individual solicit any visitor for any purpose, nor shall any Covered Individual distribute any materials to visitors.

Individuals/entities other than Covered Individuals may not be on SGC property at any time to solicit or to distribute written materials, other than as specifically authorized in this policy.

Any exceptions to this policy must have the approval of the SIMR President and CEO.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
109GS VISAS
Policy: 109GS
Effective Date: 6/1/16
Revised Date:

Scope
This policy on U.S. Visas applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to provide scientists, staff, international visitors, and others with information and assistance in obtaining visas for those who are not citizens or permanent residents of the United States.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy

Visa Categories

Non-Immigrant Visas
All non-immigrant visa holders must consult with the SRM Administration Department before beginning work at a SGC Organization to ensure eligibility for employment and legal entrance into the United States.

The SGC may petition to change a Covered Individual’s status if the status will expire during the Covered Individual’s employment period with the SGC, the non-immigrant remains a member or associate of the SGC, and it is in the best interest of the SGC to do so.

The visa categories listed are those most commonly used at the SGC.

F-1: The F-1 visa is used to allow students from foreign countries to engage in academic studies in the United States. It is sponsored by the college or university at which the foreign student is enrolled in a full-time course of study. Foreign students who wish to engage in research under the supervision of a principal investigator at the SGC will need to obtain an F-1 visa through their university.

J-1: The J-1 exchange visitor visa is usually sponsored by the institution at which the visitor will be participating in a research or educational program. Those in J-1 visa status at the SGC
participate in the Exchange Visitor Program sponsored by SGC and the University of Missouri-Kansas City (UMKC). Admission to the research scholar category is usually for a five-year period. Some J-1 exchange visitors may be subject to a two-year foreign residence requirement once their J-1 stay in the United States is completed. The exchange visitor subject to this requirement is ineligible for permanent residence and certain non-immigrant visas, including the H-1B, until he or she spends two years in his or her country of permanent residence. Some waivers of this requirement are available in special cases. In addition, J-1 exchange visitors in the research scholar category may not enter into a new J-1 research program at the end of their five-year stay until one year has elapsed.

After the Administration Department has received all required information, the SGC will issue Form DS-2019, the Certificate of Eligibility for (J-1) Exchange Visitor. The DS-2019 specifies the category and objective for the Exchange Visitor. The Exchange Visitor takes the DS-2019 to the American embassy or consulate in his/her country of residence to obtain a J-1 visa.

**H-1B**: The H-1B visa is a non-immigrant visa for temporary workers engaged in “specialty occupations.” A petition for H-1B status is filed with the U.S. Citizenship and Immigration Services (“USCIS”) by the employer sponsoring the foreign national and, if granted, is valid only for employment by such employer and in the position and at the location specified in the petition. Approval of the H-1B petition does not guarantee admission into the U.S. The H-1B beneficiary must also apply for a nonimmigrant visa at the U.S. Consulate in his or her country of residence. The SGC may sponsor H-1B visas for scientists and specialized technical positions requiring a minimum of a baccalaureate degree. H-1B visas may be issued for a period of three years. The SGC may request an extension for an additional three years.

When H-1B status holders terminate their employment and leave the United States, they may request certain information from the payroll department that may be needed to apply for a “sailing permit” with the Internal Revenue Service.

**TN**: The TN visa is restricted to nationals of Canada and Mexico and is limited to specific professions as defined by the North American Free Trade Agreement. Admission to the U.S. in TN status is granted in one-year intervals. However, the number of years an individual is allowed to remain in TN status is unlimited.

**Dependents**

Family members of the foreign national (spouses and unmarried children under age 21) will qualify for dependent visas (e.g., H-4 visa for dependents of H-1B visa holders, or J-2 visa for dependents of J-1 visa holders) which will allow them to remain in the U.S. for the length of the primary visa holder’s authorized period of stay. Dependents on H-4 visas are not allowed to obtain employment. Dependents on J-2 visas may work by requesting work authorization from the USCIS.
Other Visa Types
The Administration Department has information on other types of visas, such as the B-1 visa (visitor for business), B-2 visa (visitor for pleasure), and O visa (foreign nationals of extraordinary ability or achievement).

Immigrant Visas
A permanent resident, or immigrant, is a foreign national who has been lawfully admitted to the United States to live and work without time limitations. The SGC may consider sponsoring for permanent residence other Covered Individuals who hold a regular position at the level of director or above.

Responsibility for Costs and Expenses
The SGC will pay for the costs and expenses of preparing and submitting petitions to the Department of Homeland Security for those visa categories in which an SGC Organization is the sponsor of the Covered Individual (such as for an H-1B), including petitions for accompanying spouse and minor children, change of status, and extensions of stay. All other categories and situations, including but not limited to F-1, TN-1 and family-sponsored permanent residency, waiver of the J-1 two-year foreign residence requirement, and naturalization will be the responsibility of the Covered Individual. The costs and expenses, including travel costs, in connection with the preparation and submission of visa applications and retrieval of visas, regardless of the visa category, will also be the responsibility of the individual. Please note the SEVIS fee required by J-1 visa holders is reimbursable through the relocation benefit (if applicable).

Extensions and Changes of Status
It is the status holder’s responsibility to be aware of the ending date of his or her non-immigrant status and to submit to the SGC or other sponsoring organization a request for an extension or change of status with sufficient lead-time in order to prevent an interruption of his/her work authorization or a status violation. The request for an extension must be approved by the Covered Individual’s supervisor.

Travel
Visa holders who intend to travel abroad are required to contact the Administration Department and the sponsoring organization well in advance of departure to ensure they have the appropriate documents with them for re-entry into the United States.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
115GS PAY PRACTICES
Policy Number: 115GS
Effective Date: 6/21/17
Revised Dates:

Scope
This Policy on Pay Practices applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish uniform procedures for the pay practices.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Pay Period
Members are paid bi-weekly (26 pay periods per year). Pay periods begin on Sunday and continue until the second Saturday. Payday is normally every other Friday. If the Friday pay date falls on a banking holiday, members will be paid on the prior work day.

Payroll Advance
The SGC will neither pay in advance nor loan money to members.

Payroll Errors or Questions
Any discrepancies or questions about a member’s pay should be raised immediately. Every effort is made to be accurate, but mistakes can occur. Please bring any such discrepancies or questions to the immediate attention of the Accounting Department.

Overtime
A member is classified as exempt or non-exempt. A non-exempt member or an exempt member in a flexible employment classification is entitled to overtime pay at a rate of one and one-half times the normal hourly pay rate for hours worked over 40 in a week. For purposes of overtime, “hours worked” does not include paid time off, such as holiday leave, bereavement leave, or any other time off.
Any overtime must be approved in advance by the applicable supervisor. Members are expected to comply with a supervisor’s request that a member work overtime. Failure to comply with such a request may result in discipline, including termination.

**Shift Differential**
The SGC pay a shift differential to compensate non-exempt employees for working evening or night shifts. The majority of hours must be worked within the designated shift to receive the differential, and there is no "partial shift" differential. The differentials are as follows:

<table>
<thead>
<tr>
<th>Shift</th>
<th>Differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am to 3:00pm</td>
<td>None</td>
</tr>
<tr>
<td>3:00pm to 11:00pm</td>
<td>$1.00/hour</td>
</tr>
<tr>
<td>11:00pm to 7:00am</td>
<td>$1.00/hour</td>
</tr>
</tbody>
</table>

Thus, if a member’s shift is from 9:00am to 7:00pm, no differential will be paid (the majority of hours (6) are within the “no differential” shift). If a member’s shift is from 11:00am to 9:00pm, a $1/hr. differential will be paid for all hours worked (the majority of hours (6) are within the “differential” shift).

If the member is regularly scheduled for a shift with a differential, the shift differential will be paid for all paid leave occurring during regularly scheduled hours (such as vacation, sick, bereavement, and so on).

**Call Back**
The SGC provide a premium if a non-exempt member is called back to work. The non-exempt member will be paid for a minimum of two (2) hours at a rate of one and one-half times the normal hourly pay rate. Any subsequent time will be paid at a rate of one and one-half times the normal rate until the regular shift begins or the member stops work, whichever is earlier.

**On Call**
Non-exempt members who are required to be “on call” will receive one hour of straight time for every eight (8) hours on call. This on-call premium will be prorated for the period of time on call. On-call time does not count as hours worked for purposes of calculating overtime.

**Travel**
In accordance with federal laws and regulations, the SGC has the following pay practices for travel time for non-exempt members.

- Travel time is generally compensable for special one-day trips.
- For overnight trips, travel time is generally compensable if accomplished during normal work hours, whether on a normal workday or not. If the travel time is outside of normal work hours, travel time is generally not compensable if the individual is a passenger, such as when public transportation is used or the individual is a passenger in a car. Special rules apply when the individual drives a car.
The foregoing description is intended to cover the most common situations in a general manner. There are exceptions, clarifications, and additional travel rules that may apply in a particular circumstance. Please see the Benefits Department for specific information.

**Time Submission Form**

Non-exempt members are required to submit time submission forms to managers at the end of each pay period. Non-exempt members are required to record hours worked on the form. No one may record hours worked on another’s time submission form. Filling out another’s form may result in disciplinary action for both individuals, including termination. Further, alteration of time submission forms is not allowed.

Exempt members are required to submit time submission forms for purposes of tracking leave time.

In the event of an error or a question on the time submission form, please immediately report the matter to the Accounting Department.

**Direct Deposit**

The SGC’s payroll makes available an automatic deposit of net pay of a member’s paycheck into a checking or savings account. Please consult the Benefits Department to provide necessary direct deposit information or to make alternative pay arrangements.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
127GS EMPLOYEE ASSISTANCE PROGRAM
Policy Number: 127GS
Effective Date: 6/21/17
Revised Dates:

Scope
This Policy on the Employee Assistance Program applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The SGC recognizes that Covered Individuals may, on occasion, encounter situations that cause stress or disruption and interfere with daily life. These situations can arise on or off the job and can be personal or family-related. As an added benefit for Covered Individuals, an Employee Assistance Program (“EAP”) has been established for Covered Individuals. The purpose of this policy is to summarize the EAP.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC has contracted with an outside vendor to provide EAP services to Covered Individuals. Available services include but are not limited to: telephonic and/or face-to-face counseling on personal issues; substance abuse assistance; financial consulting; and on-line assistance. More detailed information about the EAP is available from the Benefits Department.

Generally, the EAP services are available on a voluntary basis. In certain circumstances, however, and at the discretion of the SGC, the SGC may require the use of EAP services as a condition of continued employment or other association with the SGC. While all the circumstances warranting mandatory use of the EAP cannot be delineated, they may include, for example, workplace violence or substance abuse.

Use of the EAP services is confidential. The EAP provider will not notify the SGC or anyone else without the Covered Individual’s consent and written permission. Exceptions to this are: (1) where the safety or security of others at the SGC is implicated, the EAP provider will communicate this information to the SGC; (2) if the EAP consultant learns that someone is at risk of harming self or others, the consultant may be required by law to report the situation to the appropriate authorities; and (3) when a mandatory referral to the EAP is made, the EAP provider will inform the SGC of the use of the EAP and compliance with the EAP recommendations.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
129GS USE OF COMPUTERS AND PHONES

Policy Number: 129GS
Effective Date: 6/1/16
Revised Dates: 6/21/17

Scope
This policy on Use of Computers and Phones applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish guidelines concerning use of GSSIMR’s computer and phone systems.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC’s computer system, including e-mail and Internet access, phone system, and mobile devices (collectively, “Equipment”), are SGC property and intended for business use. Personal use of the Equipment is allowed during non-work time and only in compliance with this Policy. The SGC may require that an individual cease personal use if, in the SGC’s judgment, such use becomes excessive or otherwise interferes with the SGC’s business.

To ensure compliance with this Policy, the SGC may monitor, through duplication, retrieval, or other means, usage of the Equipment, without notice. Any time a Covered Individual uses SGC Equipment for communication outside the SGC, that individual is representing the SGC and should act accordingly. Personal communications that are intended to be confidential should not be made using SGC Equipment, and the SGC asks that users of the Equipment think carefully before conveying personal messages since such messages are accessible to the SGC.

SGC Equipment may not be used for any illegal or unlawful purpose.

SGC Equipment may not be used for any purpose that is inconsistent with any policy of the SGC, including but not limited to the SGC’s policies on equal opportunity, harassment, and solicitation. For example, a person:

- May not use SGC Equipment to compose, create, access, download, display, or transmit information or images which are obscene, discriminatory, harassing, defamatory, or threatening, or transmit such information or images to an SGC computer from another computer. “Discriminatory” or “harassing” means information or images which, if repeated or displayed on the SGC’s premises, would be a violation of the SGC’s equal
opportunity or harassment policies, whether or not such information is actually repeated or displayed on the SGC’s premises.

- May not use SGC Equipment to solicit others for commercial ventures, religious causes, or outside organizations (as discussed more fully in the Policy on Solicitation).
- May not use SGC Equipment to forward or participate in chain letters.
- May not use or attempt to use another’s computer password or disclose another’s password.
- May not violate any software licensing agreement or any copyright laws relating to computer software or to files or information accessed through the use of an SGC computer.

If confidential information pertaining to SGC business is stored on a hard drive, it is necessary to take precautions to protect such confidentiality. For example, please log out of the computer if leaving the area.

Those using the Internet should take precautions not to jeopardize the security of the SGC’s computer system. Please take necessary anti-virus precautions when downloading files from the Internet and when retrieving files from diskettes or flash drives. All such files must be checked for viruses. All compressed files must be checked for viruses before and after decompression.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
130GS CHILDREN ON THE PREMISES
Policy Number: 130GS
Effective Date: 6/1/16
Revision Dates: 6/21/17

Scope
This Policy on Children on the Premises applies to faculty, staff, predoctoral researchers, summer scholars and applicants ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The presence of children in the SGC’s work areas may expose them to serious dangers associated with a research-intensive environment and may disrupt members’ work at the Institute. The purpose of this policy is to provide guidelines for Covered Individuals regarding children on the SGC’s premises.

GSSIMR is included in the Stowers Group of Companies ("SGC") Organizations and has adopted the following policy as its own.

Policy
The children of Covered Individuals may visit the Institute if the child does not disrupt the work or educational environment.

Covered Individuals who have private offices are permitted to bring children with them if the child is in the presence of a parent or responsible adult and confined to the private office.

Children of Covered Individuals may also be on the premises in the Family Lounge (Building 3, Room 120). Children must be supervised by a parent or responsible adult while in the Family Lounge (see Policy 803 – Use of Family Lounge).

When using the elevators, corridors, or going to the restroom, a child must always be accompanied by a parent or responsible adult.

When on the premises, children are the responsibility of the parent or a responsible adult who is focusing exclusively on the child’s visit at all times.

Under no circumstances is a child allowed to enter a research laboratory or core facility.

For purposes of this policy, a responsible adult is an individual who is at least 18 years of age and whose primary duty is to care for the child.

Anyone younger than 18 years of age is considered to be a child.
This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
131GS OUTSIDE EMPLOYMENT

Policy Number: 131GS
Effective Date: 6/1/16
Revised Dates: 6/21/17

Scope

This Policy on Outside Employment applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose

The purpose of this policy is to help ensure commitment to GSSIMR and to avoid conflicts of interest and disclosure of intellectual property.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy

The term outside employment is inclusive of all types of outside employment, whether with governmental agencies, nonprofit associations and societies, private industry, or other educational institutions, including consulting, serving as an expert witness in litigation, or self-employment, whether for remuneration or not. Participation in Outside Professional Activities (as defined by Policy R601, Policy on Honoraria) is not considered outside employment.

Any Covered Individual contemplating outside employment must complete Policy Form F131. If there is a potential conflict of interest issue, the SIMR President and CEO may refer the matter to the SGC’s Conflict of Interest Advisory Committee for review and recommendation. Form F131 should be submitted thirty days prior to initiation of the outside employment and before any binding commitment has been made to engage in the employment. It should include all requested information and other pertinent information, such as whether the outside employment has any relationship to the Covered Individual’s scope of work at the SGC. A copy of any agreement that the Covered Individual wishes to sign must be attached to Form F131.

Covered Individuals must not sign consulting agreements (or agreements of any type for outside employment) without prior approval evidenced by the signed Form F131. Many such agreements provide that new inventions and ideas will be assigned to the company retaining the Covered Individual as a consultant. Care must be exercised to ensure that no SGC facilities or resources are used in the performance of the outside employment and that the subject matter of any inventions to be assigned to the company under the agreement is not within the scope of the Covered Individual’s responsibilities to the SGC. Please see Policy 302, Policy on Use of Computers and Phones, for additional information.
Under the policy of the SGC, rights to inventions or ideas within the scope of the Covered Individual’s responsibilities to the SGC, or those developed using the SGC’s facilities or funding, will be owned by the SGC irrespective of the terms of any agreement between the Covered Individual and a third party.

To safeguard these and other rights, each agreement for outside employment entered into by a full-time Covered Individual must contain the following paragraph (either in the body of the agreement or as an attachment):

- The Company [insert the name of entity] recognizes that the consultant works full-time for a Stowers Group of Companies (“SGC”) Organization and has existing and overriding contractual obligations to the SGC. Nothing in this agreement shall be construed as requiring the consultant to violate these obligations. The Company specifically recognizes that the consultant assigned to the SGC all intellectual property that is related to the consultant’s responsibilities to the SGC.

Part-time individuals are not permitted to consult during the period of time in which they are working for the SGC and may not use the facilities or resources of the SGC in any consulting or other employment undertaken in the time they are not working for the SGC. For instance, an individual working twenty hours per week for the SGC may not use any of that twenty hours to consult. Since it is still possible for a conflict of interest to arise between a Covered Individual’s SGC relationship and outside employment, such arrangements must be reported by part-time Covered Individuals in accordance with the procedures outlined above for full-time Covered Individuals.

Outside employment can be approved if it serves the interest of the SGC. It cannot be approved if it intrudes upon the Covered Individual’s duties to the SGC, interferes with the Covered Individual’s focus on research conducted at the SGC, or creates in any way a conflict of interest.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
132GS RESPONSE TO ANTI-SCIENCE INCIDENTS

Policy Number: 132GS
Effective Date: 6/1/16
Revised Date: 6/21/17

Scope
This Policy on Response to Anti-Science Incidents applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The Stowers Group of Companies (“SGC”) Organizations are private and restrict public access to its campus and facilities. This includes restricting access to individuals and groups advocating anti-science or animal liberationist views as well as representatives of the media. Covered Individuals who identify demonstrators or representatives of the media on the campus should immediately report them to the Security Department.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Covered Individuals’ Interactions with Protesters or Demonstrators and Accompanying Media Representatives
Covered Individuals are prohibited from engaging in conversation with or participating in demonstrations or other disruptive activities on SGC premises. Covered Individuals are not to engage in any dialogue with any media during a protest or demonstration, as any statement made to a news media representative may be construed to represent the viewpoint and position of the SGC.

Covered Individuals’ Interaction with Representatives of the Media Under Other Circumstances
Covered Individuals are not to engage in interviews with representatives of the news media if they identify themselves as associated with or employed by GSSIMR or the SGC without prior clearance from the GSSIMR President’s Office.

Access to the Laboratory Animal Services Facilities
For the safety and security of its Covered Individuals and animals, the SGC restrict access to the Laboratory Animal Services Facilities. Beneficial, quality research is dependent upon secure facilities that provide stable, hygienic, comfortable, disease-free conditions for the animals. To protect Covered Individuals, research animals, and the integrity of its research, GSSIMR relies on the SGC to maintain security and surveillance systems.
Animal Issues Response Team (AIRT)
Incidents involving animal-related issues are handled on a case-by-case basis by the Animal Issues Response Team (AIRT) composed of the SIMR President, the Scientific Director, the Director of Public Affairs, the Senior Director of Research Operations, and the Director of Security in consultation with the SGC’s legal counsel. An incident involving animal-related issues can be defined as any person or group engaging in verbal or physical expression of their views against animal research on campus. For example, carrying anti-animal research signage, distributing anti-animal research materials, or expressing anti-animal research opinions by letter, fax, e-mail, or telephone conversation are all animal-related issues. Report any such incident immediately to Security at x4144. Security will notify the AIRT, and the AIRT will respond to the incident.

Covered Individuals who violate this policy will be removed from the premises and their association with the SGC may be terminated.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
133GS WORKPLACE VIOLENCE AND WEAPONS

Policy Number: 133GS

Effective Date: 6/1/16

Revised Date: 6/21/17

Scope
This Policy on Workplace Violence and Weapons applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The SGC is committed to preventing workplace violence and to maintaining a safe work environment.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC does not tolerate any type of workplace violence or threats of such violence committed by or against Covered Individuals while on SGC premises or while conducting SGC business. In furtherance of this policy, and because the SGC believes in the dignity of its members and others associated with the SGC, Covered Individuals are expected to treat everyone they encounter during their workday or other association with the SGC with courtesy and respect.

The SGC also does not permit either the possession or the concealed or open carrying of weapons, including but not limited to firearms, knives, or explosives, anywhere on the premises, including in vehicles or in parking facilities, or while conducting SGC business. This provision does not apply to SGC security guards specifically authorized to possess such weapons in the performance of their functions at the SGC.

The following are examples of the types of conduct that are prohibited while on SGC premises or conducting SGC business:

- Direct and indirect threats of physical violence
- Roughhousing (e.g., pushing and shoving and other physical contact of a similar nature)
- Intentionally damaging or attempting to damage SGC property or the property of another person
- Possession or concealed or open carrying of firearms, knives, explosives or other weapons anywhere on SGC premises, including in vehicles or in parking facilities, or while conducting SGC business.

The foregoing are examples only. Other conduct, whether verbal or non-verbal, which violates the spirit and intent of this policy is also prohibited.
Anyone who obtains, modifies, or rescinds a protective order or restraining order that identifies SGC premises as being a protected area must provide a copy of such order to the Director of Security. The SGC will take reasonable steps to provide a safe workplace for Covered Individuals. The SGC understands the sensitivity of such information and will keep the information confidential to the extent possible.

Covered Individuals should immediately report suspicious activities or individuals to a member of management or to the Security Department.

Anyone subject to actual or threatened violence on SGC premises or while on SGC business, whether by a Covered Individual or someone else, or who becomes aware of any violation of this policy, should immediately report the matter to a member of management or the Security Department. Reports or incidents warranting confidentiality will be handled appropriately, and information will be disclosed on a need-to-know basis. The Security Department will investigate all reports of threats, violence, or other violations of this policy and, pending the outcome of the investigation, may reassign or suspend or remove the involved person(s) or take other action as necessary to provide a safe workplace. Retaliation for reporting workplace violence is prohibited and should be reported immediately to the Associate Dean for Administration.

Covered Individuals engaging in acts violating this policy may be disciplined, up to and including termination of employment or association with the SGC, and may be reported to the authorities. Anyone engaged in acts violating this policy on SGC premises or against a Covered Individual while on SGC business may be reported to the authorities and may be subject to additional action as appropriate. For appropriate safety steps to take when confronted with violence in the workplace, please refer to the “Workplace Violence” section of Policy 400, “Emergency Action Plan.”

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
134GS EQUAL OPPORTUNITY
Policy Number: 134GS
Effective Date: 6/1/16
Revised Dates: 6/21/17

Scope
This Policy on Equal Opportunity applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
It is the policy of the SGC to afford equal opportunity in all phases of employment (including advertising, solicitation, recruitment, hiring, transfers, promotions, demotions, compensation, training, benefits, layoffs, terminations, and all other terms and conditions of employment) to all individuals regardless of race, creed, color, religion, gender, sexual orientation, pregnancy, national origin, age, disability (including within the meaning of section 504 of the Rehabilitation Act and the Americans with Disabilities Act), military status, level of English proficiency, blindness or any other status protected by law. This Policy applies to all programs and activities at the Institute, including, but not limited to, any program or activity receiving federal funds.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
All Covered Individuals of the SGC are responsible for the observation of the spirit as well as the intent of the SGC’s Equal Opportunity policy and all equal opportunity laws and regulations. All Covered Individuals of the SGC are responsible for complying with all relevant policies. The Executive Vice President for Administration is responsible for formulating, coordinating, communicating and monitoring all efforts in support of equal opportunity.

Any Covered Individual who witnesses or experiences conduct which he/she believes to be inconsistent with this policy has a responsibility to report any such conduct immediately to the Executive Vice President for Administration or the head of the unit in which he/she is associated. If the issue concerns the Executive Vice President for Administration, the individual may go directly to the SIMR President and CEO. Covered Individuals are encouraged to inform anyone connected with SGC business whenever the Covered Individual finds that person’s conduct to be in violation of this policy. Under no circumstances is a person required to make a report of the misconduct to the accused person.

All reports of conduct in violation of this policy will be promptly investigated by the SGC, and every effort will be made to conduct the investigation in as confidential a manner as possible. Conduct in violation of this policy will be remedied, and may result in disciplinary action, including
but not limited to removal from the SGC Organization’s premises, program, or activity, or termination of employment.

No Covered Individual who exercises his/her right to report a violation of this policy, who registers a complaint pursuant to this policy in good faith, or who participates in an investigation will be subject to any form of retaliation. Any Covered Individual who believes he/she is the subject of retaliation shall report such conduct immediately to the Executive Vice President for Administration or the head of the unit in which he/she is associated. If the issue concerns the Executive Vice President for Administration, the individual may go directly to the SIMR President and CEO.

After the complaint process in this policy has been used and completed, a Covered Individual not satisfied with the result may then use the Issue Resolution Policy beginning at any step the Covered Individual deems appropriate.

The SGC values the diversity and creativity of its employees and employment candidates. The SGC values diversity in all of its operations and recognizes the strength it brings to the organization, its employees and members. The SGC is committed to providing equal opportunity to all employment candidates and employees in all employment and employment-related efforts.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.
This policy will be reviewed by the GSSIMR Board of Directors in 2021.
135GS PERSONAL RELATIONSHIPS IN THE WORKPLACE

Policy Number: 135GS
Effective Date: 6/21/17
Revised Date:

Scope
This Policy on Personal Relationships in the Workplace applies to faculty, staff, predoctoral researchers, summer scholars, and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The SGC is committed to maintaining an environment in which the work, discovery and learning of Covered Individuals take place in a professional atmosphere of mutual respect and trust, and engagement and advancement are based on qualifications, achievement and merit. While the SGC respects the privacy of Covered Individuals and recognizes that they are entitled to freely choose their personal relationships, the SGC is also mindful that certain familial or consensual relationships have the potential to negatively affect the fairness and objectivity that is essential to a healthy working and learning environment. Specifically, such relationships may create or result in a conflict of interest; the opportunity for exploitation, favoritism or other inappropriate use of power, trust or authority; or undermine professionalism. Therefore, this policy prohibits or imposes restrictions on certain personal relationships between Covered Individuals. Nothing in this policy limits or alters the SGC’s policies on sexual harassment.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC permits the employment or other association of Covered Individuals who are in a personal relationship, subject to the following restriction and prohibition:

- A Covered Individual who is in a personal relationship (i.e., a familial or consensual relationship) with another Covered Individual may not have supervisory or evaluative authority over the other Covered Individual or participate in a shared chain of approvals (referred to as a “Restricted Relationship”).
- A consensual relationship is prohibited between (i) a Covered Individual who is a member of the faculty or staff of GSSIMR, or a principal investigator or core leader of SIMR, and (ii) a Covered Individual who is a student (referred to as a “Prohibited Relationship”).

If (i) a Restricted Relationship develops subsequent to the effective date of this policy or (ii) a Prohibited Relationship exists as of the effective date of this policy or develops subsequent to the effective date, the Covered Individual in the position of greater power must immediately report the personal relationship to the Executive Vice President for Administration.
Management or Termination of Restricted or Prohibited Relationships

If a **Restricted Relationship** develops, the Covered Individuals must either (i) immediately end the relationship, in the case of a consensual relationship or (ii) agree to and abide by a management plan that terminates any supervisory or evaluative authority of the Covered Individual with the greater power and addresses and mitigates any concerns of conflict of interest, favoritism or exploitation.

If a **Prohibited Relationship** exists or develops, the Covered Individuals must immediately end the relationship, which will not be permitted to continue under any circumstances. Failure by the Covered Individuals to immediately end the relationship in all respects will subject the Covered Individuals to disciplinary action as set forth below. After the termination of the relationship, the relevant SGC Organization may take disciplinary action or require a management plan or other remedial efforts.

**Reporting of Complaints and Concerns**
Covered Individuals are encouraged to and should report any and all complaints or concerns about violations of this policy to the Executive Vice President for Administration. All such complaints or concerns will be handled on a timely basis. No Covered Individual will be retaliated against for reporting violations of this policy or raising any complaint or concern.

**Confidentiality**
In order to encourage disclosure of Restricted or Prohibited Relationships and reporting of complaints and concerns, disclosures and actions taken pursuant to this policy will be kept confidential to the extent possible. However, in order to allow for full and complete investigation of disclosures, complaints and concerns, and to properly develop and implement management plans, complete confidentiality cannot be guaranteed.

**Noncompliance with Policy**
Disciplinary action against a Covered Individual for any failure to comply with this policy or engaging in any retaliation will depend on the particular circumstances of the violation and may include a written reprimand, suspension of relevant responsibilities, or termination of employment or other association with the relevant SGC Organization.

**Definitions**
- “Adverse actions” are actions that would dissuade a reasonable person from reporting or supporting a complaint or concern about a violation of this policy. Examples of adverse actions include a significant change in one’s status, such as suspension, unsatisfactory or unfair evaluations, unfair grades, unfair assignments, firing, failing to promote, reassignment with significantly different responsibility or a decision causing a significant change in benefits, direct or implied threats, coercion, harassment, intimidation, or encouragement of others to retaliate.
• “Consensual relationship” is defined as a relationship in which two individuals are engaged by mutual consent in a romantic, dating or sexual relationship.

• “Familial relationship” means a person is related to another person in any of the following ways:
  o parent, child, grandparent, grandchild, brother, sister, uncle, aunt, nephew, niece, related by blood, marriage or through adoption; or
  o spouse, domestic partner, stepparent, stepchild, or other relation established by law or court order.

• “Greater power” is used to describe the situation that results when one individual in a personal relationship has direct supervision, direction, instruction, oversight, evaluation, advisement, or substantial influence over the employment, association or educational status of another.

• “Personal relationship” means a familial or consensual relationship.

• “Retaliation” is defined as adverse actions taken against a Covered Individual because of his or her participation in the following types of protected activities:
  o Seeking advice or assistance about this policy;
  o Reporting or filing an informal or formal complaint or concern regarding an alleged violation of this policy; or
  o Testifying, assisting or participating in an investigation or other proceeding related to an alleged violation of this policy.

• “Student” means an individual pursuing degree-associated studies at any level, whether full or part-time, including high school, undergraduate, and graduate programs, a Stowers Summer Scholar, or a research intern.

• “Supervisory or evaluative authority” is the power to control or influence another person’s employment, academic advancement, or extracurricular participation, including, but not limited to: hiring, appointment (or renewal of appointment) or admission; work conditions; assignments; mentoring; evaluation, assigning grades, supervision of thesis research or recommendations; salary, award, stipend or other compensation or financial support; promotion or transfer; discipline or termination; or participation in extracurricular programs, in each case directly or as a committee member and, if applicable, regardless of the source of funds.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.
This policy will be reviewed by the GSSIMR Board of Directors in 2021.
136GS WHISTLEBLOWER AND OTHER REPORTING OF MISCONDUCT

Policy Number: 136GS
Effective Date: 6/21/17
Revised Date: 7/23/19

Scope
This policy on Whistleblower and Other Reporting of Misconduct applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The SGC is committed to establishing a culture of compliance, including one that promotes the prevention, reporting and remediation of conduct that does not comply with applicable laws or SGC policies, including the Code of Conduct (Policy 100). In furtherance of that commitment, the SGC encourages the reporting by Covered Individuals of any violation or potential violation of applicable law or SGC policy, whether through traditional avenues of reporting or through the SGC’s telephone and online reporting system (“Hotline”), which is operated by SRM’s third-party hotline vendor.

GSSIMR is included in the SGC Organizations and has adopted the following policy as its own.

Policy
Any Covered Individual who becomes aware of or suspects any type of misconduct, such as fraud, theft, misuse of funds, conflicts of interest or harassment, should immediately report the concern in accordance with this policy. Examples of misconduct include:

- **Scientific Misconduct**—Any fabrication, falsification, plagiarism or other intentional distortion in the performance of scientific research
- **Corruption and Fraud**—Theft of any kind, misuse of funds, violation of ethics, insider trading or scientific misconduct.
- **Employment Law Violations**—Illegal discrimination, harassment or non-compliance with applicable employment laws.
- **Environment, Health and Safety**—Acts that may lead to physical injury, property damage or that disregard established regulations and procedures.
- **Near-Miss Accidents**—Unplanned events that did not result in harm but had the potential to do so.
- **Violation of Ethical Standards Regarding Human Experiments**—acts that do not comply with the standards and regulations governing experimentation with human subjects
- **Misuse of Laboratory Animals**—Acts that do not comply with standards and regulations governing the use of laboratory animals.
- **Misuse of Assets**—Misuse of computers, cell phones or other SGC-issued supplies, equipment and property.
- **Misuse of Information**—Misuse or inappropriate disclosure of proprietary information, including but not limited to information protected by the Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).
- **Other**—Retaliatory actions, unethical behavior, concerns about work hours, pay, benefits, supervisor/peer relations and any issue that may be detrimental to a Covered Individual’s well-being.

**Reporting Options**
In the event a Covered Individual wishes to report a concern pursuant to this policy, he or she should first consider reporting the concern to his or her supervisor, department head or the Executive Vice President of Administration, or in accordance with other reporting procedures contained in the applicable SGC policy. If the Covered Individual believes that those reporting channels have not been or would not be effective (such as the person assigned to receive reports being implicated in the concern,) or if the reporting Covered Individual wishes to remain anonymous, he or she should report the concern using the Hotline, which is available 24 hours a day/7 days a week and can be accessed by calling 1-844-472-2439 or by visiting https://simrbvd.tnwreports.com.

**Confidentiality**
The identity of the Covered Individual reporting a concern will be kept confidential to the fullest extent possible, unless doing so does not comply with applicable law or prevents a full and effective investigation of the reported misconduct. Covered Individuals reporting a concern to the Hotline may choose to reveal their identity, remain anonymous or request that their identity not be disclosed.

**Handling of Reports**
The Executive Vice President of Administration will be responsible for receiving, investigating and, if appropriate, taking remedial action with respect to any reported concern. A supervisor who receives a reported concern must immediately communicate the concern to the Executive Vice President of Administration, who will, as circumstances warrant, either immediately communicate the concern or include it in periodic reports to the SRM Executive Committee and the Office of the General Counsel.

**Non-Retaliation**
Retaliation against any Covered Individual for reporting a concern or for participating in an investigation of a concern is strictly prohibited. Regardless of the merits of the reported concern, a Covered Individual who retaliates or threatens to retaliate against the reporting Covered Individual may be subject to disciplinary action, up to and including termination of employment or other association with the SGC. A Covered individual who believes he or she has been retaliated against should make a report in accordance with this policy or in accordance with other retaliation reporting procedures contained in the applicable SGC policy.

**Good Faith Reporting**
Reporting of a concern by a Covered Individual must be done in good faith. “Good faith” for purposes of this policy means the Covered Individual has a genuine belief that misconduct has occurred in the past, is currently occurring or may occur in the future, regardless of whether a subsequent investigation finds no evidence of actual misconduct.

**Whistleblower Protections in Connection with Scientific Misconduct/Fraud in Research Funded by Public Health Service (PHS) or National Science Foundation (NSF)**

If the reported concern pertains to research funded by, or a proposal for research funded by, the PHS (including the National Institutes of Health) or the NSF, SIMR will follow the requirements and guidelines of the PHS and NSF for purposes of reviewing, responding to and resolving retaliation complaints. Those requirements and guidelines include, but are not limited to, 42 CFR § 93.304(l) and the Guidelines for Institutions and Whistleblowers: Responding to Possible Retaliation Against Whistleblowers in Extramural Research issued by the PHS’s Office of Research Integrity. The Scientific Director of SIMR will serve as the responsible official and SIMR’s liaison to the ORI and OIG. If the involvement of the Scientific Director creates a real or apparent conflict of interest with SIMR’s obligation to protect good faith whistleblowers, the President and CEO of SIMR will appoint a substitute responsible official who has no conflict of interest. A Covered Individual who wishes to receive the procedural protections provided by the ORI must file his or her retaliation complaint with the Scientific Director within 180 days from the date he or she became aware or should have become aware of the alleged adverse action.

This policy is also supplemented by the enhanced whistleblower rights and remedies provided by 41 U.S.C. 4712 to Covered Individuals when working on PHS or NSF-funded projects. In general, that law provides that an employee working for a federal contractor, subcontractor, grantee, subgrantee or personal services contractor may not be discharged, demoted or otherwise discriminated against as a reprisal for disclosing information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule or regulation related to a federal contract or grant. For the whistleblower activity to be protected under the aforementioned law, the alleged misconduct must be reported to one or more of the following: a member of Congress or a representative of a committee of Congress; an Inspector General; the Government Accountability Office; a federal employee responsible for contract or grant oversight or management at the relevant agency; an authorized official of the Department of Justice or other law enforcement agency; a court or grand jury; or a management official or other employee of the contractor, subcontractor, or grantee who has the responsibility to investigate, discover, or address misconduct.

In the event of any conflict between this policy and the foregoing requirements or guidelines, the latter will control.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
201GS INTELLECTUAL AND OTHER PROPERTY, CONFIDENTIAL INFORMATION AND NONSOLICITATION

Policy Number: 201GS
Effective Date: 6/1/16
Revised Date: 6/21/17

Scope
This Policy on Intellectual and Other Property, Confidential Information and Nonsolicitation applies to faculty, staff, predoctoral researchers, summer scholars and applicants ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The Stowers Institute for Medical Research conducts basic research on genes and proteins that control fundamental processes in living cells to unlock the mysteries of disease and find the keys to their causes, treatment, and prevention. To carry out this mission, the SGC has established this Policy to (i) promote, preserve, encourage and aid scientific investigation and research at SIMR, (ii) establish the rights and obligations of the SGC and the Covered Individuals with respect to intellectual and other property, confidential information and non-solicitation, (iii) ensure compliance with applicable laws and regulations, (iv) encourage interaction between Covered Individuals and the scientific community, including through publication of research results, in a manner that secures protection of SGC intellectual property and confidential information, and (v) provide an organizational structure and procedures that facilitate and provide for an equitable distribution of the rewards resulting from the commercialization of intellectual property.

GSSIMR is included in the Stowers Group of Companies ("SGC") Organizations and has adopted the following policy as its own.

Policy

Intellectual Property

Definition of Intellectual Property
"Intellectual Property" means all property covered by patent, trademark, copyright, or trade secret laws, including, without limitation, all inventions, discoveries, ideas, improvements, modifications, know-how, creations, methods, processes, compositions, biological materials (any material capable of self-replication, either directly or indirectly, including vectors, cell lines, hybridomas, clones, organisms, nucleotide sequences, and amino acid sequences), chemical materials, devices, software, source code, object code and machine language, derivatives, trademarks, service marks, marketing data, marketing plans, art work, manuals, writings, donor lists, promotional materials, and contact lists.

SGC Intellectual Property
“SGC Intellectual Property” means all Intellectual Property that is invented, authored, made, or conceived by the Covered Individual alone or with others during the period of his or her employment or other association with the SGC, whether or not such Intellectual Property is invented, authored, made, or conceived (i) during normal working hours, (ii) on the premises of an SGC Organization, or (iii) with the use of the SGC’s equipment, supplies, facilities, monetary support or Confidential Information (as defined in this Policy).

Notwithstanding the foregoing, SGC Intellectual Property will not include the following Intellectual Property: (i) with respect to all Covered Individuals, any artistic, literary or scholarly Intellectual Property, such as books, articles and other publications, works of art, computer programs, and music recordings, despite the use of SGC resources, so long as such work is not created under the direction and control of the SGC; and (ii) with respect to (a) non-exempt members who work on an hourly basis, (b) exempt members who work part-time, and (c) visiting scientists who do not receive a salary or other compensation from the SGC, any Intellectual Property that is invented, authored, made, or conceived without the use of the SGC’s equipment, supplies, facilities, monetary support, or Confidential Information, and entirely on the Covered Individual’s own time away from the SGC’s premises, and that is wholly unrelated to the Covered Individual’s employment or other association with the SGC.

Ownership of SGC Intellectual Property
All SGC Intellectual Property will be considered work(s) made by Covered Individuals for hire for the SGC and will belong exclusively to the SGC. If by operation of law any SGC Intellectual Property is not owned in its entirety by the SGC automatically upon creation thereof, then each Covered Individual hereby assigns to the SGC any and all title, interests, and rights in SGC Intellectual Property, including, without limitation, worldwide rights, moral rights, and inventions, including patents and patent applications arising from that SGC Intellectual Property. Each Covered Individual also hereby forever waives and agrees never to assert against the SGC, its successors or licensees any and all rights in SGC Intellectual Property. Covered Individuals will cooperate fully with the SGC both during and after the term of his or her employment or other association with the SGC, including, without limitation, the execution and delivery of any assignment, patent application, power of attorney, or other document that the SGC may deem necessary to secure, enforce, defend, and maintain rights in SGC Intellectual Property in any and all countries.

Ownership of SGC Intellectual Property invented, authored, made, or conceived as a direct or indirect result of the duties or research activities of Covered Individuals from a program of research financed in part by the United States Government will be determined consistently with the terms of the applicable Government grant or contract. In cases where the Government claims no ownership or patent or copyright rights, or waives its rights, the provisions of the preceding paragraph will control.

Disclosures of Prior Intellectual Property and SGC Intellectual Property
Each Covered Individual using the SGC’s approved disclosure form must, at the time he or she becomes employed by or otherwise associated with the SGC, disclose in writing, in sufficient
detail to define clearly, all Intellectual Property invented, authored, made, or conceived by the Covered Individual, alone or with others, prior to the employment or association with the SGC, including, without limitation, listing all papers, abstracts, patent applications, patents, books, and journals, and any confidentiality, non-compete, assignment of Intellectual Property, or other similar agreements or policies to which he or she is a party or otherwise subject. The preceding subsection (Ownership of SGC Intellectual Property) will not apply to any Intellectual Property listed in that disclosure.

Each Covered Individual, using the SGC’s approved disclosure form, must also promptly communicate and disclose in writing to the SGC any SGC Intellectual Property created by the Covered Individual. Covered Individuals should consult the President and CEO of SIMR or his/her designee with respect to their duties to disclose SGC Intellectual Property and the manner and timeliness with which such disclosures should be made to the SGC.

**Waiver or Return of Rights**

The SGC Organization may in its sole discretion waive to the Covered Individual(s) who creates SGC Intellectual Property the SGC’s rights therein, provided the waiver does not conflict with obligations to the United States Government or other interested parties. This arrangement may be appropriate, for example, if the SGC do not intend to protect or commercialize the invention because it is beyond the scope of the SGC’s business. The SGC may make the waiver or other return of rights contingent upon the SGC’s receipt of an automatic fully paid-up, royalty-free non-exclusive license for the SGC’s non-profit use. Requests for this type of arrangement must be made in writing to the SIMR President and CEO or his/her designee.

The SGC may also recommend that BioMed Valley Discoveries provide the Covered Individual(s) with a license to the Intellectual Property. Any such license will be negotiated by BioMed Valley Discoveries at its sole discretion.

**Division of Proceeds**

It is the express business goal of the SGC to maximize the economic value of SGC Intellectual Property, and to reward Covered Individuals through the equitable sharing of proceeds derived from discovery development activities with respect to SGC Intellectual Property.

If SGC Intellectual Property is the joint invention of two or more Covered Individuals and these Individuals cannot agree on an arrangement for the sharing of the proceeds within a reasonable period of time that is acceptable to the SIMR President and CEO or his/her designee, the President and CEO will convene an Allocation Advisory Group to make a recommendation to the President and CEO who will have the final binding decision on the division of the proceeds among inventors. The Allocation Advisory Group will have at least one member who is a Principal Investigator and one who is not a Principal Investigator. Before the Allocation Advisory Group makes its recommendation, each Inventor shall have the opportunity to present his/her case to the Group.
Cash-Only Licenses
Cash-Only Licenses are those licenses where the SGC’s compensation does not include stock or stock options. For Cash-Only Licenses, the SGC will pay to the Covered Individuals named as the inventor(s) of SGC Intellectual Property in accordance with U.S. patent law (the “Inventor(s)”) fifty percent (50%) of the Inventor-Institution Margin received by the SGC from its discovery development activities with respect to that SGC Intellectual Property. Inventor-Institution Margin is gross cash income from upfront payments, milestones, and royalties reduced by any and all costs and expenses incurred by the SGC in connection with discovery development activities, including, without limitation, (i) costs and expenses in connection with obtaining and maintaining intellectual property protection for the SGC Intellectual Property, (ii) costs and expenses associated with marketing and negotiating the transfer of the SGC Intellectual Property, and (iii) required payments to any third party, including, without limitation, royalty fees paid to third-party institutions. The SGC will in its sole discretion determine the appropriate reporting period for calculating Inventor-Institution Margin.

Equity Licenses
Equity Licenses are those licenses where the SGC’s compensation includes equity such as stock or stock options. For Equity Licenses, the SGC will pay the Inventors fifty percent (50%) of the Inventor-Institution Margin. The SGC will also transfer 50% of any equity received by the SGC to the Inventor(s), subject to any restrictions placed on Inventor(s) as a condition of their receipt of funding from a third party. In such cases, the SGC will make every effort to reach an equitable arrangement with the Inventor(s) and the third party to maximize the total compensation received by the Inventor(s). The SIMR President and CEO will determine when to stop such efforts. After this determination, if the Inventor must forfeit any equity, the Allocation Advisory Group will make a recommendation to the President and CEO of SIMR on the disposition of the forfeited equity. The SIMR President and CEO will have the final binding decision on the disposition of forfeited equity.

Prosecution and Development
A Development Advisory Board will make recommendations to the SIMR President and CEO and the BioMed Valley Discoveries President and CEO on the protection and development of Intellectual Property. The Development Advisory Board will include members of SIMR and BioMed Valley Discoveries. The SIMR President and CEO will have the final binding decision on all matters related to the protection of Intellectual Property while the BioMed Valley Discoveries President and CEO will have the final binding decision on all matters related to the development of Intellectual Property.

Upon disclosure of SGC Intellectual Property to the SGC, the Development Advisory Board will make a recommendation to the SIMR President and CEO on whether to file a patent application, publish a paper or abstract, or maintain the property or information as a trade secret. The Development Advisory Board will also make recommendations on the selection of the attorney or law firm that is to prepare and prosecute all patent applications. Before the Development Advisory Board makes its recommendation, each individual Inventor shall have the option to make a presentation to the Board. Covered Individuals are not given the authority to select
outside consultants, attorneys, accountants, or any other service provider without the express written permission of the SIMR President and CEO or his or her designee. The SIMR President and CEO will make the final binding decision on all matters related to the protection of Intellectual Property.

As appropriate, the Development Advisory Board will make a recommendation to the President and CEO of BioMed Valley Discoveries on all other aspects of the development of Intellectual Property. Before the Development Advisory Board makes its recommendation, each Inventor shall have the option to make a presentation to the Board on these matters. The President and CEO of BioMed Valley Discoveries will make the final binding decision on all matters related to the development of Intellectual Property.

SGC Property
All research, invention records and data, drawings, notebooks, computer readable information, electronic data, biological materials (including cell lines, specimens, vectors, clones, hybridomas, amino acid sequences, nucleotide sequences, and modified organisms), chemical materials (including all reagents, solutions, and chemicals), compositions, equipment, apparatus, instruments, tools or any other devices of any kind, and all computer programs, software, or any other materials, documents, records or data of any kind, furnished to a Covered Individual by the SGC or developed by a Covered Individual on behalf of the SGC or at the SGC’s direction or for the SGC’s use or otherwise in connection with a Covered Individual’s employment or other association with the SGC (“SGC Property”), are and will remain the sole property of the SGC, including in each case all copies thereof in any medium, including computer readable information and other forms of information storage. At no time will a Covered Individual, directly or indirectly, remove or cause to be removed from the premises of an SGC Organization any SGC Property except in furtherance of the performance of a Covered Individual’s duties or approved activities; provided, however, that a Covered Individual may remove copies of records, drawings, notebooks, and electronic data relating to research conducted or directed by the Covered Individual. If the SGC requests the return of SGC Property (whether or not containing Confidential Information) at any time during or at or after the termination of a Covered Individual’s employment or other association with the SGC, the Covered Individual will deliver the SGC Property and all copies of the same to the SGC immediately (except with respect to the research-related copies removed in accordance with this paragraph).

Nonsolicitation and Confidential Information
During and as a result of the employment or other association with SGC, Covered Individuals will gain access to Confidential Information of the SGC. In consideration of the special and unique opportunities and access afforded by the SGC to Covered Individuals as a result of his or her employment or other association with the SGC, each Covered Individual will comply with the following:

Nonsolicitation
For so long as a Covered Individual remains employed by or otherwise associated with the SGC and for a period of two (2) years after the termination of his or her employment or association
for any reason (the “Restricted Period”), a Covered Individual will not directly or indirectly induce or attempt to influence any other Covered Individual (other than members of a Covered Individual’s laboratory, if applicable) to terminate employment or other association with the SGC. Covered Individual(s) may make a written request to the SIMR President and CEO for exceptions to the nonsolicitation policy.

**Confidential Information**
A Covered Individual will not use for the Covered Individual’s personal benefit, or disclose, communicate, publish, or divulge to, or use for the direct or indirect benefit of any person or entity, or authorize anyone else to disclose, communicate, publish, divulge or use, any Confidential Information, except (i) as specifically required in the conduct of the SGC’s business, (ii) in accordance with the next paragraph, or (iii) as expressly authorized in writing by the SGC. “Confidential Information” means any information regarding the SGC’s business methods, business policies, procedures, experimentation, techniques, services, research or development projects or results, or Intellectual Property; historical or projected financial information, budgets, trade secrets, personnel information, or other knowledge or processes of or developed by the SGC; or any other confidential information relating to or dealing with the business, operations or activities of the SGC, excepting in each case information otherwise lawfully known generally by, or readily accessible to, the general public; provided, however, that information will not be deemed to be generally known or readily accessible to the general public merely because the specific information is embraced by more general information that is so known or accessible. The provisions of this paragraph will apply during and after the period when a Covered Individual is employed by or otherwise associated with the SGC and will be in addition to (and not a limitation of) any legally applicable protection of the SGC’s interest in Confidential Information.

**Publication**
Nothing in this Policy will limit or restrict the right of Covered Individuals to publish results of their research, either in written or oral form, subject to reasonable delays or alterations to preserve patent or other intellectual property rights and to protect Confidential Information. In the event a Covered Individual intends to discuss research results in a printed publication, including, without limitation, an article, abstract, student thesis, or grant proposal, he or she will submit a copy of the text to the Office of the SIMR President and CEO as soon as possible prior to submission for publication, together with a statement indicating whether the Covered Individual believes that any SGC Intellectual Property discussed therein should be considered for patent protection or that the text does not disclose any SGC Intellectual Property. The Office of the SIMR President and CEO will notify the Development Advisory Board of any planned disclosure of Intellectual Property. In the event the Covered Individual plans to make an oral presentation at a scientific gathering that discusses research results, he or she has the responsibility to prevent disclosure of Confidential Information in contravention of the standards set forth in the previous paragraph and to prevent disclosure of SGC Intellectual Property that the Covered Individual determines should be considered for patent or other intellectual property protection. The Covered Individual will delay publication or make any alteration requested by the SGC if the SGC determines that a delay in publication or alteration is necessary to protect SGC Intellectual Property rights or its Confidential Information.
There is no requirement for a specific notification period before disclosure. As general guidance, notice of 3 weeks or more provides sufficient time to devise and implement a well-reasoned plan for the comprehensive protection of the Intellectual Property. Notice of approximately 2 weeks provides sufficient time to devise and implement a basic plan for moderate protection. Notice of less than one week may or may not provide sufficient time for a minimal plan that provides limited protection.

**Termination or Amendment of Policy**
This Policy may be amended or terminated, in whole or in part, at any time by the SGC. Such an amendment or termination will not affect rights accrued to a Covered Individual with respect to the sharing of proceeds derived from SGC Intellectual Property prior to the date of the amendment or termination.

**Severability**
If any court of competent jurisdiction holds any provision of this Policy invalid or unenforceable, the other provisions of this Policy will remain in full force and effect. Any provision of this Policy held invalid or unenforceable only in part or degree will remain in full force and effect to the extent not held invalid or unenforceable.

**Agreements**
All Covered Individuals are required to sign Form F201La, Intellectual and Other Property, Confidential Information and Nonsolicitation Policy Agreement, providing for the assignment of all rights in SGC Intellectual Property to the SGC and otherwise incorporating the terms of this Policy.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
202GS FINANCIAL CONFLICT OF INTEREST
Policy Number: 202GS
Effective Date: 6/1/16
Revised Dates: 6/21/17, 10/25/18

Scope
This Policy on Conflict of Interest applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The Institute is committed to conducting research consistent with the highest standards of ethics and in compliance with legal requirements, including those imposed by external funding sources. In furtherance of that commitment and in compliance with those requirements, this policy provides procedures for disclosure of significant financial interests by Covered Individuals engaging in research activities at the Institute, determining whether those interests constitute a real or perceived financial conflict of interest and if so, addressing the financial conflict of interest so that the research activities are conducted free of bias.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Definitions
Agency-funded Research: Research funded by the Public Health Service (“PHS”) (National Institutes of Health (“NIH”)), the National Science Foundation (“NSF”) and any other agency that applies the PHS Rule.

Bias: circumstances under which a Researcher would experience (or could appear to experience) impaired professional judgment or objectivity resulting from an FCOI which could directly and significantly affect the design, conduct or reporting of Research in which the Researcher is involved, as determined by the Institute.

Excluded Financial Interest: A Significant Financial Interest does not include, among other things, (i) income from investment vehicles such as mutual funds and retirement accounts, as long as the Researcher does not directly control the investment decisions made by the investment managers within these funds or accounts, or (ii) income from seminars, lectures, teaching engagements or service on advisory committees or review panels sponsored by, or travel that is reimbursed or sponsored by, a government agency (federal, state or local); an institution of higher education as defined at 20 USC § 1001(a); or an academic teaching hospital, medical center or research institute that is affiliated with an institution of higher education.
Family: spouse, minor children and other persons living in the same household or financially dependent upon a Covered Individual.

Financial Conflict of Interest (FCOI): any situation in which a Significant Financial Interest of a Researcher (or a member of his or her Family) has the potential to result in (or could appear to result in) Bias in the design, conduct or reporting of Research in which the Researcher is involved, as determined by the Institute.

Financial Interest: anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees, honoraria, paid authorship); equity interests (e.g., stocks, stock options or other ownership interests); intellectual property rights (e.g., patents, copyrights), upon receipt of income related to those rights and interests; and reimbursed or sponsored travel.

Institutional Official(s): the General Counsel, Scientific Director and/or the President and CEO of the Institute, acting individually or in concert with one or both of the other two Institutional Officials, and if considered appropriate by one or more Institutional Officials, with the involvement of the Executive Committee of the Board of Directors of the Institute.

PHS Rule: the PHS Final Rule on the Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought (42 CFR part 50, subpart F,) issued on August 25, 2011.

Research: Institute research activities, regardless of whether those activities are externally or internally funded, including, but not limited to, the design, conduct and reporting of those research activities.

Researcher: a principal investigator or other Covered Individual, regardless of title or position, who is responsible for the design, conduct or reporting of Research.

Senior/Key Personnel: the principal investigator(s) of Agency-funded Research and any other Covered Individual identified as senior or key personnel in the grant application, progress report or any other report submitted to the relevant funding agency.

Significant Financial Interest: a Financial Interest that rises to level of a Significant Financial Interest as defined in 42 CFR § 50.603. In general, a Significant Financial Interest is a Financial Interest that (i) is held or received, directly or indirectly, by a Researcher and/or his or her Family members in or from a third party, (ii) is related (or could appear to be related) to the Researcher’s responsibilities to the Institute, and (iii) is not an Excluded Financial Interest.

General Procedures for All Researchers

The following procedures apply to all Researchers, whether their Research is externally or internally funded.

Disclosure of Financial Interests. In order to identify and manage FCOIs, each Researcher is required to submit a Disclosure of Significant Financial Interests (Form F202L) to the Office of the General Counsel (i) on or before the date he or she is hired, appointed or otherwise becomes associated with the Institute, (ii) annually thereafter, upon solicitation by the Institutional...
Official(s), and (iii) within 30 days of any material change in the information disclosed or acquisition of a new Significant Financial Interest.

**Review of Significant Financial Interest Disclosures.** The Institutional Official(s) will review the submitted disclosure statements and determine whether an FCOI exists and whether additional information is required from the Researcher. The review will take into account the nature and extent of the Significant Financial Interest(s), the nature of the Research which could affect the Significant Financial Interest(s), and the nature and extent of the Researcher’s role in the Research. If it is determined that an FCOI exists, the Institutional Official(s) may require the Researcher to comply with a management plan to ensure the mitigation or elimination of the FCOI to ensure, to the extent possible, that the design, conduct and reporting of Research will be free from Bias.

**Training.** Researchers must complete the FCOI training provided by the Institute promptly after he or she is hired or appointed by the Institute or otherwise becomes associated with the Institute. A Researcher must also complete FCOI training immediately if he or she violates a management plan or otherwise fails to comply with this policy.

**Non-compliance.** Failure by a Researcher to comply with this policy, including, but not limited to, failure to submit a Disclosure of Significant Financial Interest when required; failure to provide additional information when requested; knowingly filing an incomplete, erroneous or misleading disclosure statement; or failure to comply with an FCOI management plan, may result in disciplinary or other adverse action being taken against the Researcher. Such action could result in, among other things, a formal reprimand, non-renewal of appointment, or termination of employment, appointment or other association with the Institute, in addition to any enforcement action mandated by a grant funding agency.

**Confidentiality.** To the extent permitted by this policy and applicable law, the Disclosure of Significant Financial Interests and related records and information submitted by a Researcher pursuant to this policy will be maintained as confidential.

**Additional Procedures for All Principal Investigators and for All Researchers Conducting Agency-funded Research**

If a Researcher engages in Agency-funded Research, the following additional procedures must be followed and in the event of a conflict between these additional procedures and the general procedures set forth above, these additional procedures will govern.

**Training.** The Researcher must complete FCOI training prior to engaging in Agency-funded Research, no less often than every four years and promptly after this policy is revised in any manner that affects the requirements of Researchers.

**Disclosure of Financial Interests, Including Reimbursed or Sponsored Travel.** Prior to the submission of a proposal for NIH or NSF funding, a Researcher must submit a Statement of Significant Financial Interests to the Office of the General Counsel. Each Disclosure of Significant Financial Interests, whether submitted in connection with the submission of a grant funding proposal or otherwise, must also disclose all occurrences of reimbursed or sponsored travel except those reimbursed or sponsored by an academic institution or by a U.S. federal, state or
local government agency for the Researcher and any Family member which is related (or could appear to be related) to the Researcher’s responsibilities to the Institute. The disclosure must include, at a minimum, the purpose, destination and duration of the trip, and the identity of the sponsor/organizer.

**Review of Significant Financial Interest Disclosures.** When a new Significant Financial Interest is disclosed during the course of Agency-funded Research, the Institute will conduct its review and, if necessary, implement an interim management plan within 60 days of disclosure. The Institute will also conduct its review and, if necessary, implement an interim management plan within 60 days of disclosure if it identifies a Significant Financial Interest that was not disclosed timely by a Researcher or was not previously reviewed or managed by the Institute during Agency-funded Research. As part of its review, the Institute will determine whether the Significant Financial Interest is related to Agency-funded Research (i.e., the Significant Financial Interest could be affected by the Agency-funded Research or is in an entity whose Financial Interest could be affected by the Agency-funded Research.)

**Management of FCOIs.** For any identified FCOI, the Institute will take appropriate action to manage an FCOI in order to reduce the potential for it to compromise the safety or validity of the Agency-funded Research consistent with the requirements of 42 CFR § 50.605(a). If the Institute implements a management plan, it will monitor Researcher compliance with the management plan on an ongoing basis until the completion of the Agency-funded Research. For NSF-Agency-funded Research, the Institute may allow the research to go forward without imposing such conditions or restrictions if the Institute determines that imposing conditions or restrictions would be either ineffective or inequitable, and that the potential negative impacts that may arise from a Significant Financial Interest are outweighed by interests of scientific progress, technology transfer or the public health and welfare.

**Reporting to the Appropriate Agency.** The Institute will provide initial, annual (i.e., ongoing) and revised FCOI reports to the appropriate agency, including all reporting elements required by 42 CFR § 50.605(b), as follows: (i) prior to the expenditure of funds; (ii) within 60 days of identification, for a Researcher who is newly participating in the Agency-funded Research; (iii) within 60 days for new, or newly identified, FCOIs for existing Researchers; (iv) at least annually (at the same time as when the Institute is required to submit the annual progress report, multi-year progress report, if applicable, or at the time of extension) to provide the status of the FCOI and any changes to the management plan, if applicable, until the completion of the research; and (v) following a retrospective review to update a previously submitted report, if appropriate.

The Institute will notify the appropriate agency promptly and submit a mitigation report if Bias is found with the design, conduct, or reporting of Agency-funded Research. The Institute’s report will include the key elements documented in any retrospective review (for PHS awards,) a description of the impact of the Bias on the research, and the Institute’s plan of action or actions taken to eliminate or mitigate the effect of the Bias.

If the failure of a Researcher to comply with this policy or an FCOI management plan appears to have Biased the design, conduct or reporting of the Agency-funded Research, the Institute will promptly notify the appropriate agency of the corrective action taken or to be taken.
The Institute will inform the NSF’s Office of the General Counsel via the NSF’s electronic system if the Institute finds that an FCOI exists, that the Institute is unable to satisfactorily manage it, and that research will proceed without the imposition of conditions or restrictions.

**Maintenance of Records.** All FCOI-related records will be retained for at least three years from the date the final expenditures report is submitted to the appropriate agency or, where applicable, from other dates specified in 45 CFR § 75.361. For NSF Agency-funded Research, the Institute will maintain records of all financial disclosures and of all actions taken to resolve FCOIs for at least three years beyond the termination or completion of the grant to which they relate, or until the resolution of any NSF action involving those records, whichever is longer.

**Retrospective Reviews (PHS-funded Research).** Whenever an FCOI is not identified or managed in a timely manner, including failure by the Researcher to disclose a Significant Financial Interest that is determined by the Institute to constitute an FCOI; failure by the Institute to review or manage an FCOI; or failure by the Researcher to comply with an FCOI management plan, the Institute will, within 120 days of the Institute’s determination of noncompliance, complete a retrospective review of the Researcher’s activities and the Agency-funded Research to determine whether any Agency-funded Research, or portion thereof, conducted during the time period of the noncompliance was Biased in the design, conduct or reporting of the research. The Institute will document the retrospective review, including all documentation elements set out in 42 CFR § 50.605(a)(3)(ii)(B), and update the previously submitted FCOI report, specifying the actions that will be taken to manage the FCOI going forward. If Bias is found, the Institute will submit a mitigation report, as described above and in 42 CFR § 50.605(a)(3)(iii).

**Subrecipient Requirements.** When proposed Agency-funded Research is to be carried out through a subrecipient, the Institute will incorporate as part of a written agreement with the subrecipient provisions that establish whether this policy or that of the subrecipient will apply to the subrecipient’s researchers, as well as the timeframes within which the subrecipient must provide any information necessary to ensure that the Institute is able to meet any reporting obligations to the appropriate agency.

**Public Accessibility.** This policy will be made publicly available on www.stowers.org. In addition, the Institute will provide public accessibility, via written response to any requestor within five business days of a request, to information concerning any Significant Financial Interest disclosed to the Institute that meets the following three criteria: (i) the Significant Financial Interest was disclosed and is still held or being received by Senior/Key Personnel, (ii) the Institute has determined that the Significant Financial Interest is related to Agency-funded Research, and (iii) the Institute has determined that the Significant Financial Interest is a FCOI. The information that the Institute must make available to the requestor includes, at a minimum, the information required by 42 CFR § 50.605(a)(5).

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
This Policy on Fraud applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this Policy is to set forth the policies, rules and procedures of the SGC with respect to fraud or suspected fraud involving any Covered Individual or any third party doing business with the SGC.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
All members of management are responsible for establishing internal controls and other systems to prevent or detect fraud in his/her laboratory or department. Each principal investigator/member of management should be familiar with the types of fraud that might occur and be alert for any sign of fraud.

Actions Constituting Fraud
As used in this Policy, the term fraud shall mean any defalcation, misappropriation, and/or other fiscal irregularities that would include but not be limited to:

- any dishonest or fraudulent act;
- forgery or alteration of any document or account belonging to the SGC;
- forgery or alteration of any check, bank draft, or any other financial document;
- misappropriation of funds, supplies, or other assets;
- impropriety in the handling or reporting of money or financial transactions;
- accepting or seeking anything of material value from vendors or persons providing services or materials to the SGC;
- destruction or disappearance of records;
- any similar or related irregularity.

Actions Other than Fraud that Violate Policies
It is possible that certain allegations involving fraudulent activities covered by this Policy may also involve violations of other SGC policies, criminal law, or the regulations of various state and
federal agencies. The President and CEO of SIMR will appoint an ad hoc committee to assist in
the investigation of alleged or suspected fraud. When the SIMR President and CEO determines
that the allegations relate solely to the violation of other policies, the SIMR President and CEO
will refer the matter to the appropriate member of management with responsibility for
maintaining compliance with such other policies. In cases where the allegations appear to
constitute fraud as defined in this Policy and also violate other regulations, the SIMR President
and CEO shall meet with the members of management responsible for the other policies and
develop a plan for conducting the investigation.

Investigative Responsibilities

The SIMR President and CEO, with the assistance of the ad hoc committee, has primary
responsibility for the investigation. Decisions to prosecute or turn matters over to appropriate
law enforcement and/or regulatory agencies for independent investigation will be made in
consultation with the SRM Board of Directors and the SGC’s legal counsel.

Confidentiality in Reporting Suspected Fraud

The Office of the SIMR President and CEO encourages Covered Individuals who suspect dishonest
or fraudulent activity to make a report of the relevant information on a confidential basis.
Individuals should contact the Office of the President and CEO immediately and should not
attempt to conduct investigations or interviews related to suspected fraud.

Authorization for Investigating Suspected Fraud

In those instances in which the SIMR President and CEO believes it to be in the best interests of
the SGC and approves the action, appropriate officers of the SGC shall have the authority to take
control of, and/or gain full access to, any and all SGC property, whether owned or leased, and
examine, copy, and/or remove all or any portion of the content of files, records, desks, cabinets,
and other storage facilities on the premises without prior knowledge or consent of any Covered
Individual who may use or have custody of any such items or facilities.

Reporting Procedure

Care must be taken in the investigation of suspected fraud to avoid mistaken accusations or
alerting suspected individuals that an investigation is under way. A Covered Individual who
discovers or suspects fraudulent activity should contact the Office of the SIMR President and CEO.
All inquiries from the suspected individual should be directed to the SIMR President and CEO.
The suspected individual's representative or attorney, if any, should be directed to the SGC’s legal
counsel.

The reporting individual must adhere to the following restrictions:

- Do not contact the suspected individual in an effort to determine facts or demand
  restitution.
- Do not discuss the case, fact, suspicions, or allegations with anyone (whether on or off
  campus) unless specifically authorized to do so by the SIMR President and CEO or the
  SGC’s legal counsel.
This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
204GS GIFT ACCEPTANCE
Policy Number: 204GS
Effective Date: 6/1/16
Revised Date: 6/21/17

Scope
This Policy on Gift Acceptance applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish procedures and criteria for the review and acceptance by the SGC of proposed gifts in order to ensure that acceptance of each proposed gift is in the best interest of the SGC and consistent with its mission.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC will accept gifts only if they are (1) compatible with the mission, purposes, and priorities of the SGC, (2) in compliance with the Internal Revenue Code and other federal statutes, regulations, rulings, or court decisions that stipulate the conditions under which contributions can be tax favored, and (3) compatible with the SGC’s tax-exempt status.

Gift Review Process
All gift proposals, except for gifts of unrestricted cash as discussed below, must be submitted to the SRM Board of Directors for review and evaluation together with any information with respect to the proposal that the Board may request. As the Board deems necessary or advisable, it will conduct due diligence, and it may employ outside professional advisers to assist in the review and evaluation of any gift proposal.

The SGC may accept gifts of unrestricted cash or cash equivalents without an advance review by the SRM Board of Directors, provided the Chief Financial Officer determines the gift meets the standards in the Review Criteria based on readily available information. These gifts will be reported to the SRM Board on a regular basis.

Gift Review Criteria
The following criteria should be considered in connection with any review for purposes of determining whether the SGC should accept or reject a proposed gift:

- The expected monetary value of the proposed gift;
- The guaranteed, contingent, or revocable nature of the proposed gift;
• Whether the proposed gift is outright (i.e., one in which the arrangement for the gift and the accrual of the benefit to the SGC occur simultaneously) or deferred/planned (i.e., one in which time passes between the arrangement for the gift and the accrual of the benefit to the SGC);
• The SGC’s need for the assets included in the proposed gift and the likelihood of future gifts from the prospective donor;
• The anticipated perception of the proposed gift by the public and the scientific community and the potential for dilution or enhancement of the SGC’s goodwill and prestige resulting from the gift;
• The cost of performing due diligence sufficient to determine and quantify the benefit that will accrue to the SGC and any potential liability related to the proposed gift;
• The existence and magnitude of any known liability and the potential existence and magnitude of any unknown liability relating to any asset included in the proposed gift and the likelihood or requirement that the liability would be charged against or assumed by the SGC;
• The identity of and circumstances surrounding the prospective donor, including his or her (i) reputation for honesty and integrity in the community, (ii) financial viability and ability to afford the proposed gift, and (iii) business or the primary source of funding for the assets included in the proposed gift and the consistency thereof with the SGC’s mission;
• With respect to any proposed gift comprised of securities, the identity and business of the issuer and the consistency thereof with the mission of the SGC;
• With respect to any proposed gift of non-publicly traded securities, the prospective liquidity of such securities;
• The existence or appearance of any conflict of interest regarding the proposed gift between the prospective donor and the SGC or any of its officers, directors, members, or other persons associated with it;
• Any request for public recognition of the prospective donor in consideration for the proposed gift (e.g., a request to have a portion of the SGC’s facilities named in the donor’s honor);
• Any request for use of an SGC Organization’s name or logo;
• Any impact of the proposed gift on the SGC’s status or elections under any provision of the Internal Revenue Code; and
• Any request by the prospective donor to structure the proposed gift to obtain more favorable tax treatment for the donor.

**Determination**

Following review and evaluation of the gift proposal, the SRM Board will make a determination and formally notify the prospective donor regarding the acceptance or rejection of the gift proposal. With respect to accepted gift proposals, the notification should comply with the applicable Internal Revenue Service requirements to permit the donor to properly deduct the gift. This includes, without limitation, providing donor acknowledgment letters if the contribution is at least $250 in value and making statements regarding quid pro quo contributions (e.g., contributions received in exchange for money, property, or services). If a gift proposal is rejected and the reason for the rejection is of a nature that may be cured by modification thereof, the
SRM Board will explain what modifications (including, for example, the elimination of specific undesirable assets from a proposed gift comprised of multiple assets) would be necessary for the gift proposal to be acceptable to the SGC.

**Advice to Donors**

Special rules often apply to limit the deductibility of non-cash contributions, including contributions of tangible personal property. All prospective donors should be urged to seek the assistance of personal legal and financial advisors in matters relating to their gifts and the resulting tax and estate planning consequences.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
This Policy on Contracts applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
Standardization and active management of the SGC’s contracting process: (i) ensures that SGC contracts accomplish their intended purposes, properly document the SGC’s business and legal relationships, and protect the SGC Organizations against unintended liability risk; (ii) drives compliance with respect to the SGC Organization’s commitments, relevant SGC policies, and applicable law; (iii) reduces the time-to-contract while maintaining the high quality of the SGC’s contracts; and (iv) makes effective use of learning from previous transactions and documents.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
All SGC contracts must be in writing and no Covered Individual is authorized to sign or otherwise enter into any contract on behalf of a SGC Organization unless the contract has been negotiated and executed in accordance with this policy. The requirements of this policy are in addition to any other applicable SGC policies and procedures.

Covered Contracts
This policy applies to any agreement or understanding between a SGC Organization and a third party, regardless of the form of that agreement or understanding (e.g., paper, shrink-wrap, clickwrap), including any amendment or modification thereto.

Responsible Person
The President of each SGC Organization will assign primary responsibility for the contracting process with respect to certain categories of contracts to designated Covered Individuals (“Responsible Person”). This responsibility will include, among other things, due diligence on the counterparty, and negotiation, implementation, and performance of the contract in compliance with this policy and any other applicable SGC policy.

Negotiation of Contracts
Negotiation of a contract will be led by the Responsible Person. Depending on the anticipated complexity or magnitude of the contract, the SGC General Counsel should be and, in certain
cases, must be, involved in the negotiation so that prohibited or problematic contractual provisions or concepts can be addressed early in the process. Contracts which contain the following provisions will require the involvement of the General Counsel, who will review the appropriateness of the provisions also in light of the SGC’s policy positions as set forth below:

**Indemnification of the counterparty.** SGC Organizations generally will not agree to indemnify the counterparty against losses resulting from its own actions or inactions, and will in no event indemnify the counterparty against losses resulting from its own negligence.

**Limitation of the liability of the counterparty.** It is generally unacceptable for the counterparty to limit its liability for breaching the contract, to restrict the remedies or relief that the relevant SGC Organization may seek in the event of a breach, or to disclaim express and/or implied warranties.

**Presence of the counterparty on SGC property.** If the counterparty’s employees, consultants, suppliers or subcontractors are required or permitted to be on SGC property for more than an incidental period of time, the contract must require compliance with the SGC policies indicated as being applicable to individuals who make substantial use of SGC facilities and, if applicable, the Contractors Safety Program Manual. In addition, the SGC General Counsel will determine whether the proposed presence would constitute private use of the SGC’s tax-exempt bond-financed facilities.

**Payment of contingent compensation to the counterparty.** Because of the risk of private use, SGC Organizations will not agree to variable compensation for services rendered that are based on revenue, expenses or consumption of units of services. Rather, the compensation must be based on fixed fees (i.e., a stated dollar amount for services rendered during a specific period of time.)

**Term of contract beyond one year.** The term of SGC contracts should ordinarily be limited to terms of one year or less and should not renew without the relevant SGC Organization having to affirmatively indicate in writing its agreement to renew the contract (i.e., the term should not automatically renew if the SGC Organization fails to provide prior notice of its intent not to renew.)

**Drafting of Contracts**
If the negotiating position of the relevant SGC Organization permits it to control the authoring of the contract, the Responsible Person should originate the contract draft using a standard, preapproved SGC contract template, which can be found on the SGC General Counsel page in Helix. If a template is not available for a particular contract category, a request for contract authoring should be made to the SGC General Counsel.

**Execution of Contracts**
Contracts must be signed by a Covered Individual who is authorized to do so pursuant to the signature authority policy maintained by SRM’s Accounting Department, even if the financial
commitment of the relevant SGC Organization under the contract is within the Responsible Person’s approved budget. Requests for delegation of signature authority must be made in writing to the President of the relevant SGC Organization and may be approved for limited purposes. Upon execution of a contract by the authorized Covered Individual, the fully executed contract, together with the transmittal letter and all exhibits, attachments, and documents incorporated by reference, must be maintained in accordance with the Records Retention Policy of the SGC.

**Performance of Contracts**
The Responsible Person is responsible for managing executed contracts, including, among other things, monitoring and managing compliance, addressing or escalating related issues, and tracking deadlines for termination or renewal.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.
This policy will be reviewed by the GSSIMR Board of Directors in 2021.
207GS RECORDS RETENTION AND MANAGEMENT

Policy Number: 207GS
Effective Date: 6/1/16
Revised Date: 6/21/17, 4/22/19

Scope
The Policy on Records Retention applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The SGC’s records are a vital resource and critical to the achievement of its mission. The records preserve the knowledge created by research activities, assist management in decision-making, and ensure compliance with legal, contractual and ethical obligations. At the same time, failure by the SGC to prudently manage records can result in the inefficient use of time and effort, and potential legal liability if records are not preserved or destroyed in a systematic manner. The SGC has therefore established this Policy and Policy Number 605 (Recording of Scientific Data) and 610R (Records Retention and Management of Scientific Data) to promote economy, efficiency and discipline in the creation, organization, retention, and disposal of records.

This Policy is intended to assist members in determining which records should be kept for prescribed time periods and which records should be destroyed. The Policy should guide members through a periodic review of their file storage (both electronic and hard copy) to preserve important records and dispose of those that have been kept needlessly. Documents that members would routinely dispose of, absent any legal, regulatory or administrative need should continue to be treated in the same manner, even with the implementation of this Policy.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Definition of Records
This Policy applies to all records generated or received by SGC Organizations, regardless of the medium or format in which they appear. The term “records” includes all forms of communication in a SGC Organization’s possession, custody or control whether they have been reduced to “hard copy,” such as paper or film, or which can be retrieved or viewed from electronic or other media, such as computers, smartphones, tablets, drives, disks, or portable storage, and further including electronic mail (including voicemail recordings), instant messages, text messages, social media and other communications and electronic databases.

Current Status of Records
Currently electronic records are stored at the Institute in a variety of ways:
• Local Computer Drives: Documents are stored locally on an individual member’s computer hard drive.
• Network Data Shares (including but not limited to H – SGC Home drive/My Documents, K – SGC Common drive, L – SGC Lab drive, S – SGC Core drive, and U – SGC Projects): All data on Network Data Shares are live data, meaning this data can be created, deleted or altered by anyone with appropriate permissions.
• Email
• The current practice for the back-up and retention for electronic records is shown on Schedule A.

General Statement of Policy
Each SGC organization will securely retain all its records for periods prescribed by any and all legal, contractual and ethical obligations, and promptly and consistently dispose of records in the ordinary course of business after they have outlived their respective retention periods. If required by pending or threatened litigation, audits, government investigations or similar proceedings (“triggering event”), the relevant SGC organization will issue a notice suspending the disposal or alteration of relevant records until a release notice is issued (“Records Retention Notice” and “Records Retention Release Notice.”) Each Covered Individual is expected to fully comply with this Policy, and any records retention, preservation, or disposal schedules, notices and procedures issued pursuant to this Policy.

Policy Regarding Scientific Records
As previously mentioned, Scientific Data is covered in Policy Number 610R: Records Retention and Management of Scientific Data.

Records Management Program
The SGC’s Records Management Program (“RM Program”) consists of this Policy and the following additional components:

Records Retention Schedule
The Records Retention Schedule (“Retention Schedule”) sets forth the retention periods applicable to each category of the SGC’s records. The retention periods shown on the Retention Schedules are mandatory and are based upon the character, content and purpose of the various categories of records, as well as applicable law. Frequently a record will fit into more than one category. In these cases, each record must be retained for the longest retention period applicable to it.

Implementation Procedures
The RM Program will be implemented through standard operating procedures (“SOPs”) issued from time to time. Some SOPs apply to the entire SGC, while others are applicable only to specific SGC Organizations or specified departments, divisions or other operating units of a SGC Organization. These procedures will be maintained in the Policy Manual on Helix.
Responsibilities

Records Oversight

The RM Program is developed and guided by the General Counsel Office whose responsibilities include:

- Educating members about the RM Program
- Periodically reviewing the RM Program to determine its efficacy and consistency with the business, research, and administrative needs of the SGC
- Performing audits to ensure ongoing compliance
- Monitoring and reviewing any additions or changes in existing law, ordinance or regulation regarding retention requirements affecting the SGC’s records
- Evaluating, and if appropriate, approving, modifying and updating the RM Program
- Approving the issuance of a Records Preservation Notice and a Records Preservation Release Notice upon the occurrence of a triggering event

Corporate Records Manager

The General Counsel or their designee(s) will serve the role of Corporate Records Manager with the following responsibilities:

- Ensuring that records are identified, maintained, organized, filed, retained, inventoried, protected, retrieved, accessed, and/or disposed of in accordance with the RM Program
- Ensuring that inactive records are identified, packaged, and transferred to off-site storage and that those records are retrieved from and returned to storage, in accordance with the RM Program
- Assisting with periodic reviews of the RM Program, routine compliance audits, and implementing approved modifications and updates to the RM Program
- Issuing Records Preservation Notices and Records Preservation Release Notices upon approval
- Reviewing, and if appropriate, approving requests for retention of records beyond their retention periods
- Reviewing, and if appropriate, approving requests for disposal of records whose retention periods have expired
- Reviewing, and if appropriate, approving requests for disposal of records before the retention period expires.

Covered Persons

All Covered Persons are responsible for ensuring that their records are consistently identified, maintained, organized, filed, retained, inventoried, protected, retrieved, accessed and disposed of in accordance with the RM Program. A Covered Person is an “owner” of a SGC record if he or she is its creator, author, sender, recipient, copier, handler or forwarder. (“Ownership” as used in the RM Program is meant to denote only responsibility for records. Members do not obtain any
right, title or interest in and to the SGC’s records except as may be provided in the SGC’s Intellectual and Other Property, Confidential Information and Nonsolicitation Policy [Policy Number 201L].]

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
## Attachment A
### Records Retention Schedule

<table>
<thead>
<tr>
<th>Area</th>
<th>Retention Period</th>
<th>Examples of Documents (included, but not limited to)</th>
<th>Examples of Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance, Tax, Accounting and Audit</td>
<td>7 years</td>
<td>Invoices; Vouchers; Receipts; Checks; Evidence of Expenses, Assets or Liabilities; Primary records of Purchases, Sales, Payables, Receivables, Amortization, Depreciation, Acquisition and Disposition; Materials Assembled, Created, Received and/or Externally Shared in Connection with Audits and Financial Statements (work papers, spreadsheets, charts, summaries, memoranda, notes regarding methods or assumptions, internal control documents); Expense Reports; Purchase Orders; Cost Center Reports; Capital Records (bills of sale, deeds, easements, licenses, amortization, depreciation, maintenance, repair); and Insurance Records.</td>
<td>The retention period for records assembled and/or externally shared in connection with audits and financial statements retain their original retention periods. Records received and created in connection with IRS audits, including Information Document Requests (IDRs) and responses to IRDs, must be retained in perpetuity.</td>
</tr>
<tr>
<td>Legal</td>
<td>7 years</td>
<td>Contracts (Agreements, Deeds, Definitive Contracts, Memoranda of Understanding and all internal and external communications and documents relating to those contracts); Legal Opinions; Legal research; Forms; Templates; Investigation Files; Litigation Files; Affidavits; Depositions; Settlement Agreements; Disputes; and Claims.</td>
<td>Fundamental Organizational Records (Leadership, Ownership, Governance, Reorganizations, and Public Filings) that are retained for historical record keeping; Contracts that are in effect for longer than the 7 year retention period.</td>
</tr>
<tr>
<td>PI (Labs) and Core Facilities</td>
<td>In perpetuity</td>
<td>Lab notebooks, any scientific data, samples and research tools stored on the appropriate Network Share Drives, Equipment manuals (should be kept for the duration of the equipment life.)</td>
<td></td>
</tr>
<tr>
<td>Administration/</td>
<td>7 years</td>
<td>Pre-employment forms; Resumes; Job Descriptions; Employment Agreements; Attendance; Discipline; Promotions; Evaluations; Health and Medical</td>
<td>Human Resources Records pertaining to current members of the SGC should be kept.</td>
</tr>
<tr>
<td>Human Resources/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits/</td>
<td></td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Area</th>
<th>Retention Period</th>
<th>Examples of Documents (included, but not limited to)</th>
<th>Examples of Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Compensation</td>
<td></td>
<td>Benefits; Employee Handbooks; Policies and Procedures; Member Security Clearances; and Workplace Accident Reports and Injury Reports related to Workplace Conditions.</td>
<td>throughout the member’s tenure at the SGC. These records should be destroyed at the end of the retention period unless an exception is requested and approved.</td>
</tr>
<tr>
<td>Research Regulations &amp; EH&amp;S</td>
<td>10 years</td>
<td>Monitoring and Testing Records, Hazardous Emissions; Records of Actions Taken, Remediation; Records relating to Compliance and Certification; Exposure Records; Records relating to Injury or Medical Complaints related to Exposures; Emergency Action Plans; and Safety Records</td>
<td>Facility information (regarding renovations and maintenance), systems documentation should be retained in perpetuity.</td>
</tr>
<tr>
<td>Operations &amp; Services</td>
<td>7 years</td>
<td>Letters; Memoranda; Faxes; Press and Publications; Personal Convenience records (copies of original documents that have been kept for individual reference and have no other value to the SGC or communications that are strictly personal in nature); Voicemails; and all other Communications regardless of media (electronic, paper, etc.)</td>
<td>NOTE: Communications relating to science records that labs wish to retain after a member’s departure should be stored on lab drives.</td>
</tr>
<tr>
<td>Science Communications</td>
<td>7 years</td>
<td>System Security (Access); Data Backup Tapes and Other Media used for Disaster Recovery; Administrative (Operations, Project Records, etc.) and Media</td>
<td></td>
</tr>
<tr>
<td>Information Management</td>
<td>7 years</td>
<td>Twice a year departed members’ email (as well as personal files from their H: drive) will be stored offline for the remainder of the retention period.</td>
<td>Emails of current members will be stored on the servers as long as members don’t delete their items.</td>
</tr>
<tr>
<td>All</td>
<td>7 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Retention Periods were determined using the following sources: Sarbanes Oxley; Paperwork Reduction Act (Evidence of US Congressional Intent), Uniform Preservation of Private Business Records Act (UPPBRA); Best Business Practices (including Consideration of Sedona Conference, ISO 15489, ANSI/ARMA International and AIIM). Research also included investigation into Mandatory Retention Periods, Personally Identifiable Information standards, and Statutory Limitation Periods.
**300GS PURCHASING PROCEDURES**

**Policy Number: 300GS**

**Effective Date: 6/1/16**

**Revised Date: 6/21/17**

**Scope**

This Policy on Purchasing Procedures applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

**Purpose**

The purpose of this policy is to describe the procedures for purchasing materials and services using either SGC funds or funds from government-sponsored grants in accordance with applicable regulations.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

**Policy**

**Definitions**

- Acceptable Vendor List – File containing approved vendors for procuring goods and/or services
- Purchase Requisition (PR) – Electronic form used to initiate the acquisition of supplies and services from a vendor
- Purchase Order – Document detailing products or services ordered from a vendor that obligates the SGC to pay contractual or agreed list price
- Capital Equipment – Equipment or furnishings having a useful life of two or more years and a minimum cost of $5,000

**General Rules and Procedures**

**Purchase Requisition**

The Oracle Enterprise Resource Planning (ERP) System is used to initiate the procurement of most supplies, equipment, and services. The requisition is completed by an approved requestor and automatically forwarded to the appropriate approval authority, if necessary. Using the Oracle procurement module, the requisitions are sent to the designated buyer for review and placement of the order.

The Purchasing Department and Procurement Officer have authority to obligate the SGC for the purchase of all goods and services.
Covered Individuals in the Purchasing Department or the Procurement Officer review the requisition, attachments, approvals, charge numbers, vendors, and terms and conditions requirements. They will contact the requestor regarding incomplete requisitions not transmitted to the Oracle procurement module. A properly completed requisition will be assigned to a buyer, who will proceed with the transaction in accordance with established procedures. It is the buyer’s prerogative to establish the method of purchase that is most economical.

The selected vendor must be on the approved vendor list maintained by the Purchasing Department (see Policy 311, Acceptable Vendor List).

**Communication with Vendors**
The SGC identifies the Covered Individuals authorized to make financial and contractual commitments. In accordance with this certification, the following rules will be observed:

1. Communications, both written and oral, with suppliers for the acquisition of all equipment, materials, supplies, research, and services will be made through the Purchasing Department or the Procurement Officer.
2. The Procurement Officer will conduct and conclude negotiations regarding such details of the acquisition/procurement process as price, terms and conditions, statement of work, and delivery, when requested by a buyer.
3. The SGC’s commitments will be appropriately documented to specify contractual obligations of the SGC and the vendor.
4. The SGC’s members may make contacts with vendors in order to secure technical information before the Purchasing Department initiates an action.
5. Demonstration or loaned scientific equipment is arranged through the Scientific Equipment Department. Such equipment will be received and signed for by the Receiving Department and requestor. The requestor will notify a member of the Scientific Equipment Department when loaned equipment is to be returned to the vendor.

**Required Signatures and Approvals**
The Purchasing Department or Procurement Officer is responsible for ensuring that the proper approval is obtained before issuing a purchase order.

Computer hardware and software requisitions require the approval of the IT manager or designee.

Research Operations maintains the approval matrix for each department. Department directors and managers may add or delete authorized signers at any time by notifying Research Operations in writing.

**Issuance of Purchase/Electronic Orders**
The Purchasing Department or the Procurement Officer is responsible for determining the reasonableness of price and/or need for negotiation. The buyer is responsible for obtaining the
best delivery schedule and most economical method of shipment, as well as establishing the shipping location most favorable to the interests of the SGC.

Copies of purchase orders, along with quotes, specifications, drawings, product data, and any other data supplied by staff or vendor, will be kept in the procurement files for a period of at least two years past the end of the fiscal year in which the purchase order was generated. Documents will then be filed by fiscal year before permanent archiving (by optical scanning). This is designed to meet Federal Records Retentions Requirements (subpart 4.7).

The Purchasing Department or the Procurement Officer may, at their discretion, use approved Internet systems for purchase orders and credit card transactions that meet the following criteria:

1. Favorable pricing reflecting SGC contractual and/or volume discount
2. Availability of product or service to meet current needs
3. Documentation of the products/services ordered and the prices paid
4. Appropriate shipping arrangements

Examples of Items Not Required to be Processed by Purchasing
- Utilities
- Telephone services, including mobile and cellular phone services
- Advertising
- Individual freight, postage, and shipping invoices
- Employee benefits services
- SGC insurance premiums
- Legal fees
- Lab coat cleaning
- Personal expense reports
- Travel expenses
- Catering and food purchases

Changes and Modifications
Changes or deviations in the items ordered, pricing, scope of work, period of performance, or other provisions of the purchase order must have proper authorization, either with a revised purchase order or contract addendum from the buyer of record.

Capital Equipment
Capital equipment is defined as equipment or furnishings having a useful life of two years and a minimum cost of $5,000. Procurement authorization levels for capital equipment are reflected in the Approval Levels Matrix.

Equipment Charged to a Government-Sponsored Grant
A purchase requisition is prepared and submitted to the Purchasing Department with the approval of the project leader. The Procurement Officer will review the requisition to ensure compliance with appropriate grant regulations when requested by the buyer.

**Chemicals, Radioactive Materials, and Controlled Substances**

A list of all chemicals ordered is sent to the Environmental Health and Safety Department for review within one working day of the order.

The Radiation Safety Officer must approve requisitions for radioactive materials and requests for laser systems before the Purchasing Department or the Procurement Officer can process them. The Environmental Health & Safety Department must also review all requested supplies and equipment before they are ordered for new labs.

Requests for Material Safety Data Sheets (MSDS) are included with each purchase order placed for chemicals.

Controlled substances are ordered in conjunction with qualified personnel while observing all federal, state and local regulations.

All purchases of 190 or 200 proof Ethanol are logged by the Purchasing Department for the Environmental Health & Safety Department to review on a quarterly basis.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
This Policy on Acceptable Vendor List applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to describe the responsibilities for identifying and evaluating acceptable vendors authorized to provide materials and services to the SGC.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own

Policy

Definitions

- Acceptable Vendor List - A list approved by the Purchasing Department that contains the names and contact information of the suppliers, consultants, and subcontractors with whom the SGC can do business
- Acceptable Vendor - A vendor that has been evaluated and selected on the basis of ability to meet requirements in the contract and/or purchase order and any specific quality requirements

Adding a Vendor
The Purchasing Department and the Procurement Officer are responsible for adding new vendors to the acceptable vendor list for requisitions processed through the Oracle Purchase Order System. The proposed vendor is contacted to set up the account and to obtain the remittance address and the federal tax identification or Social Security number.

Exceptions to this procedure may be made for items not critical to technical quality of work, such as publications, subscriptions, office furniture, etc. If the request for the new vendor is for items/services on a government-sponsored grant, Purchasing will verify that the source is not on the “List of Parties Excluded from Federal Procurement and Non-Procurement Programs.”

The Procurement Officer will be the contact for addressing any questions or concerns raised during the internal review of prospective vendors.
**Vendor Performance and Review**  
The Procurement Officer and the Purchasing Department is responsible for determining vendor suitability. Criteria for suitability includes but is not limited to:

1. Product Quality
2. Timeliness
3. Product Need
4. Ethics
5. Vendor’s Financial Status

The Procurement Officer is required to maintain records and documentation on vendor performance and is responsible for developing and implementing review processes that assess the performance of vendors doing business with the SGC. Purchasing or any other department may request the Procurement Officer to conduct a vendor review. The Procurement Officer, in consultation with Purchasing, may impose a deadline by which the vendor must improve its performance in an identified area.

Recommendations for rejecting or discontinuing business with a vendor will be sent to the Senior Director of Research Operations for final determination. Vendors that are decertified from the Acceptable Vendor List will be notified by mail. Decertified vendors must wait six months to reapply to Purchasing.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
302GS VENDOR RECOGNITION AND AWARD SUBMISSION

Policy Number: 302GS
Effective Date: 6/1/16
Revised Date: 6/23/17

Scope
This Policy on Small/Women-Owned/Disadvantaged Business applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
This policy provides an opportunity for a broad spectrum of vendors to supply materials and services to the SGC.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own. GSSIMR contracts with the Purchasing Department with Stowers Resource Management to manage this process.

Definitions
• Small Business – Independently owned and operated and not dominant in the field of operation. The definition includes affiliates. The Small Business Association (“SBA”) establishes small business size standards on an industry-by-industry basis. (See 13 CFR part 121, Federal Acquisition Regulation (“FAR”) subpart 19.101). Businesses may self-certify for this status.
• Small Disadvantaged Business – At least 51 percent unconditionally owned by one or more individuals who are both socially and economically disadvantaged, or a publicly owned business that has 51 percent of its stock unconditionally owned by one or more socially and economically disadvantaged individuals. One or more of these individuals must provide the management and daily business control. SBA certification is also required and can be verified at www.sba.gov.
• Small, Women-Owned Business – At least 51 percent owned by one or more women, or a publicly owned business that has 51% of its stock owned by one or more women. One or more of these individuals must perform the management and daily business control. Businesses may self-certify for this status.
• HUB Zone – A small business that meets all of the following conditions:
  o It must be located in a “Historically Underutilized Business (HUB) Zone.”
  o It must be owned and controlled by one or more U.S. Citizens, and at least 35% of its employees must reside in a HUB Zone.
• A HUB Zone is an area that is located in one or both of the following:
  o A qualified census tract (as defined in section 42(d)(5)(C)(i)(1) of the Internal Revenue Code of 1986)
• A qualified “non-metropolitan county” (as defined in section 143(k)(2)B of the Internal Revenue Code of 1986) with a median household income of less than 80 percent of the State median household income or with an unemployment rate of not less than 140 percent of the statewide average, based on U.S. Department of Labor recent data, or with lands within the boundaries of a federally recognized Indian reservation.

• SBA certification is also required and can be verified at www.sba.gov.

**Policy**

The SGC will allow small, small disadvantaged, women, and HUB Zone businesses (“SB/SDB/WOSB/HUBZONE”) the maximum practical opportunity to participate in the competition for subcontracted goods and services. The Procurement Officer is the contact person for potential SB/SDB/WOSB/HUBZONE vendors.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
303GS SMALL/WOMEN-OWNED/DISADVANTAGED BUSINESS
Policy Number: 303GS
Effective Date: 6/1/16
Revised Date:

Scope
This Policy on Small/Women-Owned/Disadvantaged Business applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
This policy provides an opportunity for a broad spectrum of vendors to supply materials and services to the SGC.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own. GSSIMR contracts with the Purchasing Department with Stowers Resource Management to manage this process.

Definitions
- Small Business – Independently owned and operated and not dominant in the field of operation. The definition includes affiliates. The Small Business Association (“SBA”) establishes small business size standards on an industry-by-industry basis. (See 13 CFR part 121, Federal Acquisition Regulation (“FAR”) subpart 19.101). Businesses may self-certify for this status.
- Small Disadvantaged Business – At least 51 percent unconditionally owned by one or more individuals who are both socially and economically disadvantaged, or a publicly owned business that has 51 percent of its stock unconditionally owned by one or more socially and economically disadvantaged individuals. One or more of these individuals must provide the management and daily business control. SBA certification is also required and can be verified at www.sba.gov.
- Small, Women-Owned Business – At least 51 percent owned by one or more women, or a publicly owned business that has 51% of its stock owned by one or more women. One or more of these individuals must perform the management and daily business control. Businesses may self-certify for this status.
- HUB Zone – A small business that meets all of the following conditions:
  o It must be located in a “Historically Underutilized Business (HUB) Zone.”
  o It must be owned and controlled by one or more U.S. Citizens, and at least 35% of its employees must reside in a HUB Zone.
- A HUB Zone is an area that is located in one or both of the following:
  o A qualified census tract (as defined in section 42(d)(5)(C)(i)(1) of the Internal Revenue Code of 1986)
A qualified “non-metropolitan county” (as defined in section 143(k)(2)B of the Internal Revenue Code of 1986) with a median household income of less than 80 percent of the State median household income or with an unemployment rate of not less than 140 percent of the statewide average, based on U.S. Department of Labor recent data, or with lands within the boundaries of a federally recognized Indian reservation.

- SBA certification is also required and can be verified at www.sba.gov.

**Policy**

The SGC will allow small, small disadvantaged, women, and HUB Zone businesses (“SB/SDB/WOSB/HUBZONE”) the maximum practical opportunity to participate in the competition for subcontracted goods and services. The Procurement Officer is the contact person for potential SB/SDB/WOSB/HUBZONE vendors.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
304GS COMPETITIVE BIDS AND QUOTATION

Policy Number: 304GS
Effective Date: 6/1/16
Revised Date: 6/23/17

Scope
This Policy on Competitive Bids and Quotation applies to faculty, staff, predoctoral researchers, summer scholars and applicants ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The purpose of this policy is to describe the procedures for soliciting and evaluating quotations, bids, and proposals to provide GSSIMR with goods and services.

GSSIMR is included in the Stowers Group of Companies ("SGC") Organizations and has adopted the following policy as its own.

Policy
Definitions
• Quote – The solicitation method used in procurement of goods or services from one or more vendors
• Request for Proposal (RFP) – The solicitation method used where the scope of the work or project is defined but the vendor responding to the RFP assists in defining the specifications and requirements
• Preferred Vendor – A vendor having a negotiated pricing agreement with the SGC considered to be favorable for pricing, terms, and service

Request for Quotation
When applicable, the buyer may solicit two (2) or more quotations for a requested item if it is determined that an equivalent item is available from another vendor. The buyer will communicate with the requestor to determine the acceptability of an alternate item. If an item is an exact match (manufacturing number), the buyer may substitute without consulting the requestor.

In the absence of a negotiated pricing agreement, the buyer is responsible for negotiating the best possible price and terms with the vendor.

Request for Proposal
The requesting department is responsible for defining the requirements regarding quantity, delivery dates, technical specifications, or scope of work. The Purchasing Department is responsible for reviewing the RFP document for compliance with current policy and practices. An RFP is not open to the public. The SGC is not obligated to disclose proposal information to anyone
with the exception of any requirements imposed by a government granting institution when such grant funds will be used. The proposals are considered proprietary information within the SGC.

**Negotiated Pricing Agreements**
The Procurement Officer is responsible for negotiating pricing agreements with vendors routinely used by the SGC. The Purchasing Department will disseminate to requesting departments information regarding favorable pricing and terms from a vendor. A vendor that negotiates pricing and terms that are competitive and advantageous to the SGC will be designated as a preferred vendor.

**Ethics**
Covered Individuals are not allowed to share or disseminate vendor pricing, bids, or proposals with other vendors. The Purchasing Department will disseminate appropriate information to requisitioners so informed purchasing decisions can be made.

Covered Individuals will conduct business with all vendors in an ethical manner. All purchasing decisions will be made in the best interests of the SGC.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
400GS MEDIA RELATIONS
Policy Number: 400GS
Effective Date: 6/1/16
Revised Date: 6/23/17

Scope
This Policy on Media Relations applies to faculty, staff, predoctoral researchers, summer scholars and applicants ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The purpose of this policy is to ensure an appropriate and coordinated exchange of information between the news media and the SGC.

GSSIMR is included in the Stowers Group of Companies ("SGC") Organizations and has adopted the following policy as its own.

Policy
The SGC works closely and cooperatively with media representatives to disseminate information about its activities and research programs. The Office of the General Counsel oversees and coordinates the exchange of information between print and broadcast media representatives and the SGC.

The SGC strictly prohibits any representative of the news media, including newspaper, print, electronic, radio or television, to gain access to the premises or conduct interviews with Covered Individuals without prior clearance from the Office of the General Counsel or the Office of the SIMR President and CEO who will notify the Security Department. Covered Individuals may not engage in an interview with a representative of the news media without prior clearance through the Office of the General Counsel or the Office of the SIMR President and CEO. Photographers, reporters and videographers are permitted on the public sidewalk areas but may not enter the premises without authorization from the Office of the General Counsel or the Office of the SIMR President and CEO. Photographers, reporters and videographers must be accompanied by a member of the Office of the General Counsel or the Office of the SIMR President and CEO, or their designee, at all times while inside SGC buildings.

Covered Individuals who are contacted by a representative of the media in reference to SGC related matters should not attempt to respond. Covered Individuals should immediately refer the media to the Office of General Counsel or the Office of the SIMR President and CEO who will
review the request, designate an appropriate spokesperson for the SGC, and furnish other information as needed.

**Covered Individuals who are contacted by the news media in reference to issues unrelated to SGC matters may not mention any members of the SGC or the SGC without the prior approval of the Office of the General Counsel or the Office of the SIMR President and CEO.**

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
This Policy on Service Mark Usage applies to faculty, staff, predoctoral researchers, summer scholars and applicants ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

Purpose
The SGC Organizations own certain copyrights, trademarks and service marks (trademarks and service marks together referred to herein as “marks”), including Stowers Institute for Medical Research and Tree Design®, Stowers Institute®, StowersSM, Hope for Life®, Hope Shares®, BioMed ValleySM, and Discovery ProfitsSM. In addition, the SGC Organizations have certain rights in or to the name, image, biographical information, likeness and/or voice of certain Covered Individuals ("Publicity Rights" and together with marks and copyrighted materials, “IP Rights”). The purpose of this policy is to set forth usage guidelines to protect and ensure legally-permissible use of IP Rights, including proposed use by third parties such as SGC vendors.

GSSIMR is included in the Stowers Group of Companies ("SGC") Organizations and has adopted the following policy as its own.

Policy
The following guidelines apply to any use of IP Rights. Any questions regarding this policy and the use of IP Rights should be directed to Science Communications.

Use of Marks
The following rules govern the use of SGC marks:

- Only approved logo/artwork obtained directly from Science Communications should be used, and all use should be in the form provided. The logo/artwork should not be distorted, tilted, or stretched; the font should not be changed; elements should not be added to or removed from the logo/artwork; the spelling should not be changed; and the SGC mark should not be used in combination with the mark of any non-SGC Organization.
- When a SGC word mark appears in text, it should appear in prominent type. Italics, boldface, all capitals, notice symbols (discussed below) or another format should be used to render the mark more prominent within the text in which it appears.
- The SGC mark should be used with the appropriate notice symbol. The ® or SM symbol, as appropriate, should be used with the first occurrence of a mark in text or print, and with every appearance of the mark in its logo/artwork form. The ® symbol is reserved for marks that are registered in the U.S. Patent and Trademark Office ("USPTO"), and should not be
used with marks that are not registered. The $^{SM}$ symbol is used for all unregistered, common law marks, including marks that are the subject of pending applications with the USPTO. In a lengthy piece or article, the notice symbol need not be used with every occurrence of the mark in text or print, but a footnote or attribution statement should be used identifying the cited marks as owned by a SGC Organization (e.g., “HOPE FOR LIFE® is a registered service mark and BIOMED VALLEY is a service mark of the Stowers Group of Companies”).

- The SGC mark should be used as an adjective where feasible and should generally be followed by the word “brand” or the generic noun (e.g., NIKE® sneakers, rather than NIKEs). As a practical matter, however, service marks, such as those that generally constitute the SGC marks, are less amenable to this type of use. Text writers need not strain to comply with this rule, but use of a service mark as a verb should be avoided.
- To ensure compliance with graphic standards and applicable SGC policies, Science Communications and/or Purchasing should be contacted for any SGC promotional items such as t-shirts, mugs, pens, etc., any SGC letterhead, envelopes, business cards, or other stationery, or any other specialty applications of a SGC mark, such as use on websites.
- SGC marks should not be used in parodies, cartoons, puns or other instances in which the marks are portrayed negatively or in a false light. The marks are visible emblems of the SGC’s goodwill and should be respected and protected at all times.
- No Covered Individual may use any SGC mark for his or her personal or private benefit.

**Graphic Standards.** The compliant logo/artwork for the Stowers Institute for Medical Research logo is identified below:

![Stowers Institute Logo](image)

The Stowers Institute for Medical Research logo is a tough and wiry tree, which embodies the survival of hope against adversity. The logo includes the following four elements that must appear together to ensure recognition and protection of the logo:

- Tree symbol enclosed within a circle
- Stowers Institute for Medical Research logotype
- Rule separating “Stowers Institute” and “for Medical Research”
- ® symbol located to the right of the “e” in Institute

Caslon Open Face is the font used in the words “Stowers Institute” as it appears in the logo. The words “for Medical Research” are printed in Goudy Bold. Two colors, Stowers Institute tan and green, appear in elements of the logo. The official shade of tan, which is used for the tree/circle
symbol and the rule that separates “Stowers Institute” and “for Medical Research,” is the ink color Pantone® 451U. The logotype and registration symbol should appear in the official shade of green, Pantone® 5463C.

The preferred one-color application for the entire logo is black. When printing on a colored background, the logo may be reversed out of the color background to white. The color of the background should be of a sufficient contrast to ensure legibility.

**Use of Copyrights**

Copyright law protects the expression of an idea that is fixed in a tangible form, such as advertising copy, brochures, photographs, websites, articles, and other media. An original work is protected by copyright immediately upon creation. The SGC values the manner in which its ideas are expressed, and accordingly, a standard copyright notice should be placed on all copyrightable materials, in the following manner:

© 2016 Stowers Institute for Medical Research. All rights reserved.

The year should refer to the year in which the work was created. Materials which are based upon earlier works are “derivative works,” and the year should refer to the year in which the derivative work was created.

Newly created copyrightable works of significant value should be submitted to the SGC’s General Counsel so that copyright registration may be considered.

**Use of Publicity Rights**

The SGC Organizations have been granted the right to record, use and grant others permission to use the Publicity Rights of certain Covered Individuals. Any proposed use of these Publicity Rights must be true and accurate, and must be submitted to Science Communications for approval.

**Third Party Use of IP Rights**

As discussed in Policy Number 500 (Facility Use), the facilities of the SGC Organizations have been financed with tax-exempt bonds. As a result, these organizations are subject to many rules and restrictions on the manner in which they operate and who may use their facilities, including intangible assets associated with the facilities such as those included in the IP Rights. For this reason, and to ensure proper and compliant use of the IP Rights, use by third parties of the IP Rights is restricted and any such use must be approved by the President and CEO of SIMR, working with the SGC’s General Counsel.

If a SGC vendor, whether nonprofit or for-profit seeks permission to use certain IP Rights in its marketing and publicity materials ("Promotional Use"), the vendor must submit a request in writing to Science Communications. The vendor and the Promotional Use must satisfy the following minimum criteria in order to be considered:
• The proposed Promotional Use must be limited to providing accurate and factual information regarding (i) the vendor, its representatives and its products or services and (ii) the relevant SGC Organization’s use of the vendor’s products or services. In no event may the proposed Promotional Use include an express or implied endorsement of the vendor, its representatives or its products or services by the SGC Organization or any of its members, including testimonial comments, supporting quotes or any other content that the target market for the Promotional Use could believe reflects the opinions, findings, beliefs or experiences of the SGC Organization or any of its members with respect to the vendor, its representatives or its products or services.

• The vendor (1) must be in good standing with the SGC, and (2) must have provided consideration to the SGC Organization under the relevant contract in exchange for the proposed Promotional Use.

• The SGC Organization’s name and photographs of the exterior of a SGC building or the specific project completed by the vendor, if applicable, may be used. The logo or other trademark or service mark of the SGC Organization or any other SGC Organization may not be used.

• The SGC Organization must be granted the right to receive, and have an opportunity to provide direction on, draft versions of any materials (whether in print, web, television, radio, presentation, and any other format).

The SGC reserves the right to deny any vendor request under this policy for any reason or no reason, even if the minimum requirements are satisfied. If a request is approved by Science Communications, it will be a preliminary, conditional approval only. Final approval and authorization for the requested Promotional Use will be subject to the following additional criteria:

• The President and CEO of SIMR, working with the SGC’s General Counsel, must approve the requested Promotional Use and may require that a SGC License Agreement be signed by the vendor and the relevant SGC Organization.

• The proposed Promotional Use, which must comply with this policy, must be submitted to Science Communications for written approval before any Promotional Use may be published.

• The above minimum criteria for favorable consideration must continue to be satisfied and the vendor must have satisfactorily completed all projects under the contract or satisfactorily performed all purchase order(s).

Until final approval of a Promotional Use is granted, the SGC Organization has the right to modify or rescind the preliminary, conditional approval for any reason or no reason, even if the above conditions to final approval are satisfied. If a preliminary approval is denied or if a preliminarily approved request does not receive final approval or is modified, any consideration which has already been provided to the SGC Organization for the proposed Promotional Use will be returned or refunded to the vendor.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
402GS SOCIAL MEDIA
Policy Number: 402GS
Effective Date: 6/1/16
Revised Date: 6/26/17

Scope
This policy on Social Media applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The SGC recognizes the importance of communicating through social media, which is a powerful vehicle for sharing information, engaging in conversations, and collaborating, both internally with other Covered Individuals and externally with various partners and audiences. Use of social media can be faster, easier, more informal and more interactive compared to traditional forms of communication.

Covered Individuals’ use of social media (such as but not limited to Facebook, Twitter, blogs, wikis and the social media features of tools made available on SGC’s intranet) can pose risks to the SGC’s reputation and confidential and proprietary information, expose the SGC Organizations to discrimination and harassment claims, and result in privacy and regulatory violations by the SGC Organizations. To minimize these business and legal risks, to avoid loss of productivity and distraction from Covered Individuals’ job performance and to ensure that the SGC’s computers, networks, software and other IT resources and electronic information and communications systems (“SGC’s Equipment and Systems”) are used appropriately as explained below, Covered Individuals must adhere to this policy when using social media.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Requirements for Use of Social Media
All use by Covered Individuals of social media must be in compliance with this policy. Covered Individuals who use social media in violation of this policy, the SGC Code of Conduct or any other policy of the SGC, whether (i) at work or using the SGC’s Equipment and Systems, or (ii) away from work using non-SGC Equipment and Systems if the use relates to the SGC, its members or its activities or is conduct covered by a SGC policy, may be subject to disciplinary action, up to and including termination of employment or other association with the SGC.

If a Covered Individual uses social media as part of his or her job duties, such as for public relations, recruitment, research, or other business purposes, he or she must carefully review and comply with any applicable guidelines, practices or standards issued or set by the SGC from time
to time. The relevant SGC Organization will own all social media accounts used on behalf of the 
SGC or otherwise for business purposes, including any and all log-in information, passwords and 
content associated with each account.

Guidelines for Responsible Use of Social Media
The following provides Covered Individuals with guidelines and recommendations for using social 
media responsibly and safely, in the best interests of the SGC.

- **Comply with the SGC Code of Conduct.** Communications made using social media must 
  follow the expectations and obligations set forth in the Code of Conduct. This includes 
  being respectful of colleagues and supportive of the culture of the SGC. The SGC expects 
  Covered Individuals to deal with problems or issues that they may have with the SGC or 
  other Covered Individuals in a constructive manner through the designated systems and 
  procedures that exist internally. Public airing of disputes or issues with the SGC or other 
  Covered Individuals is prohibited.

- **Keep SGC Information Secure.** This includes protecting the SGC’s intellectual property 
  and proprietary and confidential information, as well as information about the SGC’s 
  collaborators, suppliers, and other business partners. Refrain from sharing internal or 
  private site or group content outside of the intended private area without permission.

- **Obtain Permission to Post the Content of Others.** Respect other individuals’ and 
  organizations’ intellectual property and commercial rights, including copyrights, patents, 
  trademarks, photos, videos, right of publicity (that is, individuals’ names and likenesses), 
  and other intangible property. To protect against liability for copyright or trademark 
  infringement, sources of particular information posted or uploaded must be referenced 
  and cited accurately.

- **Protect Individual Privacy.** This includes the collection, sharing, or other use of any 
  personally identifiable information. Obtain permission from the subjects in photos or 
  videos before posting to internal or external social media.

- **Use SGC Equipment and Systems Appropriately and comply with Terms of Use of all 
  Sites Visited.** Covered Individuals should review the terms of use of all social media sites 
  visited and must ensure that their use complies with them. If a Covered Individual uses 
  social media as part of his or her job duties, he or she should pay particular attention to 
  terms relating to: ownership of intellectual property; requirements for licenses allowing 
  use of the SGC’s trademarks or other intellectual property; and privacy rights and 
  responsibilities.

- **Protect the SGC Organizations’ Reputation and Tax-Exempt Status.** In using external 
  social media, the Covered Individual should make it clear that that he or she is speaking 
  on his or her own behalf, writing in the first person and, in the case of purely personal 
  social media use, using his or her personal contact info, including e-mail address. The 
  Covered Individual should always strive for professionalism and honesty when engaging 
  in social media activities and to be accurate in his or her communications about the SGC. 
  Refrain from posting information about SGC Organizations that may appear to be formally 
  sponsored or endorsed by the SGC.
No Expectation of Privacy
All contents of the SGC's Equipment and Systems are the property of the relevant SGC Organization. As a result, Covered Individuals should have no expectation of privacy whatsoever as it pertains to the SGC’s access of any message, files, data, document, facsimile, telephone conversation, social media post, conversation or message, or any other kind of information or communications transmitted to, received or printed from, or stored or recorded on the SGC's Equipment and Systems. Covered Individuals are advised that in order to ensure compliance with SGC policies, the SGC may monitor, intercept and review, without further notice, a Covered Individual's activities using the SGC's Equipment and Systems, including but not limited to social media postings and activities, and Covered Individuals consent to such inspection.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
500GS TRAVEL AND BUSINESS EXPENSES PAID WITH SGC OR SGC-ADMINISTERED FUNDS

Policy Number: 500GS
Effective Date: 6/1/16
Revised Date: 6/26/17

Scope
This Policy on Travel and Business Expenses Paid with SGC or SGC-Administered Funds applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
This policy describes the Institute’s expectations and requirements for members to manage business-related expenses. Each Covered Individual is expected to manage his or her expenses according to the following principles:

- Each Covered Individual must achieve the business purpose of the expensed activity for which the individual is responsible by spending an amount generally regarded as reasonable.
- Each Covered Individual must serve and be perceived as a responsible steward of a non-profit organization’s funds.

When incurring, submitting or processing expenses, each Covered Individual is expected to comply with this policy, to use his/her best judgment in interpreting and implementing this policy, and to protect the integrity and reputation of SIMR.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Permitted expenses
SIMR will reimburse Covered Individuals for necessary, appropriate, and approved business-related travel costs and expenses for an amount generally regarded as reasonable for achieving the business purpose of the expense.

Prohibited actions
Except for honoraria, SIMR prohibits any Covered Individual from receiving a direct financial benefit from an outside party when SIMR has made a net payment for the travel needed to receive the benefit. The SGC prohibits reimbursement for expenses that do not adhere to the rules in this policy and the use of significant resources to provide support for unrelated, for-profit businesses.
Responsibilities
The Covered individual incurring the expense has primary responsibility for compliance with the policy and procedures as well as financial responsibility for any expenses deemed to be non-reimbursable. The Covered Individual submitting the expense reimbursement will be responsible for informing the member incurring the expense of errors and non-compliance. The Covered Individual submitting the expense reimbursement will also be responsible for reporting any unresolved concerns to the Finance and Accounting group. The Finance and Accounting group has responsibility for administering this policy.

A. TRAVEL
Covered Individuals must comply with the rules in the following section.

Types of trips:
1. Reimbursable
   • Trips to attend conferences, seminars, workshops or meetings
   • Trips to attend courses where the Covered Individual is a participant or provides 2 days or less of instruction
   • Visits to collaborators
   • Trips to serve on review panels, except where a per diem will be wired directly into a personal bank account
   • Recruiting trips
   • Trips to and from Kansas City for unexpected, work-related emergencies when the member is on vacation, attending conferences, seminars, workshops or meetings outside of Kansas City

2. Non-reimbursable
   • Trips for the benefit of a for-profit company
   • Trips or portions of trips taken for personal or other non-business related reasons
   • Trips for which the Covered Individual will receive reimbursement via a per diem wired directly to a personal bank account, e.g. NIH
   • Trips to attend courses where the Covered Individual is a course organizer or provides more than two days of instruction
   • Trips to and from Kansas City when the Covered Individual is outside of Kansas City for an outside professional activity and receiving greater than $500 in gross outside compensation

3. Trips for multiple purposes
   • Apportioning costs between reimbursable and non-reimbursable components of trips. The Covered Individual will reimburse the SGC for the proportion of expenses attributable to the non-reimbursable purpose. In cases of ambiguity, the Covered Individual should err on the side of taking responsibility for a greater proportion of the costs.
   • Payment with personal funds when personal and business expenses cannot be separated. When personal and business expenses cannot be separated, e.g. for
booking a companion ticket for an accompanying family member, the preferred method of payment is to use personal funds and request reimbursement for the business-related component after the trip has been completed. SGC funds must not be used to advance any personal travel costs.

Guidelines for reimbursable trips:

1. Domestic and international airfare
   - Permitted. Reimbursement for coach, economy and economy plus class fare.
   - Prohibited. Reimbursement for business or first class tickets or any additional airfare costs incurred as a result of extending business trip for personal travel.
   - Booking. Airfare must be booked through the SGC’s designated travel agency unless:
     - a lower fare or specific flight is only available through another channel
     - re-booking is unexpectedly required during the trip or
     - the Head of Contracting and Procurement has approved the use of the other channel in advance.

2. Hotel
   - Size of room
     - Permitted. Reimbursement for a room for the number of people occupying the room for business purposes.
     - Prohibited. Reimbursement for a room larger than needed for the number of people occupying the room for business purposes.
   - Class of hotel
     - Permitted. Reimbursement for standard business class hotels, e.g., Hilton, Hyatt, Marriott, Sheraton, Weston or Wyndham. Reimbursement for luxury class hotels that are the official site of the conference attended.
     - Prohibited. Reimbursement for luxury class hotels that are not the official site of the conference attended. Examples of luxury class hotels include the Four Seasons, Ritz Carlton or Mandarin Oriental.
   - Duration of hotel stay
     - Permitted. If the trip is for a single business purpose, reimbursement for a hotel stay extending one day before and one day after the business purpose. If the trip is for multiple business purposes, a reasonable number of days between business activities.
     - Prohibited. Reimbursement for a hotel stay extending greater than one day before and more than one day after the duration of the business purpose. The Covered Individual must pay for the portion of the hotel stay exceeding these limits.

3. Ground transport
   - Rental car
     - Permitted. Reimbursement for a standard class, mid-size car or below for a Covered Individual traveling alone. Rental of standard class, larger cars for larger groups as appropriate for the size of the group.
     - Prohibited. Rental of a larger car than needed for the number of Covered Individuals. Rental of luxury or sports cars.
• Insurance.
  o U.S. or Canada. Insurance provided by the rental agency should not be purchased. The SGC has corporate auto insurance coverage for these rentals.
  o Outside the U.S. or Canada. Insurance provided by the rental agency should be purchased. The SGC does not have corporate auto insurance for these rentals.
• Booking. Rental cars must be booked through the SGC’s designated travel agency unless a lower fare is available through another channel.
• Mileage reimbursement. Covered Individuals will be reimbursed at the IRS standard rate.
• Hired cars.
  o Permitted. Reimbursement for taxis, airport shuttles, buses and full size cars.
  o Prohibited. Reimbursement for stretch limousines.

4. Personal meals while traveling
Covered Individuals are expected to use their judgment to take their meals or snacks in a manner that is consistent with the Institute’s principles and a prudent person would deem reasonable for an employee of a non-profit organization.
• Spending limit. The limit is $100 in food per day. The Covered Individual must pay personally for any amount over $100.
• Travel meals involving multiple Covered Individuals.
  o Superior-subordinate attendees. If two or more participating members have a superior-subordinate relationship, the superior member must not ask the subordinate member to incur the expense.
  o Splitting bills among members or accounts.
    ▪ Permitted. Both the entire and subdivided amounts must comply with spending limits.
    ▪ Prohibited. If intended to circumvent spending limits.
• Required documentation. The submission of itemized receipts with a list of attendees is required for reimbursement.

5. Miscellaneous travel-related expenses.
• Permitted reimbursements.
  o Expenses for visas for business-related travel
  o Miscellaneous computer or cell phone equipment needed while on travel (subject to IT approval)
  o Internet connection
  o Reasonable long-distance telephone charges
  o Reasonable mobile telephone roaming charges
  o Dry cleaning or laundry service for trips greater than one week
• Prohibited reimbursements
  o Entertainment, including hotel in-room movies
  o Personal use items, including luggage, toiletries, medicines, cosmetics or toothpaste
  o Expenses for friends or family who are accompanying you for a purpose unrelated to the business purpose of the trip
6. Reporting on business-related travel.
A travel notification must be filed for any trip to support SGC business or outside professional activities, regardless of whether the SGC will process any expenses for the trip. The travel notification form should be filed in advance of travel, but must be filed no later than 14 days after the completion of a trip.

7. Payment and reconciliation of trip expenses.
Covered Individuals are required to submit expenses within 14 days after their return from travel. If an expense report cannot be submitted before the 14-day deadline, the Finance and Accounting group must receive an e-mail at AP_Group@stowers.org with an explanation for the delay and an estimate for when the expense report will be submitted.

- **SGC funds via Travel card.** Itemized receipts must be submitted for reimbursement. Both the traveler and the individual submitting the expense report share the responsibility for the accuracy of information.
- **SGC funds via reimbursement for cash or personal check.** The use of cash or check for payment of reimbursable expenses is discouraged, but permitted.
- **SGC funds via reimbursement for use of a personal credit card.** The use of a personal credit card is discouraged. Reimbursement will not be made until travel is completed and all expenses for the trip have been submitted.
- **Reimbursement from sponsor for expenses paid for by the SGC.**
  - Paid by check. The Covered Individual who is a recipient must submit the sponsor’s check to the Finance and Accounting group upon receipt. The recipient must not deposit the sponsor’s check to a personal account.
  - Paid by wire transfer. Direct transfer of payments to a SGC account is permitted. Direct transfer of payments to a personal account is permitted only when the outside organization will not provide reimbursement in any other form.
  - Paid in cash. The recipient must either provide a written summary of the amount of cash received and how it was spent, including itemized receipts (the preferred method for foreign currency) or deliver the cash to the Finance and Accounting group for processing and reporting.
- **Honoraria or Awards.** The Covered individual who is a recipient must report the honorarium or award check to the Finance and Accounting group upon receipt and include documentation for the event. If the honorarium or award check includes travel expense reimbursement funds, those funds must be submitted to the Finance and Accounting group. In the event the Covered Individual elects to contribute the honorarium or award to the SGC, the donor may direct the contribution to his or her discretionary budget and the Finance and Accounting group will issue a gift receipt for the charitable contribution.
• **Grant funds.** Payment with SGC-administered grant funds is subject to the same guidelines as payment from other accounts. Payment for travel with grant funds requires approval by the Grants Office to confirm that the expenses are grant-related.

• **Discretionary funds.** Payment with discretionary funds is subject to the same guidelines as payment from other accounts.

• **Frequent flier miles, hotel frequent stay points, and other loyalty programs.** The IRS’s position on frequent flyer miles and similar loyalty programs may change at any time. Based on current guidance from the IRS, the SGC considers frequent flyer miles to be an intangible nontaxable benefit as long as the miles are not converted to cash or used as compensation. As an intangible nontaxable benefit, the holders may use the miles or upgrades for business or personal travel. The SGC encourages Covered Individuals to use loyalty points to defer the cost of business travel.

8. **Frequent Travelers.**
The President, Scientific Director or Chief Operating Officer may designate a Covered Individual as a “Frequent Traveler.” Any Covered Individual may request this designation based on the nature and frequency of travel required for the Covered Individual to fulfill his or her SGC duties. The Finance and Accounting group will maintain a list of designated “Frequent Travelers,” to which the exceptions below apply.

• **Domestic airfare.** Reimbursement for separately itemized, first class upgrades costing less than $75 per leg is permitted. Domestic travel in first or business class is permitted when the domestic travel represents a part of an international trip and is not more expensive than domestic travel in coach class.

• **International airfare.** Reimbursement for business class travel is permitted.

• **Airline clubs.** Reimbursement for membership in one airline club per year is permitted.

B. **BUSINESS AND RECRUITMENT MEALS**
Covered Individuals must comply with the rules in the following section.

Types of meals

1. **Reimbursable**
   - Meals where the primary purpose is recruitment
   - Meals with visiting speakers or collaborators
   - Meals to discuss a potential or ongoing business relationship
   - Meals for team-building events
   - Meals at personal residences for business purposes. Hosts must provide itemized receipts to demonstrate that the host did not purchase an unreasonable excess of supplies and documentation on the disposition of unused supplies to demonstrate that the host did not receive a personal benefit from excess supplies.

2. **Non-reimbursable**
Meals where all of the attendees are members of the SGC and which is not designated as a team-building event.
Spending limits
The spending limits are to be considered absolute maximums and not norms. For all business and recruitment meals, each member is responsible for incurring expenses that adhere to the SGC’s principles and a typical member of the general public would consider reasonable and appropriate for members of a non-profit organization.

- **Limit per person.** A maximum of $120 per person, including taxes and gratuity
- **Limit per instance.** For non-team building events, a maximum of $720 per instance, including taxes and gratuity. For team-building events, the per-person limit applies.
- **Limit for gratuity.** A reasonable rate according to local custom. Any amount over 20% will not be reimbursed.

1. **Business and recruitment meals attended by Covered Individuals.**
   - **Superior-subordinate attendees.** If two or more participating Covered Individuals have a superior-subordinate relationship, the superior member must not ask the subordinate member to incur the expense.
   - **Splitting bills among members or accounts.**
     - Permitted when both the entire and subdivided amounts comply with spending limits.
     - Prohibited when intended to circumvent spending limits.

2. **Required documentation.** The submission of itemized receipts, a list of attendees and a description of the business purpose is required for reimbursement.

C. **BUSINESS GIFTS**
Covered Individuals must comply with the rules in the following section. Giving reasonably priced gifts to non-members is permitted when the gifts represent customary courtesies for work-related events.

Types of gifts
1. **Reimbursable**
   - Customary international gifts. Appropriate gifts with a retail value less than $25 when visiting an individual for work-related purposes in countries where gifts are customary.
   - Gifts for meal hosts. Appropriate gifts with a retail value less than $25 for the host of a meal at a private individual’s home. Appropriate gifts include flowers or decorative items. The purchase of food and drink consumed at an individual’s home is covered under the “Personal Meals While Traveling” or “Business and Recruitment Meals” sections.

2. **Non-reimbursable**
   - Gifts greater than $25. The Institute will not reimburse any portion of the cost for a gift with a retail value greater than $25.
   - Luxury items. The Institute will not reimburse any portion of the expense for any gift generally considered to represent a luxury item.
D. CATERING, SNACKS AND REFRESHMENTS
Covered Individuals must comply with the rules in the following section.

Types of meals
1. Reimbursable
   • Snacks and refreshments for business meetings
   • Snacks and refreshments for general use by members or guests
   • On-site meals for meetings involving members only
2. Non-reimbursable
   • Off-site meals for business meetings involving members only
   • Alcohol or liquor for events whose primary purpose is not team building

Spending limits
• Expenses must be reasonable and appropriate in amount and frequency.
• Expenses for on-site meals may not exceed $120 per person.

E. CORPORATE CREDIT CARDS
The SGC may issue a corporate credit card to Covered Individuals for temporary or ongoing use to pay for travel or specific types of purchasing.

Travel Card
1. Types of users
   The Finance and Accounting group is responsible for determining whether a Covered Individual will be a continuous or temporary card holder.
   • Continuous card holders. Continuous card holders may keep the travel card for ongoing travel and business use until Finance and Accounting requests its return.
   • Temporary card holders. Temporary card holders will be issued a card to be used for the duration of a trip, after which the card must be returned to the Travel Card Coordinator in Operations and Services.
2. Permitted use
   The Travel Card may be used only for expenses authorized by this policy.
3. Travel card requests
   Covered Individuals may request a Travel Card by agreeing to the terms and conditions of the Travel Credit Card Use Agreement and then submitting the Agreement online through the SIRIS system.

Departmental Purchasing Card
1. Purchasing card requests
   The Finance and Accounting group has the authority to issue a credit card to be used as a Purchasing Card by individual departments.
2. Spending limits
   • $2,000 per transaction
   • $5,000 per month
3. **Permitted use**  
Business expenses allowed by this policy and by the SGC’s Purchasing Procedures (310).

4. **Prohibited use**  
The card must not be used to purchase supplies or materials that are received on the loading dock or require special receiving or regulatory handling.

F. **TEAM-BUILDING**  
Each department has a team-building allowance, which may be used to promote teamwork. Discretionary accounts may be used to pay for additional team-building events. Discretionary accounts may not be used to pay for expenses exceeding the per person or gratuity limits. Each budget owner is responsible for ensuring that the nature, frequency and cost of team-building events are consistent with the SGC’s principles and the general public’s expectation for reasonable and appropriate activities involving members of a non-profit organization. The spending limits for meals apply to all team-building events.

G. **GIFT CARDS**  
The use of SGC funds to purchase gift cards or gift certificates is not permitted. In most instances, the IRS will consider the transfer of these items to be taxable income and an addition to regular pay.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.  
This policy will be reviewed by the GSSIMR Board of Directors in 2021.
600GS SCIENTIFIC PUBLICATION

Policy Number: 600GS
Effective Date: 6/1/16
Revised Date: 6/23/17

Scope
This Policy on Scientific Publication applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
Publication in leading journals is essential to the public dissemination of the results of research conducted at the Institute. Compliance with this policy is essential to protect potential intellectual property, to call appropriate attention to the significance of the Institute’s research, and to ensure that the Scientific Director has timely knowledge of all that is published.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Definition
The “Responsible Author” is the Covered Individual who is responsible for complying with this policy and will be determined by the following criteria:
1. For a manuscript where the corresponding author is a Covered Individual, the Responsible Author will be the corresponding author.
2. For a manuscript where the corresponding author is not a Covered Individual, the Responsible Author will be the author who is the most senior Covered Individual.

Policy
Before submission of a manuscript, the Responsible Author must (1) understand and comply with the receiving journal’s policies for authors, including but not limited to those regarding authorship, conflicts of interest, human and animal use, and data processing, and (2) understand and fulfill any obligations for materials which are used in the publication and which were received under a material transfer agreement, e.g., acknowledging the source of the materials and/or providing notice before publication. The Responsible Author will upload an electronic copy of the early draft of the manuscript through the Laboratory Information Management System (LIMS) Publications Review module and complete the three-page online order form which will first be reviewed by the Library Services Team. This process will enable the Institute to protect the intellectual property rights of both the Institute and the Covered Individuals. The Responsible Author should specify whether the manuscript contains any intellectual property suitable for patent protection. If so, the Responsible Author must file an Invention Disclosure Form (F201Lc).
with the Office of the Institute President and CEO in compliance with Policy 201, “Intellectual and Other Property, Confidential Information and Nonsolicitation.” The LIMS Publication Review module will auto-e-mail the uploaded draft of the manuscript to the appropriate reviewers (e.g., Grants Administration, Regulatory Department (IACUC & IBC/HMR), President and CEO or his/her designate) for rapid review.

At submission/revision

1. The Responsible Author will upload an electronic copy of the manuscript and submission letter through the LIMS Publication Review module at the time of submission.
2. If the manuscript undergoes substantial revisions incorporating additional discoveries that might constitute new intellectual property beyond what was in the original manuscript, the Responsible Author must resubmit the manuscript via the LIMS Publications module for additional review.
3. If the manuscript undergoes minor revisions as part of a journal’s review or is rejected and resubmitted to a different journal, the Responsible Author is required to change all appropriate information on the existing order and re-upload the revised manuscript in LIMS.

At acceptance for publication

The Responsible Author will upload an electronic copy of the manuscript and the journal’s acceptance letter via the LIMS Publication Review module. If the Responsible Author believes that the reported findings merit a press release when the article appears in print or is published online ahead of print, the Responsible Author should provide the Office of Public Affairs with a brief statement in lay terms.

The Responsible Author must notify the Office of Public Affairs immediately upon learning of any forthcoming public announcement related to research performed at the Institute.

With respect to Intellectual Property protection, oral presentation of research results at seminars and scientific meetings is interpreted as public disclosure and can compromise the intellectual property rights of both the Institute and the inventor. When in doubt, file an Invention Disclosure Form (F201Lc) with the Office of the Institute President and CEO before publicly reporting research findings that may be eligible for patent protection.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
601GS HONORARIA
Policy Number: 601GS
Effective Date: 6/1/16
Revised Date: 6/23/17

Scope
This Policy on Honoraria applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to provide guidelines and procedures with respect to: (1) receipt of honoraria by Covered Individuals, and (2) payment of honoraria by SGC.

GSSIMR contracts with the Finance and Accounting group with Stowers Resource Management to manage this process.

Definitions
Outside Professional Activities (“OPA”) – Covered Individuals are encouraged to accept invitations by nonprofit organizations, academic institutions, and governmental agencies for purposes of presenting guest lectures, delivering papers, serving on review panels, and participating in accreditation activities. OPA are excluded from Policy on Outside Employment. (Policy Number 131).

Honorarium – Money or anything having monetary value offered by non-profit organizations, academic institutions or governmental agencies as payments for service to a Covered Individual to engage in OPA.

Travel Reimbursements – Unless specifically designated as an “honorarium,” a sponsor’s provision of money or anything having monetary value is considered to be reimbursement for trip costs. In ambiguous cases, e.g. an “award” or “travel award,” the Finance and Accounting group will make a determination based on all available documentation.

Policy
1. Receipt of honoraria by a Covered Individual
Covered Individuals who engage in OPA are permitted to accept honoraria that are provided as a result of the Covered Individual’s expertise in a particular scientific discipline or other area of special professional expertise. Accepting honoraria remains subject to the Code of Conduct (100) and the Policy on Conflict of Interest (Policy 202). Covered Individuals must report all honoraria to the Finance and Accounting group and comply with the Policy on Use of GSSIMR or GSSIMR-Administered Funds for Business-Related Expenses and Travel (Policy 500). Travel reimbursements must be turned over to GSSIMR. Foreign national Covered Individuals who are
in the United States in nonimmigrant classification may also be subject to additional restrictions; direct related questions to the Director of Finance.

2. Payment of honoraria by the SGC to third parties
GSSIMR is permitted to provide honoraria to persons of scholarly or professional standing in conjunction with a GSSIMR activity, such as participation in a seminar or workshop as a guest speaker or panelist. Foreign nationals in the United States in a nonimmigrant classification may be subject to restrictions in accepting honoraria. Honoraria payments generally are not allowable charges to federal funds unless a contract or grant specifically authorizes such payments. Honoraria for the Wednesday Lecture Series and other GSSIMR-sponsored guest speakers is managed by the Associate Dean for Administration and amounts are at the discretion of the GSSIMR office. Science departments that wish to pay an honorarium to a speaker invited by the department may offer an honorarium up to $250.00.

Before an honoraria payment may be issued by GSSIMR, individual recipients that are US Citizens and Resident Aliens must complete an IRS Form W-9 and all Non-resident Aliens must complete a Stowers’ Foreign Visitor Honorarium Eligibility form and any subsequent forms as needed.

Payments for honoraria are considered payments for personal service and are subject to Internal Revenue Service (“IRS”) reporting requirements. GSSIMR must report an honorarium payment as income to the individual on Form 1099-MISC or Form 1042-S, subject to IRS rules and regulations.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
602GS SCIENTIFIC MISCONDUCT
Policy Number: 602GS
Effective Date: 06/1/16
Revised Dates: 06/23/17; 2/4/19

Scope
This Policy on Scientific Misconduct applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to set forth the procedures for addressing any misconduct or fraud in the conduct of research. Protections for Covered Individuals reporting misconduct/fraud in research are set forth in the Policy on Whistleblowers and Other Reporting of Misconduct (136).

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
As set forth in the Code of Conduct for Research (611R) the Institute strives to create a research climate that promotes faithful adherence to rigorous ethical principles in the conduct of research without inhibiting the productivity and creativity of individuals involved in research. Misconduct or fraud in research is an offense that damages not only the reputation of those involved but also that of the entire research community.

Misconduct/fraud in research means fabrication, falsification, plagiarism or other practices that materially deviate from those commonly accepted within the research community for proposing, conducting, or reporting research. It does not include honest errors or honest differences in interpretations or judgments of data.

Misconduct/fraud in research is a major breach of the relationship between a Covered Individual and the Institute. In order to maintain the integrity of research projects, every individual engaged in research must keep a permanent auditable record of all experimental protocols, data and findings. Co-authors on research reports of any type, including publications, must have had a bona fide role in the research and must accept responsibility for the quality of the work reported.

Research that involves scientist/student collaboration is encouraged. Issues related to scientist/student collaboration may include matters such as expected contributions of each party, order of authorship, and/or type of citation to be given, and must be addressed early in any research project. Decisions must be congruent with the ethics and scholarly customs of each
discipline involved. Specific recognition of the nature and scope of individual student contributions must be made in all published materials.

Any inquiry or investigation of allegations of misconduct/fraud in research must proceed promptly and with due regard for the reputation and rights of all individuals involved.

The Institute will take all reasonable steps to assure that (1) the individuals involved in the evaluation of the allegations and evidence have appropriate expertise, (2) no individual involved in the procedures is either biased against the accused individual(s) or has a conflict of interest, and (3) affected individuals must have an opportunity to comment on the allegations and findings of the inquiry or investigation.

Procedures for Addressing Misconduct/Fraud in Research
Allegations of misconduct/fraud in research should be brought to the attention of the Scientific Director of the Institute or, if they involve the Scientific Director, to the attention of the President and CEO of the Institute. The Scientific Director will inform the President and CEO of the allegations and will bring the allegations to the attention of the principal investigator directing the affected research program and any researchers affected by the allegations. The Scientific Director, with due regard for the reputations of all parties involved, will immediately conduct an inquiry into the allegations. The inquiry must be completed within sixty (60) calendar days unless circumstances clearly warrant a longer period, in which case the inquiry record must include documentation of the reasons for exceeding the period of sixty (60) days.

At the conclusion of the inquiry, a written report shall be prepared by the Scientific Director and delivered to the President and CEO of the Institute. The report will include a description of the evidence reviewed, a summary of the relevant interviews, and a statement of the conclusion(s) reached together with the rationale for such conclusion(s). The report shall be accompanied by all written statements, data or other evidence considered during the inquiry. The President and CEO shall provide the individual(s) against whom the allegations have been made with a copy of the report and an opportunity to comment on allegations and findings of the inquiry and request that any comment in response be made within ten (10) days.

The President and CEO of the Institute, with such advice or consultation as may be deemed appropriate, shall review the inquiry report, the inquiry record, and the comments (if any) of the individual(s) accused of misconduct/fraud and determine either:

- That the allegations are unfounded and that no further proceedings are warranted; or
- That findings from the inquiry provide sufficient basis for conducting an investigation. The investigation normally will include examination of all documentation, including but not necessarily limited to relevant research data and proposals, publications, correspondence, and memoranda of telephone calls. Whenever possible, interviews should be conducted with all individuals involved either in making the allegations or against whom the allegation is made, as well as other individuals who might have information regarding key aspects of the allegations; complete summaries of these
interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigation file. The investigation must begin within 30 days of completion of the inquiry, and must ordinarily be finished within 120 days of its initiation.

At the conclusion of the investigation, a written report shall be prepared and delivered to the President and CEO of the Institute. The report will include a description of the evidence reviewed, a summary of relevant interviews, and a statement of the conclusion(s) reached together with the rationale for such conclusion(s). The report shall be accompanied by all written statements, data or other evidence considered during the investigation. The President and CEO shall provide the individual(s) against whom the allegations have been made with a copy of the report and an opportunity to comment on allegations and findings of the investigation and request that any comment in response be made within ten (10) days.

The President and CEO of the Institute, with such advice or consultation as may be deemed appropriate, shall review the investigation report, the investigation record, and the comments (if any) of the individual(s) accused of misconduct/fraud and determine either:

- That the allegations are unfounded and that no further proceedings are warranted; or
- That there is substantial evidence to support the truth of the allegations and that hearing procedures to discipline or terminate the accused individual(s) should be commenced pursuant to the established due process procedures of the Board of the Institute. The hearing procedures must begin within thirty (30) days after the conclusion of the investigation. Institute counsel will be available to represent the Institute in the hearing.

If it is determined that the alleged misconduct/fraud is not substantiated, diligent efforts will be undertaken by the Institute to restore the reputation of the accused individual(s). Diligent efforts will also be taken to protect the position and reputation of the individual(s) who, in good faith, made the allegations ("whistleblowers"). The Institute provides procedural protections to whistleblowers, detailed in Policy on Whistleblower and Other Reporting of Misconduct.

In the event that the allegations are admitted by the accused individual(s) or the investigation results in a determination that the allegations of misconduct/fraud are true, the Institute will notify the sponsoring agency of the facts related to the allegations, the conclusions reached, and the consequence penalty imposed by the Institute. In addition, notice will be given to the editors of all journals to which articles related to the affected research have been submitted.

Documentation substantiating the findings of inquiries and investigations will be maintained and provided to authorized sponsoring agency personnel upon request.

Additional Procedures for Allegations of Scientific Misconduct/Fraud in Research Funded by Public Health Service (PHS) or National Science Foundation (NSF)
If an allegation of misconduct/fraud pertains to research funded by, or a proposal for research funded by, the PHS (including the National Institutes of Health) or the NSF, the Institute will follow the Federal Policy on Research Misconduct issued by the Executive Office of the President, Office of Science and Technology Policy, 65 FR 76260-76264 (Dec. 6, 2000) (“Federal Policy”). In addition, the Institute will follow the PHS policies on research misconduct at 42 CFR parts 50 and 93 (“PHS Rules”) for PHS-funded projects and the NSF’s policies on research misconduct at 45 CFR part 689 (“NSF Rules”) for NSF-funded projects. Therefore, this policy shall include, and hereby incorporates by reference, all of the requirements of or guidelines under the Federal Policy, the PHS Rules and the NSF Rules, including, without limitation, those related to scope, determination, notification, reporting, investigation, confidentiality, administrative action, whistleblower protection and recordkeeping in connection with scientific misconduct proceedings where PHS or NSF funds have been provided or a proposal has been submitted. In the event of a conflict between this policy and those requirements or guidelines, the latter will govern.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
603GS OPEN SOURCE SOFTWARE
Policy Number 603GS
Effective Date: 6/1/16
Revised Dates: 6/26/17

Scope
This Policy on Open Source Software applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

In performing duties at the SGC, Covered Individuals may encounter opportunities to use, modify, create, or distribute Open Source Software. Use of Open Source Software developed by third parties offers benefits to the SGC, including: the ability to modify, improve, customize, and incorporate code from such software; quality that is often superior or comparable to that of software available from commercial providers; and significant cost savings over either purchased licenses for comparable software from commercial providers or original software produced within the SGC. In distributing as Open Source Software either its own software or SGC-developed improvements to third-party software, the SGC will benefit from peer review and error identification, correction, and refinement provided by a large and broad-based community of developers. Conversely, Open Source Software may also present significant risks and disadvantages to the SGC, including impairment of the SGC’s ability to commercialize SGC Software that incorporates or is derived from Open Source Software or that has been made available by the SGC as Open Source Software. In addition, as with any software (commercial or otherwise) that the SGC may use or distribute, the use or distribution of Open Source Software may unknowingly expose the SGC to risk of liability for infringement of intellectual property rights or may violate the terms of the SGC’s licenses for other software. To minimize this risk, the SGC and Covered Individuals should ensure that the SGC’s software licenses are Open Source-compatible whenever possible.

To manage and balance these benefits and risks, this policy establishes procedures and administrative criteria to be considered with respect to Open Source Software received from third parties and the distribution or release to third parties of SGC Software under an Open Source license.

This policy applies only to Open Source Software and not to software distributed or obtained under any other form of software license.

Policy
Definitions

- “SGC Software” – Any item of software, or, if applicable, the distinguishable portion of the code of an item of software (such as a “patch”) that is owned by the SGC.
- “Incoming OSS” – Open Source Software that is owned by a third party or parties.
- “Major Outgoing OSS” – Outgoing OSS that contains particularly sophisticated algorithms and is composed of more than 200 lines of substantial algorithmic code.
- “Minor Outgoing OSS” – Outgoing OSS that lacks particularly sophisticated algorithms or is composed of not more than 200 lines of substantial algorithmic code.
- “Open Source Software” or “OSS” – Software that, pursuant to the terms of the license through which it is made available (1) is freely distributed, (2) includes the source code, (3) allows use and modification or incorporation of the source code into other software by the user/licensee, (4) allows modified versions to be redistributed by the user/licensee, and (5) does not require the exclusion of other software or interfere with the operation of other software.
- “OSS Administrator” – The Head of Information Management
- “Outgoing OSS” – SGC Software made available or proposed to be made available by the SGC to third parties as Open Source Software.
- “Software” – Computer programs in the broadest sense, including user manuals and other explanatory materials which accompany computer programs and computerized databases, microcode, operating systems, language compilers, and application programs in whatever form expressed (machine or assembly language, source or object code) or embodied (such as chip architecture, ROM, disk or tape storage or program listings).

Incoming OSS

The SGC generally supports and encourages the use of Incoming OSS by Covered Individuals, provided that appropriate consideration is given by Covered Individuals to ensure that such use is in the SGC’s best interests. Covered Individuals who are considering obtaining and using any item of Incoming OSS will bear the initial responsibility for ensuring that the license terms for such Incoming OSS are not unduly disadvantageous or burdensome to the SGC. Covered Individuals should generally consider the following criteria, among others, to determine if obtaining or using an item of Incoming OSS is in the best interests of the SGC:

- The terms and conditions of the license, including the nature and magnitude of potentially adverse Incoming OSS license provisions described below;
- The importance of the subject software to the SGC’s scientific research or software development activities;
- The intended use of the Incoming OSS and the possibility that the use of the software could adversely impact the potential commercial value to the SGC of other existing or future SGC Software;
• The Covered Individual’s future ability to “strip out” the Incoming OSS code from the SGC Software if it is later determined that the inclusion of such code substantially impairs the commercial value that the SGC Software might otherwise have;
• The availability of alternative software from other third party sources and the licensing terms and conditions (including the cost to the SGC) under which such alternative software may be obtained;
• The SGC’s ability to internally develop alternative software, as well as the estimated cost and time commitment necessary for such development; and
• The monetary cost to the SGC, if any, of the Incoming OSS (the cost for Open Source Software should be minimal).

Covered Individuals should recognize that the various types of licenses that purport to be “Open Source” licenses contain significant variances. Covered Individuals must, therefore, carefully review each proposed Open Source license to determine whether it is in the SGC’s best interests to obtain and use such item of Incoming OSS. Without limiting the above-listed criteria, Covered Individuals should consider, among other things, the possible impact of any of the following common but potentially detrimental provisions that may exist in an Incoming OSS license:

• Any provision that would require the Covered Person or the SGC to make any SGC-developed modifications or derivative works from such Incoming OSS available under license terms the same as or similar to those of such Incoming OSS (such a provision exists in the GNU General Public License) or which would otherwise preclude the SGC from taking derivative works “private” (note that provisions of this type may in some cases be beneficial to the SGC rather than adverse);
• Any provision that establishes rights or obligations with respect to such Incoming OSS that may be incompatible with existing licenses to the SGC or may interact with the proposed license for the Incoming OSS. (Please note that the SGC may license software under non-Open Source licenses that prohibit any incorporation of such software with or into an item of Open Source Software or grant an exclusive license to all derivative works to the licensor.); and
• Any provision that would require the SGC to make representations or warranties of any type or that could require the Covered Individual or the SGC to agree to indemnify any individual.

The standard, unmodified forms of the Open Source licenses listed in Exhibit A are generally acceptable to the SGC for Incoming OSS, provided that Covered Individuals determine in each case whether the expected use of an item of Incoming OSS is in fact in the SGC’s best interests.

If the Covered Individual considers the license terms and the SGC’s expected use of an item of Incoming OSS and determines that obtaining and using the item of Incoming OSS is in the SGC’s best interests, the Covered Individual may proceed to license and use such Incoming OSS. Covered Individuals should consult with the OSS Administrator regarding any questions concerning the provisions of a proposed Incoming OSS license and/or whether obtaining or using
a particular item of Incoming OSS is in the SGC’s best interests. Covered Individuals obtaining any item of Incoming OSS or using or developing any software incorporating or derived from Incoming OSS are responsible for ensuring that all such activities are in compliance with the terms of the applicable license and shall take reasonable steps to ensure that other Covered Individuals who may use such software are aware of the license terms applicable to such software. Covered Individuals shall maintain a logbook (which may be maintained electronically) of all Incoming OSS obtained and the Covered Individual’s use and distribution thereof and shall provide the OSS Administrator with such logbook upon request.

When an item of Incoming OSS will be linked, incorporated into, or used in connection with SGC Software, Covered Individuals should use the Incoming OSS, to the extent reasonably practicable, in such a way as to maintain a clear segregation between the Incoming OSS and the SGC Software. This may be done by splitting that portion of the SGC Software that interacts with the Incoming OSS into a stand-alone, discrete module separate from the SGC Software as a whole. In the case of some licenses for Incoming OSS, this segregation of the SGC Software may preclude the SGC Software from falling under the license of the Incoming OSS.

Outgoing OSS

Any distribution or release of SGC Software as Outgoing OSS should be in the best interests of the SGC. Specifically, without imposing an undue burden on Covered Individuals, the distribution and release of Outgoing OSS is to be carefully managed to ensure that the benefits that flow to the SGC from such distribution or release are adequate consideration for the value of the rights being so transferred. To this end, the SGC has adopted a two-tiered approach to the distribution and release of Outgoing OSS. The SGC allow Covered Individuals significant independence and discretion with respect to the distribution and release of Minor Outgoing OSS. Conversely, the SGC closely regulates the distribution and release of Major Outgoing OSS.

General Requirements for All Outgoing OSS

No Covered Individual may distribute or release any item of Outgoing OSS unless such Covered Individual is the primary developer of such software, has received the express consent to such distribution or release from all other Covered Individuals or other individuals who have materially contributed to the development of such Outgoing OSS, and has, after reasonable diligence, confirmed that such software does not infringe upon the intellectual property rights of any individual or violate the terms of any applicable license to the SGC. The Covered Individual may elect to distribute or release Outgoing OSS under either the GNU General Public License (a “copyleft” license) or the BSD License (a less restrictive license). See Exhibit B for the text of the approved license provisions to be used for each of these license types. Use of another form of OSS license for Outgoing OSS is permitted upon prior approval of the OSS Administrator.

Note that each item of Outgoing OSS may carry the name of the Covered Individual(s) credited as the developer/author(s) of such software (determined in accordance with the Intellectual Property Policy) at the discretion of the primary developer. In addition, each item must carry any other marks or legends as may be required to meet the SGC’s contractual obligations and
administrative needs, including, as applicable, any information required under research contracts or grants.

**Minor Outgoing OSS**

Any Covered Individual who is considering distributing or releasing any Minor Outgoing OSS may do so without any prior review or consent from the OSS Administrator or other SGC management, provided that the Covered Individual completes Form F603Ra and delivers it to the OSS Administrator at or prior to the time of the initial distribution or release and specifically confirms that each of the general requirements for Outgoing OSS set forth above has been satisfied. Covered Individuals must carefully consider the potential commercial value of all items of SGC Software proposed to be distributed or released as Outgoing OSS, regardless of code line length, and should use their best judgment in determining whether distribution and release of such software as Outgoing OSS is in the best interests of the SGC. Covered Individuals are encouraged to consult with the OSS Administrator regarding any questions related to any proposed distribution or release of Minor Outgoing OSS.

**Major Outgoing OSS**

Any Covered Individual who is considering distributing or releasing any Major Outgoing OSS shall complete Form F603Rb and submit it to the OSS Administrator. The Covered Individual shall refrain from taking any action to distribute or release such Major Outgoing OSS unless and until expressly approved by the OSS Administrator. The OSS Administrator will promptly review each Outgoing OSS request in consultation, as necessary, with other members of SGC management, legal counsel, and/or the Covered Individual submitting the request. In addition, when software results from sponsored research or grants, the OSS Administrator will consult with the SGC’s Director of Finance regarding contractual obligations and regulations affecting ownership, disposition of various rights and restrictions on the distribution and use of the software, and any associated income. The OSS Administrator will notify the Covered Individual whether the Outgoing OSS request is approved as requested, provisionally approved contingent upon specific changes or limitations, or rejected. The OSS Administrator shall file a record of each approved OSS request with the Senior Director of Research Operations.

The OSS Administrator will generally consider the following criteria, among others, to determine whether or not to approve an Outgoing OSS request:

- The usefulness of the software to the research community at large and the potential benefits to the research community resulting from collaborative Open Source development;
- The potential commercial value of the Outgoing OSS to the SGC and the likely diminution or enhancement of such value resulting from its release in Open Source form;
- The existence of any potential commercial applications beyond the immediate application;
- The existence and nature (i.e., for-profit or not-for-profit) of potential licensees for the Outgoing OSS;
• The expected useful life of the software;
• The ease with which the software may be reverse-engineered if it were to be commercialized and not made available as Open Source software;
• The goodwill in the research community that may accrue to the SGC through the release of the Outgoing OSS and the likelihood of any resulting increased external funding to the SGC;
• The likelihood that the SGC and the public will benefit from improvements to the Outgoing OSS made by other users;
• The terms and conditions of the proposed license for the software (see Exhibit B); and
• The risk to the SGC of possible legal claims that the Outgoing OSS violates a third-party copyright.

**Limited Outgoing OSS Licenses**

In evaluating an Outgoing OSS request, the OSS Administrator may in some cases determine that it is in the SGC’s best interests to divide the distribution or release of the software to allow Open Source licensing solely for non-commercial uses while requiring any commercial use of the software to be subject to a separate, traditional commercial software license. In such event, the OSS Administrator will designate an appropriate and limited Open Source license for use in the distribution and release of such software solely for non-commercial use.

**Outgoing OSS Project Approvals**

Covered Individuals may from time to time be engaged in ongoing collaborative projects in which project participants, including the SGC, may anticipate making ongoing contributions of software in Open Source form. When participating in such a project, to the extent item-by-item approval is deemed impracticable, Covered Individuals may submit an Outgoing OSS request for approval of the ongoing distribution and release of multiple items of Outgoing OSS (which may include SGC Software not yet developed or identifiable) in accordance with the project arrangements. For any such Outgoing OSS request, the OSS Administrator shall, to the extent possible, identify and circumscribe those items or types of SGC Software that are approved for such distribution and release. Covered Individuals participating in any such project and approving the ongoing distribution and release of Outgoing OSS shall notify the OSS Administrator at or prior to the initial distribution or release by the Covered Individual of each item of Major Outgoing OSS pursuant to such project approval.
Exhibit A
Approved OSS License Forms

Academic Free License
Apache Software License
Artistic License
Berkeley Database License (aka Sleepycat Software Product License)
Common Public License
Expat / MIT License
GNU General Public License (GPL)
GNU Library or “Lesser” Public License (LGPL)
IBM Public License
Modified BSD License
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Exhibit B
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[Written by [AUTHOR(S)], [NAME OF SGC ORGANIZATION].] Please submit all inquiries regarding this software to [TITLE OF CONTACT PERSON], Stowers Group of Companies, 1000 East 50th Street, Kansas City, MO 64110, [E-MAIL ADDRESS].

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Written by [AUTHOR(S)], [NAME OF SGC ORGANIZATION]. Please submit all inquiries regarding this software to [TITLE OF CONTACT PERSON], Stowers Group of Companies, 1000 East 50th Street, Kansas City, MO 64110, [E-MAIL ADDRESS].

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
This Policy on Institutional Animal Care and Research applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
SIMR has formed an Institutional Animal Care and Use Committee (IACUC), an oversight committee appointed by the President and CEO of SIMR and approved by the Department of Health and Human Services, to oversee the use of animals in research and to ensure that all research activities involving animals are conducted in compliance with federal, state, and Institute rules and regulations. The purpose of this policy is to establish procedures and standards for review of all animal research, irrespective of location or source of funding, in order to foster high ethical standards in the conduct of research and to assure that uniform criteria are applied to research involving animals.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
General Policy
No research involving animals may be undertaken or participated in by Covered Individuals, and no facilities of SIMR may be used, unless the research protocol has been approved by IACUC. If in doubt about whether a specific activity must be reviewed by IACUC, it is the obligation of the responsible Covered Individual to contact the IACUC for a determination. If the responsible Covered Individual disagrees with the IACUC’s determination, the Covered Individual may appeal to the Institutional Official, whose decision will be final.

Assurance
SIMR’s Assurance of Compliance with the Public Health Service (PHS) provides that the Institute will comply with the PHS Policy on Humane Care and Use of Laboratory Animals. The assurance is applicable to all research, research training, experimentation, biological testing, and related activities involving live, vertebrate animals supported by the PHS and conducted at the Institute.

Responsibility for Compliance
The Covered Individual is responsible for complying with the policies of IACUC in addition to all applicable federal regulations. Thus, the Covered Individual is responsible for contacting the
IACUC Office to obtain detailed information and forms for obtaining approval of a research protocol involving animals.

**Reporting of Animal Welfare Concerns**

Anyone with a concern about possible mistreatment of animals, animal welfare, or noncompliance with approved protocols or accepted standards (collectively, "animal welfare concerns") should report the concern to a member of the IACUC. All reported animal welfare concerns will be treated as confidential to the greatest extent possible. Reports may be made in person to a member of the IACUC, through electronic mail to iacuc@stowers.org, or anonymously in writing. Retaliation against a Covered Individual for making a good faith report of an animal welfare concern is prohibited.

**Investigation of Animal Welfare Concerns**

All animal welfare concerns will be investigated in accordance with the IACUC Policy "Animal Welfare Concerns," available from the IACUC Administrator.

**Procedural Protections for Covered Individuals Reporting Animal Welfare Concerns**

If, after making a good faith report of an animal welfare concern, a Covered Individual believes that he or she has been retaliated against because of the report, he or she should notify the Scientific Director. If there appears to be a conflict of interest in notifying the Scientific Director, the notification may be made to the President and CEO of SIMR. The notification should take place within 180 days of learning about the adverse event. The Scientific Director or the President and CEO may appoint one or more individuals to carry out an investigation of the alleged retaliation. The investigation will be carried out confidentially to the greatest extent possible.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
605GS RECORDING OF LABORATORY DATA

Policy Number: 605GS
Effective Date: 6/1/16
Revised Dates: 6/26/17; 4/22/19

Scope

This Policy on Recording of Laboratory Data applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose

The purpose of this policy is to set forth rules, guidelines and procedures for recording scientific data for promoting the responsible conduct of research, protecting the intellectual property, and promoting scientific integrity.

In addition to intellectual property concerns, complete and accurate recording of scientific data promotes scientific integrity, thereby permitting examination for the purpose of replicating research, responding to questions that may result from unintentional error or misinterpretation, establishing authenticity of the data, and confirming the validity of the conclusions.

Intellectual property developed at the Institute can represent a significant financial opportunity for the Institute and for the inventors of the intellectual property. One important aspect in the development of valuable intellectual property is the “trail of evidence” created in laboratory notebooks, which is used to support the patent applications and issued patents resulting from research carried out at the Institute. In particular, the data in laboratory notebooks can significantly affect the Institute’s ability to assert its rights in important intellectual properties. Laboratory notebooks may eventually become important evidence in litigation where high-quality laboratory notebooks can give the Institute an advantage in defending discoveries made by its members.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy

Definition

- “Scientific data,” as used in this policy, refers to data resulting from the conduct of research activities, including but not limited to quantitative data (e.g., graphs, recorded numbers, instrument output of any type, including photographic materials from which measurements can be made), qualitative data (e.g., notes of any type and some types of instrument output, including photographic media), and research tools (e.g., protocols in
any form, computer software). In some cases there may be original samples in (e.g., biological specimens, slides) that should be documented in order to connect them to the data described above.

- Scientific data is owned by the Institute, not the individual, and is subject to the oversight outlined in this policy.
- This data can take the form of 1) a physical notebook, 2) an electronic file/notebook, or 3) supporting data.

**Maintenance of Laboratory Data**

All laboratory data must be permanently recorded in a laboratory notebook, electronically stored, or identified as supporting data and referenced within the lab notebook or electronic file. Physical laboratory notebooks will be scanned to create electronic versions once the notebook is full, a member leaves or when the notebook is no longer used for capture of scientific data and is “closed” out. For electronic laboratory data that is stored on a Stowers Network Data Share, it is considered scanned upon creation. For programming code, the scanning equivalent is deposition into Bitbucket. Supporting data can be electronic, paper, written or medium of any form.

**General Rules for Maintaining Data**

- Electronic lab notebooks and/or bound lab notebooks are required.
- Members must use physical lab notebooks provided by library services.
- The handwritten entries must be legible.
- All entries must be in the English language.
- Both positive and negative research results should be recorded. Entry of both types of results verifies the legitimacy of the research record.
- Lab notebooks must 1) be kept in a timely manner, 2) include the dates associated with the entered work, and 3) be signed and dated by the author after the last entry before scanning.
- The principal investigator should maintain a master log that catalogues who is working for the investigator and the specific project assigned to each individual.
- If collaboration by more than one lab occurs, a log directed to the collaboration should be maintained.

**Suggestions for Notebooks**

- Entries should follow an internal standardized format and should be organized such that someone not familiar with the specific experiment can retrieve all the pertinent details.
- The first several pages should be reserved for a table of contents in which is listed the experiments and the pages on which the data is located.
- If successive bound notebooks are used, the volumes should be numbered sequentially or a log kept to identify the sequential books.
- All entries, including corrections, should be in ink or other indelible, permanent medium. When possible, the same color ink or other medium should be used.
- Data should be entered on every page. All unused portions of a page should be crossed out if a new page is started for a new entry.
- Print-outs or data sheets of raw data should be affixed to the laboratory notebook. In the event this is not possible, explicit instructions as to where this “supporting data” can be found (e.g., location of disks, samples, specimens, etc.) should be included in the laboratory notebook.
- Corrections should be made by drawing one line through an erroneous entry, and not “whited out” or otherwise obscured. Pages or portions of pages must not be removed for any reason. A correction must be initialed and dated by the individual making such correction. If needed, a brief explanation for the cancellation should be made in the margin.
- Extrinsic data, such as photographs, sketches, charts, graphs and other supporting materials, should be permanently affixed with glue or tape to the page. It must not be stapled or paper clipped, which appear to be temporary insertions.

**Procedures for Scanning Lab Data Recordings**

Physical notebooks will be scanned to create electronic copies that will be stored on a Network drive. These electronic files can also be provided to exiting members as appropriate (described below). Notebooks need to be scanned 1) when full, 2) upon exit of the responsible member, or 3) when the notebook will no longer be used for capture of scientific data and is “closed” out.

Library Services is responsible for scanning.

**Production of Written Reports Related to Lab Data**

Each principal investigator has an obligation to produce written reports describing the results of research being conducted. Normally, this is accomplished in the course of preparing and submitting manuscripts for publication in peer-reviewed journals. If research results may constitute valuable intellectual property, the principal investigator has an obligation to prepare and file a written invention disclosure with the Office of General Counsel.

**Notebook Storage and Retention**

Bound notebooks should be stored in a secure, cool, dry place on the Institute’s premises away from potentially damaging light, corrosive agents and organic fumes. Retention and long-term storage of laboratory notebooks is governed by 610R – Records Retention and Management of Scientific Data.

The lab notebooks and the intellectual property they contain are the property of the Institute, but a Covered Individual may request an electronic copy of his/her lab notebook(s) from Library Services upon his/her departure from the Institute. If the Principal Investigator supervising the Covered Individual approves the request for a copy, Library Services will provide the Covered Individual with a copy as soon as is practical.
This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
606GS MATERIAL TRANSFER AGREEMENTS
Policy Number: 606GS
Effective Date: 6/1/16
Revised Date: 6/26/17

Scope
This Policy on Material Transfer Agreements applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
From time to time, scientific personnel at GSSIMR will seek research materials from academic institutions, other nonprofit research facilities, or private industry, or may receive requests for research materials from such sources. Typically, these transfers are made pursuant to a written material transfer agreement (“MTA”) entered into between the provider and recipient of the research materials. The purpose of the MTA is to protect the intellectual and other property rights of the provider while permitting research with the material to proceed. In turn, the recipient is provided with tools and information necessary to continue with the research. The different missions and goals of the provider and recipient and obligations to third parties such as the National Institutes of Health (“NIH”) often mean that the MTA terms must be negotiated to accommodate the needs of both parties. The usual areas of difference relate to rights to future discoveries, publication, indemnification and replication. These areas may cause delays or even prevent the issuance or approval of an MTA. Other factors such as foreign transfers and transfers of hazardous biological materials may also cause delays. This policy discusses the typical areas of differences, describes the types of transfers that may require additional time, and sets forth the procedure for requesting the approval or issuance of an MTA.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Typical Areas of Differences
Exchange of research materials between academic institutions and other nonprofit organizations is relatively straightforward and very little is negotiated. This is because the nonprofit research community considers the sharing of research materials to be an essential aspect of scientific citizenship. Most nonprofit organizations seek to minimize the accompanying paperwork and use standardized MTAs that follow NIH guidelines. In contrast, transfers of materials to or from private industry are usually negotiated on a case-by-case basis, with particular issues being more important to one company than to another. Set forth below are the typical areas of difference and the Institute’s position in these areas.
Rights to Future Discoveries
While it is clear that ownership of the transferred research materials are and should remain the property of the provider, many MTAs include language that grants the provider the right to either own, or license exclusively, or obtain payments upon the sale of, discoveries that the recipient makes with the provider’s materials. These are generally referred to as “reach-through” provisions, and are considered by many providers to be desirable because they allow the provider to obtain rights in such matter that the provider would not otherwise have through its ownership or patent coverage of the materials alone. The Institute, along with many other nonprofit recipients, considers these types of provisions inappropriate not only because they constitute an unreasonably high level of compensation to the provider for use of the research materials, but also because they burden all the discoveries made after the use of the research materials. This not only represents a direct economic loss to the Institute and its Covered Individuals by limiting future commercialization of such creations, but it can also cause indirect damage by limiting the freedom of Covered Individuals to continue a line of inquiry or by stifling publication. In addition, relinquishing ownership to NIH-funded research in this manner most likely violates the terms of such funding. Therefore, the Institute will generally not agree to reach-through rights with respect to transferred research materials, especially where such materials constitute research tools. Examples of research tools include cell lines, monoclonal antibodies, reagents, animal models, growth factors, combinatorial chemistry and DNA libraries, clones and cloning tools, methods, laboratory equipment and machines, databases, and computer software.

Confidentiality and Publication
Providers of research materials may require that recipients not disclose information transferred along with the material or may impose restrictions on the disclosure of the results of research using the materials, all of which information is considered to be confidential. While it is clear that agreeing to restrictions on the disclosure of research results will limit or even prevent Covered Individuals from publishing such results, agreeing not to disclose transferred information will also limit meaningful publication if the information is necessary for interpretation of such results. With respect to transferred confidential information, the Institute can avoid this result by (a) requesting that no confidential information be provided, (b) requesting that only confidential information that is not required for publication be provided (i.e., background confidential information), or (c) requesting an exception for provided confidential information which the Institute can demonstrate is necessary for meaningful publication. In addition, the standard exceptions to disclosure of confidential information must be present (e.g., information which becomes generally available to the public, information which was available to the Institute on a non-confidential basis prior to its disclosure by the provider, and information the Institute receives from a third party not bound by a confidentiality agreement).

With respect to limitations on the disclosure of research results, providers often require the recipient to provide an advance copy of any manuscript or proposed public disclosure of results obtained with the material. The purpose for such requirement is not unreasonable. It is to allow the provider to determine whether its own confidential information has been improperly disclosed in the manuscript or presentation, and whether there are new intellectual property rights that may be need to be protected. However, the publication provision may be stated in
unacceptable language. For example, the MTA may give the provider control of publication, and may assert that nothing is to be published or otherwise disclosed without provider approval. Other agreements may demand excessive delays. The Institute will not permit delays of more than 30 days for review of manuscripts prior to submission, with the possibility of an additional 30-day delay (i.e., 60 days in total) for filing of patents. In the case of abstracts for oral disclosure, the Institute will permit no more than 7 days for review.

**Indemnification**

The provider of research materials often requests that the recipient indemnify (i.e., compensate) the provider against any losses it may sustain as a result of use of the research materials by the recipient. It is a shifting of economic responsibility from the provider to the recipient. If such losses result from an act or failure to act by the recipient, such provision can be justified. However, if such losses result from an act or failure to act by the provider, including negligent actions or inactions such as failure to provide proper warnings with respect to associated hazards or needed precautions, indemnification in such event would be akin to releasing the provider from responsibility. The Institute will generally not agree to indemnify the provider against losses resulting from the provider’s own actions or inactions, and will in no event indemnify the provider against losses resulting from the provider’s own negligence.

**Replication**

Many scientific journals require that materials be made available to other investigators for independent verification of research results. The Institute therefore requests that providers of research materials to Covered Individuals agree to provide those same materials to other investigators at universities and other nonprofit research facilities who wish to repeat the published experiments. Although some providers argue that such a provision would jeopardize the provider’s control over its own material, a middle ground can usually be found that accommodates each party’s needs.

**Transfers Requiring Additional Time**

Certain types of transfers, such as international transfers and transfers of hazardous biological materials, will most likely require additional time due to additional legal requirements. In such cases, which are discussed below, the Covered Individual should request the approval or issuance of an MTA as soon as possible in order to avoid unnecessary delays.

**Receipt of Research Materials from Other Countries**

Foreign providers of research materials may employ agreements similar to the MTAs used in the United States. This policy applies to MTAs entered into with foreign providers in the same manner as it applies to MTAs entered into with U.S. providers. In addition, the Institute may need to comply with USDA import regulations covering the transferred materials. For example, importation of many biological materials to the U.S. requires USDA permits. If the proper documentation does not accompany packages, they may be quarantined or otherwise delayed, and they may suffer damage in the process. Therefore, additional time will most likely be required for these types of material transfers.
Export of Research Materials to Other Countries
Likewise, exports from the U.S. to other countries may require analogous permits (sometimes called export licenses, not to be confused with intellectual property licenses) and import permits from the receiving country. Under U.S. export control laws, automatic licenses can apply to most biological materials. In some cases, however, a license may be required from the Bureau of Export Administration of the Department of Commerce. There are, for instance, controls on the export of materials that could possibly be used in chemical or biological weapons. Examples given of such materials include human pathogens, toxins, animal pathogens, genetically modified microorganisms, and plant pathogens. As with transfers from other countries, these types of material transfers will most likely require additional time.

Transfer of Hazardous Biological Materials
There are regulations covering the methods used to package and transport hazardous biological materials. In addition, these regulations require that providers and recipients of such materials be pre-registered with the Centers for Disease Control and Prevention (CDC), and that the individual transfer be registered with that agency. The Institute will most likely require additional time to perform the necessary registration and ship the material correctly.

Approval Process

Incoming MTA with a Non-Profit Organization
Every MTA has a signature line on which an authorized representative of the Stowers Institute indicates that we agree to comply with the terms of the MTA as an institution. Only the President and CEO of the Institute, or his or her designee, may sign an incoming MTA on behalf of the Stowers Institute as an institution. This signature line typically is labeled “Authorized Representative,” “Institutional Official,” or “Authorized Signatory.” Covered Individuals must not sign an incoming MTA on behalf of the Stowers Institute except with written permission from the President and CEO of Stowers.

Some MTAs have a signature line on which the user of the transferred material indicates that the user acknowledges the Agreement’s terms as an individual. The user’s signature line typically has the label “Scientist,” “Recipient Scientist,” “Investigator,” or Recipient Investigator.” The Principal Investigator may specify whether the Principal Investigator and/or another lab member will sign the MTA as an individual. Covered Individuals requesting the approval or issuance of an MTA should complete a New Incoming MTA Request in the Laboratory Information Management System (LIMS) which will be routed to Operations and Services. If an incoming MTA contains terms and conditions incompatible with this policy, the Institute will make a reasonable effort to negotiate compatible terms with the other party. If it is not possible to negotiate compatible terms with a provider, alternative sources for the requested research material must be sought, including purchasing such materials from a commercial source.

Outgoing MTA with a Non-Profit Organization
A laboratory receiving a request for material will complete a New Outgoing MTA Request in the LIMS which will be routed to Operations and Services. The President and CEO of the Institute or
his/her designee will determine if an MTA is required. An MTA may not be required if the material is non-hazardous or non-human biological material for in vitro research. If an MTA is required, the President and CEO of the Institute or his/her designee will determine the form of MTA to be used and execute it. Standard material transfers will be covered under the Uniform Biological Material Transfer Agreement and Letter (Form F606a). Other forms of MTAs will be used where special considerations apply.

If the recipient of an outgoing MTA requests modifications which are incompatible with this policy, the Institute will make a reasonable effort to negotiate compatible terms with the other party. If compatible terms cannot be negotiated, the Institute will not transfer the research materials sought by the recipient.

Incoming or Outgoing MTA with a For-Profit Organization
An incoming or outgoing MTA with a for-profit company will be reviewed and executed by the President and CEO of the Institute or his/her designee in consultation, as necessary, with General Counsel.

MTA Archive
Executed MTAs can be viewed at K:\Research Administration\MTA archive.

Obligations of Covered Individuals with Respect to Research Materials

Research Materials Received by the Institute
Covered Individuals using research materials received from a third party should become familiar with the terms of the MTA. These terms may include limits on the use of the materials for specifically approved research purposes, restriction of access to the materials and distribution to third parties, the requirement to make available to the provider materials or discoveries made using the materials, pre-publication review rights, procedures to ensure the proper handling of material-related confidential information, and proper acknowledgment of the contribution of the provider in all written or oral disclosures. It is the obligation of Covered Individuals to comply and assist the Institute in complying with such terms. If a Covered Individual does not understand a term of the MTA or his or her obligations with respect to such term, the Office of the President and CEO should be consulted. All uses of the research materials and the individual’s compliance with the terms of the MTA should be documented in a thorough manner.

If the Institute receives research materials pursuant to an MTA that grants the provider rights to materials or discoveries made using the materials, the Covered Individual should use alternative materials to the extent possible. This will minimize the impact of such grant of rights on Institute research, publication, and commercialization of discoveries.

Research Materials Transferred by the Institute
The Institute’s outgoing MTA form may grant the Institute certain rights or impose certain obligations on the recipient. These rights and obligations must be enforced and policed. Covered Individuals, especially those who have requested that such materials be transferred, should be familiar with the terms of the outbound MTA and assist the Institute in enforcing and policing
such MTA, including notifying the Institute of any known breach of such MTA. The individual should also assist the Institute in determining whether such transfer would violate other MTAs, which may occur if the material to be transferred includes material that is owned by a third-party provider.

The Checklist for Shipping Materials must be completed before materials can be transferred. This form can be found on Helix under Resources, Environmental Health and Safety.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
607GS PROTOCOLS INVOLVING HUMAN MATERIALS

Policy Number: 607GS
Effective Date: 06/1/16
Revised Dates: 6/26/17; 5/21/19

Scope
This Policy on Ethical Review for Protocols Involving Human Materials, Human-derived Substances, or Human Subjects applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish guidelines for Covered Individuals using human materials or human-derived substances in research or enrolling human subjects in research protocols.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Definitions
• Human materials: Primary materials such as liver, kidney, pancreas, gall bladder, brain, thyroid, and bone marrow, as well as blood and body fluids such as whole blood, blood cells serum, spinal fluid, urine, semen, and feces, and any tumorigenic material arising from a primary material.
• Human-derived substances: Proteins, RNA, and DNA derived from human materials.
• Human subjects: Individuals who volunteer to participate in a research protocol after receiving all information required for informed consent.

Policy
GSSIMR will adhere to the highest ethical standards when using human materials or human-derived substances for research purposes or when enrolling human subjects in research protocols. The ethical issues of donor privacy, informed consent, vendor trustworthiness, custody and disposal of samples, and the need for approval by the designated Institutional Review Board (“IRB”) will be considered when determining whether a particular protocol should be approved or modified.

All vendors, suppliers, and sources of human materials or human-derived substances, as well as the protocol for using these materials, must be approved by the Institute Biosafety Committee (“IBC”) the Senior Director of Research Operations prior to their procurement. No Covered Individual may undertake research with human materials or human-derived substances until these approvals have been obtained.
Institute Biosafety Committee
No human materials or human-derived substances may be obtained, received, or used at SIMR until the responsible principal investigator has filed a registration with the IBC. The registration is necessary so that the IBC can make the determinations set out in IBC SOP 300 of whether the studies are excluded from classification as “human subjects research,” as that term is defined in IBC SOP 300 and applicable regulations. If the IBC determines that the research involves identifiable human materials or human-derived substances, is collected for the purpose of the study outlined, or is uncertain of the classification, a protocol must be submitted to the IRB in order to obtain written approval or determination of exemption.

Institutional Review Board
The IRB is the University of Kansas Medical Center (“KUMC”), which conducts IRB review of all uses of human materials, human-derived substances, or human subjects classed as “human subjects research” conducted by Covered Individuals. Depending on the source of the human materials or human-derived substances or the circumstances surrounding the enrollment of human subjects in research protocols and the affiliations of the individuals involved in the research, approval of other IRBs may also be required. If either the Covered Individual or a research collaborator holds a faculty appointment at an institution other than KUMC, the IRB serving that other institution may also require an opportunity to review the research.

Receipt of Human Materials and/or Human-derived Substances Classed as “Human Subjects Research”
Immediately upon receipt of any human materials and/or human-derived substances classed as “human subjects research” for use in research at SIMR, the responsible principal investigator must register it with the Histology Department.

Reporting Requirements
The responsible principal investigator must fulfill all reporting requirements of each IRB involved in review of the registration covering the use of human materials, human-derived substances, or human subjects.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
608GS ADDITIONAL ETHICAL REVIEW FOR PROTOCOLS
INVOLVING HUMAN EMBRYONIC STEM CELLS

Policy Number: 608GS
Effective Date: 6/1/16
Revised Date: 6/26/17

Scope
This Policy on Additional Ethical Review for Protocols Involving Human Embryonic Stem Cells applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”). For the purposes of this policy, “Human Embryonic Stem Cells” consist of early stem cells derived from the inner cell mass of a human blastocyst or from an earlier stage of development such as a human morula. This policy would apply equally to cells derived from the trophoblast of a human blastocyst. This policy does not cover research that uses nonhuman stem cells.

Purpose
The purpose of this policy is to establish guidelines for Covered Individuals who use Human Embryonic Stem Cells in research. The policy provides an oversight process to ensure that research with Human Embryonic Stem Cells is conducted in a responsible and ethically sensitive manner and in compliance with all regulatory requirements pertaining to biomedical research in general.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The SGC will adhere to the highest ethical standards when Covered Individuals are using Human Embryonic Stem Cells for research purposes. The ethical issues of donor privacy, informed consent, vendor trustworthiness, custody and disposal of samples, and the need for approval by the SGC’s designated Embryonic Stem Cell Research Oversight (“ESCRO”) Committee, Institutional Review Board (“IRB”), and Institutional Biosafety Committee (“IBC”) will be considered when determining whether a particular protocol should be approved, modified, or disapproved.

All vendors, suppliers, and sources of Human Embryonic Stem Cells, as well as the protocol for using these materials, must be approved by the ESCRO Committee, the IRB, the IBC, and the Senior Director of Research Operations prior to their procurement. No Covered Individual may undertake research with Human Embryonic Stem Cells until these approvals have been obtained.

In addition to the noted requirements for approval, no Covered Individual may
1. attempt to clone a human being by transferring a human blastocyst made by somatic cell nuclear transfer (“SCNT”) into a uterus, or
2. use in vitro fertilization (“IVF”) to produce a human blastocyst solely for research.

After obtaining approval from the ESCRO, IRB, and IBC, Covered Individuals may
   1. use SCNT to produce a human blastocyst for research, and/or
   2. obtain and use for research human blastocysts made by IVF at a fertility clinic after the patients responsible for those blastocysts have donated them for research.

Purely in vitro research with Human Embryonic Stem Cells that uses previously derived Human Embryonic Stem Cells lines is permissible provided that the ESCRO Committee receives and approves documentation of the provenance of the cell lines, which consists of: i) acceptable informed consent in their derivation; ii) evidence of compliance with any required review by an IRB, IBC, or other institutionally mandated reviewing body; and iii) IRB concurrence that the proposed research is exempt from further IRB review.

No Covered Individuals may conduct the following types of research:
   1. Research involving in vitro culture of any intact human blastocyst, regardless of derivation method, for longer than 14 days or until formation of the primitive streak begins, whichever occurs first
   2. Research in which Human Embryonic Stem Cells are introduced into nonhuman primate blastocysts or in which any nonhuman embryonic stem cells are introduced into human blastocysts.

In addition, no animal into which Human Embryonic Stem Cells have been introduced at any stage of development should be allowed to breed.

Covered Individuals whose research involves Human Embryonic Stem Cells should demonstrate respect for the autonomy and privacy of those who donate gametes, blastocysts, or somatic cells and be sensitive to public concerns about research that involves human blastocysts.

Establishment of an Institutional Embryonic Stem Cell Research Oversight Committee
To provide oversight of the derivation and use of Human Embryonic Stem Cell lines, the SGC will either establish its own Embryonic Stem Cell Research Oversight (ESCRO) Committee prior to conducting any research with Human Embryonic Stem Cells or arrange for another institution’s ESCRO Committee to review and approve or disapprove any research with Human Embryonic Stem Cells proposed by a Covered Individual. The IBC/ESCRO/IRB coordination and review procedures are outlined in Standard Operating Procedure (“SOP”) 400 and are based upon the recommendations of the National Academies of Science.

The ESCRO Committee that reviews research proposed by a Covered Individual will include representatives of the public and persons with expertise in developmental biology, stem cell research, molecular biology, and ethical and legal issues in research with Human Embryonic Stem Cells. It will have suitable scientific, medical, and ethical expertise to conduct its own review and
will have the resources needed to coordinate the management of the various other reviews required for a particular protocol. The ESCRO Committee will:

1. provide oversight over the derivation and use of Human Embryonic Stem Cell lines by Covered Individuals.
2. review and approve the scientific merit of research protocols developed by Covered Individuals that involve Human Embryonic Stem Cells
3. review compliance with all relevant regulations and Institute guidelines of all research conducted by Covered Individuals that involves Human Embryonic Stem Cells
4. maintain registries of Human Embryonic Stem Cell research conducted at the Institute and Human Embryonic Stem Cell lines derived or imported by Covered Individuals
5. facilitate education of Covered Individuals involved in research with Human Embryonic Stem Cells

ESCRO Committee Approval
No Covered Individual may undertake research with Human Embryonic Stem Cells until the protocol covering that research has been reviewed and approved by an ESCRO Committee.

The ESCRO Committee responsible for reviewing and approving or disapproving research with Human Embryonic Stem Cells proposed by Covered Individuals will be established by the SGC prior to undertaking such research, or its function will be formally delegated to another institution’s ESCRO Committee.

Depending on the source of the Human Embryonic Stem Cells and the affiliations of the individuals involved in the research, approval of other ESCRO Committees may also be required. If either the Covered Individual or a research collaborator holds a faculty appointment at another institution, the ESCRO Committee serving the other institution may also require an opportunity to review and approve or disapprove the research.

IRB Approval
The IRB for the SGC is that of the University of Kansas Medical Center (“KUMC”). The KUMC IRB will review all uses of Human Embryonic Stem Cells classed as “Human Subjects Research” conducted by Covered Individuals. The KUMC IRB will determine if research use of an existing Human Embryonic Stem Cell line is exempt from further IRB review.

Depending on the source of the Human Embryonic Stem Cells and the affiliations of the individuals involved in the research, approval of other IRBs may also be required. If either the Covered Individual or a research collaborator holds a faculty appointment at an institution other than KUMC, the IRB serving that other institution may also require an opportunity to review the research.

IBC Approval
No Human Embryonic Stem Cells may be produced, obtained, received, or used at the Stowers Institute until the responsible principal investigator has filed a registration with the Institute
Biosafety Committee (“IBC”). The registration is necessary so that the IBC can make the determinations set out in IBC SOP 300 of whether the studies are excluded from classification as “Human Subjects Research,” as that term is defined in IBC SOP 300 and applicable regulations. If the IBC determines that the research involves identifiable Human Embryonic Stem Cells, is collected for the purpose of the study outlined, or is uncertain of the classification, a protocol must be submitted to the IRB in order to obtain written approval or determination of exemption.

**Receipt of Human Embryonic Stem Cells classed as “Human Subjects Research”**
Immediately upon receipt of any Human Embryonic Stem Cells classed as “Human Subjects Research” for use in research at the Stowers Institute, the responsible principal investigator must register the cells with the Histology Department.

**Reporting Requirements**
The responsible principal investigator must fulfill all reporting requirements of each ESCRO Committee and IRB involved in review of the protocol covering the use of Human Embryonic Stem Cells.

By March 1 each year, the ESCRO Committee shall prepare an annual report stating the nature of the Human Embryonic Stem Cells used in, and the purpose of, the research conducted during the prior calendar year by Covered Individuals, and certifying compliance with Missouri’s stem cell law, Article III § (38)(d)(4), subdivision (6) of subsection 2. By June 1 each year, the President and CEO of the Stowers Institute shall make the ESCRO Committee’s report for the previous calendar year available to the public on the Stowers Institute’s website and inform the Secretary of State of Missouri how the public may gain access to the report. The report shall not contain private or confidential medical, scientific, or other information. Covered Individuals are not required to prepare and make available to the public a separate report concerning that same research.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
This Policy on Distribution of Mouse Strains applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

This Policy applies to a transfer of published mouse strains from the SIMR Laboratory Animal Support Facility (LASF) to non-profit organizations for research purposes. This policy does not apply to published mouse strains created by Stowers-funded researchers who are hosted at other institutions. For these researchers, the host institution’s policy on the distribution of materials shall apply.

Purpose
SIMR considers the sharing of research materials to be an essential aspect of scientific citizenship and is committed to the broad distribution of research materials that have been created and published by Covered Individuals. The SGC issues this policy to accommodate special considerations involving the distribution of mouse strains.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
For mouse strains that are held in repositories, the SGC will refer inquiries to the repository. However, in cases where either 1) the repository reports an exceptional delay in shipment or 2) a principal investigator of SIMR asks for direct shipment to a collaborator, the SGC will make its best effort to provide the requested strains.

For mouse strains that are not held in repositories and that have been created and published by Covered Individuals while at SIMR, SIMR will provide the strains to non-profit organizations for research purposes. SIMR will provide an estimate of the shipping date within 30 days and make its best effort to ship the strains within 6 to 12 months. SIMR will ask requesters to reimburse SIMR for costs directly related to filling the request. This reimbursement will include the costs of preparing and shipping the materials but will exclude costs such as overhead or a share of research expenses. In some cases, SIMR will export unpublished strains with the permission of the principal investigator whose laboratory created the strain.

For mouse strains that are not held in repositories and that have not been created by Covered Individuals, SIMR will export the strains under the following circumstances:
1. The strain request is to support an active collaboration with a Covered Individual;
2. The requested transfer is expressly permitted by the source of the strain;
3. The LASF has sufficient capacity to accommodate the request, as determined by the Director of the LASF and the Scientific Director; and
4. The requester will reimburse the SGC for its costs.

The transfer of all mouse strains will be covered by the appropriate Material Transfer Agreement (see Policy 606, “Material Transfer Agreements”).

Any exceptions to this policy require written approval by the Scientific Director.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
610GS ARCHIVING AND SHARING PUBLICATION-RELATED DATA

Policy Number: 610GS
Effective Date: 6/1/16
Revised Date: 6/26/17; 4/22/19

Scope
This Policy on Records Retention and Management of Scientific Data applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to assist members in determining which scientific data should be kept for prescribed time periods and which data should be destroyed. Archiving original scientific data enables a retrospective audit of the validity of data if challenged. It also protects reputational risk and intellectual property. Publicly sharing published data archives also promotes scientific progress when others build upon published data by performing independent analysis and interpretation. The SGC has therefore established this policy and Policy Numbers 207GS (Records Retention and Management) and 605GS (Recording of Scientific Data) to promote economy, efficiency and discipline in the creation, organization, retention and disposal of records. This policy sets forth the informational requirements of the Institute’s archive, the processes involved, and Covered Individuals’ responsibilities as it relates to scientific data.

GSSIMR participates in the Stowers Institute for Medical Research (“SIMR”) archiving system. As such, GSSIMR has adopted the same policy.

Policy
This policy applies to all scientific data generated by SGC Organizations, regardless of the medium or format in which they appear.

Definition
• “Scientific data,” as used in this policy, refers to data resulting from the conduct of research activities, including but not limited to quantitative data (e.g., graphs, recorded numbers, instrument output of any type, including photographic materials from which measurements can be made), qualitative data (e.g., notes of any type and some types of instrument output, including photographic media), and research tools (e.g., protocols in any form, computer software). In some cases there may be original samples in (e.g., biological specimens, slides) that should be documented in order to connect them to the data described above.

Records Retention Policy Regarding Scientific Data
• Original Data Repository data as defined in this policy will be retained as long as feasible.
• Physical laboratory notebooks that have been scanned will be considered “scientific data” as covered in this policy.
• Scientific data, samples and research tools have a retention period of 7 years unless governed by the following Scope of Exceptions.

Scope of Exceptions
• Data generated using external funding must follow the records retention policy or guidance of the funding agency.
• Data that is deemed to be irrelevant or not scientifically valuable may be subject to early disposal by the members who created it. Data possibly subject to early disposal may include but is not limited to instrument failure, batch run fault, lack of controls, member separation or otherwise cannot be salvaged for use.

Review of Scientific Data
• The Information Technology department will conduct a periodic crawl of Network Data Shares and populate a list of large data files that have reached the expiry date of the retention period. Laboratories and departments will have an opportunity to determine if these large files should be retained or removed.

Original Data Repository
The Institute will maintain an Original Data Repository (ODR) with entries for Covered Research according to the Informational Requirements below. Covered Individuals must comply with the Workflow specified below in a timely fashion. ODR entries will include privately and publicly accessible information to support both internal retrospective auditing and public sharing. The Institute’s Research Integrity Officer has overall responsibility for the ODR and will assign and supervise the roles of ODR Science Curator and ODR Coordinator.

Definitions
• “Original Data” – any data generated by an instrument or a person without any additional processing constitutes original data. In ambiguous cases, the Stowers Research Integrity Officer is responsible for defining Original Data based on the specific situation.
• “Reference to Primary Source” – a description allowing an interested person to trace Original Data to the location where the Original Data was first recorded. For example, the Reference to Primary Source may be a lab notebook page number, a directory path, a LIMS record number or an accession number. A directory path to a secondary recording, e.g. a second copy of a file used for processing, is not considered a Reference to Primary Source.
• “Annotation” – supplemental information that aids in the interpretation of Original Data. Examples include a description of how the Original Data has been processed or analyzed to create an image, table or movie; a description of how figure subpanels map to the Original Data; or instructions on how to open a file.
Informational Requirements
Each scientific publication of Covered Research requires registration in the Stowers’ Publication & ODR Review LIMS module (as per Policy 600R, Scientific Publication). An ODR submission must correspond to a single manuscript identified by the accession number assigned to the manuscript in the Stowers’ Publication & ODR Review LIMS module.

Required submissions
- **Original Data.** The ODR submission must provide copies of all Original Data underlying the results of a published manuscript.
- **Reference to Primary Source.** Each instance of Original Data must include an associated Reference to Primary Source.
- If data submitted in a public repository complies with the requirements for Original Data as defined in this policy, then provision of an accession number for the public repository may substitute for the Original Data and Reference to Primary Source.

Optional submissions
- **Annotation.** The association between the published result, the Original Data, and the Reference to Primary Source should achieve the standard of ready comprehension by a practicing scientist who is not an expert in the specific field of the manuscript. The Institute’s Research Integrity Officer or a designee is responsible for interpreting and applying this standard. Supplemental information in an Annotation may be used to achieve the standard.
- **Private note.** The submission may include a private note to the Research Integrity Officer, the ODR Science Curator or the ODR Coordinator.

Restrictions requested by authors
Authors may request that certain parts of the Original Data be restricted from public access.

Workflow

Prior to Manuscript Submission
- A manuscript’s **Corresponding Author** is responsible for designating a Covered Individual as the manuscript’s ODR-Responsible Author. If a manuscript’s Corresponding Author is not a Covered Individual then the Corresponding Author’s responsibilities outlined in this policy transfer to the most senior author who is a Covered Individual.
- The ODR-Responsible Author for a manuscript must register a manuscript using the Stowers’ Publication & ODR Review LIMS module prior to manuscript submission. The registration process will generate an ODR accession number.
- The ODR-Responsible Author for a manuscript must include the following statement in the acknowledgements section of the corresponding manuscript prior to submission:
  
  **Original data underlying this manuscript can be accessed from the Stowers Original Data Repository at http://www.stowers.org/research/publications/LIBPB-XXXX (insert the accession number).**
Prior to Manuscript Acceptance

- After registration and notification through the LIMS system, the ODR Coordinator will set up an ODR working data storage folder.
- The ODR-Responsible Author is encouraged to use the ODR working data storage space to collect and organize copies of Original Data during manuscript preparation and the editorial review process.

Following Manuscript Acceptance

- The ODR-Responsible Author must prepare an ODR submission within 10 working days of manuscript acceptance and verify its accuracy and completeness.
- The ODR Science Curator must review an ODR submission for compliance with the Informational Requirements and provide a written summary to the ODR-Responsible Author and Corresponding Author in a timely fashion. The primary objective of the curator’s review is to confirm that each figure component is associated with Original Data.
- The ODR-Responsible Author must address any issues raised in review within 5 working days after the ODR Science Curator’s review is complete. In responding to the review, the ODR-Responsible Author may seek further assistance from the ODR Science Curator.
- The ODR Coordinator must publicly release the submission in the ODR following publication of a manuscript. For most publications, the public release will be accomplished within seven (7) working days of the manuscript’s publication date.
- The Research Integrity Officer will review all policy compliance exception requests and will grant or deny them individually. At any time in the process, the ODR-Responsible Author or Corresponding Author may request exceptions to the informational requirements or workflow. Such exceptions may include, for example, a request to exclude, or flag as private, data normally required by this policy or additional time if justifiable.

Additional Responsibilities

The ODR Coordinator is responsible for monitoring timely adherence to this workflow, providing guidance and reminders as necessary, and troubleshooting system performance problems (i.e., LIMS issues).

The Research Integrity Officer and designees have the right to audit ODR submissions and any cited data and request revisions at any time.

Data Accessibility

Prior to public release of an ODR submission, access to the content of an ODR submission is restricted to authors/lab members, members of Library Services, the Scientific Director, the Research Integrity Officer, and designees of the Research Integrity Officer.
Public release of an ODR submission discloses the manuscript’s Authors, Affiliations, Abstract, Original Data, and Annotations. The Reference to Primary Source and Private Note fields will not be disclosed publicly.

In cases where data is difficult to partition and consists of a mixture of relevant and irrelevant data, the authors may request exceptional treatment of the data. The Research Integrity Officer will decide whether to grant any such requests.

The Institute will provide an archive of these records in its ODR as long as feasible

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
The Policy on Grants applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) to The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
This policy sets forth the roles, responsibilities, procedures, and requirements for the submission, approval, and management of grants and other external funds at the Stowers Institute for Medical Research (“SIMR”).

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own. GSSIMR contracts with SGC’s Grants Administration for action regarding this policy.

Policy
Covered Individuals, individually or collaboratively are encouraged to seek external funding for research projects that are consistent with the mission of GSSIMR and SIMR. In addition to the established procedures related to the conduct of research, the Covered Individual(s) who receives external funding has a responsibility for managing research projects and complying with all requisite rules and regulations related to the use of grant funds. Many relevant rules and regulations affecting federal research grants are promulgated through U.S. Office of Management and Budget Circulars A-110 and A-122.

Grant Application and Review Process
- identification of funding opportunities
- pre-proposal process
- proposal preparation
- proposal review and approval
- proposal submission
- award acceptance
- award set-up
- ongoing award management
- interim/annual technical and financial reports
- award close-out
- policy compliance & ongoing training
- audit
Identification of Funding Opportunities
SIMR is open to many different funding mechanisms, including research grants, consortium agreements, and subcontracts with other research institutions; travel and conference/meeting support grants; and fellowships and training grants.

- Covered Individuals holding appointments at the level of Director or Assistant, Associate and Full Investigator may submit proposals for grants to support research.
- With approval of the Scientific Director and the head of the involved laboratory, Covered Individuals holding appointments as Research Investigator, Senior Research Associate, or Research Scientist may apply as the PI or Co-PI of a grant. However, SIMR will not provide any additional support of space, research funds, or salary. The head of the involved laboratory may approve support to the successful grant applicant from that which is part of the commitment to the head of the involved laboratory by SIMR.
- Predoctoral Researchers, Postdoctoral Research Associates, Postdoctoral Fellows, and Research Specialists may apply for fellowships if sponsored by a Covered Individual at the rank of Director, Assistant, Associate, and full Investigator with approval by the Scientific Director.

Before proposals (formal) are prepared for submission to private foundations, the proposal must be cleared through the Office of the SIMR President and CEO to avoid conflicting requests being directed to the same foundation, and must be in compliance with the non-profit status of SIMR.

Pre-Proposal Process
As soon as a Covered Individual has contact with an external entity regarding a potential grant application, research collaboration, or fellowship award, Grants Administration must be contacted to initiate its role in evaluating eligibility, compliance, and requirements for the submission process.

Proposal Preparation
The Covered Individual who will serve as the Principal Investigator for a proposed research project is responsible for the preparation of the proposal. It must be in compliance with SIMR policy and the guidance supplied by the anticipated supporting entity.
While proposal formats may vary based on sponsor or award type, the following items must be incorporated into all proposals:

1. Title page: The full legal name of SIMR must appear on the front page of the proposal. The proposal must also be signed by the President and CEO of SIMR or his/her designee. The President and CEO is the only official authorized by the Board of SIMR to commit SIMR to conduct the research.
2. Fringe Benefits: Fringe benefits include such items as Social Security taxes, retirement programs, health insurance, life insurance, and disability insurance. Fringe benefit costs must be included in any research proposal for which salary support is requested. Average rates for various categories of positions are used for assessing the charges to the grant.
The Office of Grants Administration maintains information on the current fringe benefit rate.

3. Indirect Costs: Indirect Costs are costs of shared services associated with the conduct of research but not charged directly to the research project. Indirect costs must be recovered for any research project on the SIMR campus or by any Covered Individual at any location.
   - Federal: Indirect costs on Federal grants are computed on the basis of instructions from the U.S. Office of Management and Budget. The Office of Grants Administration maintains information on current indirect cost rates for on-campus and off-campus research.
   - Non-Federal: The indirect cost rate for non-Federal sponsors is generally the same as the federally negotiated rate, but it may vary depending on the sponsor. Non-federal grants with less than 10% indirect costs will not be accepted unless approved by the President and CEO.

4. Use of cooperating institution: Formal consortium agreements are prepared when any substantial portion of a research project is to be performed by another institution. In such case, the research proposal must contain a statement of work, detailed budget and justification, letter of commitment, "other support" page, and checklist from the cooperating institution. The standard consortium agreement that should be used can be obtained from Grants Administration.

Proposal Review and Approval

An application package containing the sponsor proposal must be circulated internally for approval by appropriate SGC personnel and final approval by the SIMR President and CEO prior to submission.

A request must be initiated via SIMR's electronic Laboratory Information Management System (LIMS) for approval no later than 2 weeks prior to the sponsor’s submission deadline. The purpose of internal review is: 1) for SIMR officials to indicate support of the proposal; 2) for the applicant to confirm his/her eligibility to accept the award; 3) for the applicant to identify any conflicts of interest, financial or otherwise, that may affect the project; and 4) for the applicant to identify any specific clearances that must be obtained. A draft of the research strategy or specific aims with enough information to infer the major experiments being proposed and the resources required to conduct the proposed research is sufficient at this time.

Only the SIMR President and CEO has authority to enter into formal agreements and bind the SGC. All grants made to SIMR and commitments made under these formal agreements are commitments of SIMR, and only Grants Administration acting on behalf of SIMR is empowered to request and accept grants and to contract on behalf of SIMR. Therefore, all proposals for funding for research, training, and other research-related activities made in the name of SIMR must be overseen, approved, and submitted by the Office of Grants Administration.

Grants and fellowship proposals, which seek an award in the name of Covered Individual for which SIMR will be administering or overseeing distribution of funds, must be approved and
submitted by Grants Administration. If a proposal not processed through SIMR is funded, there is the risk of the award not being accepted by SIMR. At the very least, the scientist's access to the funds may be delayed.

Prior to submission, the applicant must file an updated Statement of Significant Financial Interest (Form F202L) with the Office of the SIMR President and CEO, or verify that the previously filed statement is complete and current. Any conflicts, financial or otherwise, that might, or might appear to affect the design, conduct, or reporting of a project must be disclosed.

Any sponsor restrictions on rights to patents and inventions must be disclosed to and approved by the Office of the SIMR President and CEO prior to submission of the proposal. The intellectual property policy of SIMR covers inventions, discoveries, trade secrets, technology, and computer software developed by Covered Individuals. SIMR handles all legal and business matters involving protection and commercialization of intellectual property and shares the resulting income with the inventor. Disclosure of all new inventions or other intellectual property must be submitted to the Office of the SIMR President and CEO.

A research study funded by external grants or contracts may not be conducted in SGC facilities or by a SIMR scientist without an agreement signed by the SIMR President and CEO prior to the beginning of the study.

The following required clearances from the appropriate committee/department identified below must be obtained if applicable to the research project.

1. Laboratory Animals
   If animals are involved in the research study, the protocol must be reviewed by the Institutional Animal Care and Use Committee (IACUC), regardless of whether funding is being sought. Protocols are subject to continuing review.

2. Radioactive materials
   If the research study involves radioactive materials or exposure of personnel and/or subjects to radioactivity of any kind, including X-rays, the investigator must contact the Radioactivity Safety Officer to obtain approval.

3. Human cell lines
   If human cell lines are involved in the research, the investigator must contact the Human Protection Administrator and arrange for approval by the appropriate Institutional Review Board.

4. Biosafety or recombinant DNA
   If biosafety or recombinant DNA is involved, the principal investigator must contact the Institutional Biosafety Committee to obtain approval.

Proposal Submission
After the proposal is finalized, the completed application package or completed submission components (proposed research strategy with all supporting documents) must be uploaded to LIMS for approval by the Office of the SIMR President and CEO. Approval by the SIMR President
and CEO will be communicated to the applicant and confers permission for Grants Administration to submit the proposal. When Grants Administration is making the official submission on behalf of the applicant, a written confirmation acknowledging the sponsoring agency’s terms and providing permission to submit must be provided by the applicant to Grants Administration before submission can occur. Grants Administration may take up to one business day after receipt of the final application and acknowledgement statement to submit the application. Additionally, in the case of submissions to the NIH, Grants Administration strongly encourages an additional four-hour window to resolve administrative errors and/or warnings post-submission, per the NIH guidelines. If the pre-submission procedures outlined above have not been followed, Grants Administration will attempt to complete the submission in a timely manner but cannot guarantee its occurrence within one business day.

**Award Acceptance**

If the proposal is accepted and an agreement successfully negotiated, the award is made to SIMR and can be accepted only with the signature of the SIMR President and CEO, the official authorized to commit SIMR to conduct the research. When the notice of award is received, it must be turned over promptly to Grants Administration to begin the process to establish an account. If applicable, checks must be made out to the Stowers Institute for Medical Research and sent to the Director of Financial Accounting at P.O. Box 412411, Kansas City, MO 64141-2411. Scientists are responsible for using the correct name and address in any part of the proposal or grant documents regarding payments.

Negotiating, receiving, and processing the official awards and contracts from the above proposals are the responsibility of Grants Administration.

**Award Set-Up**

The grants accounting team will establish an account to which award related expenses will be coded in the SGC’s accounting system. At that time, Grants Administration and grants accounting will also meet with the award recipient and administrative support personnel to discuss award terms and conditions and ongoing accounting and compliance procedures.

**Ongoing Award Management**

The principal investigator of a funded research project is responsible for the day-to-day administration and direction of the research project. Accordingly, the principal investigator is obligated to read and follow all grant provisions, especially on budget limitations, safety and security, inventions, required reports, and compliance with the terms and policies of the granting agency. If other individuals are participating in the research study, the principal investigator must advise them of pertinent provisions of the grant or contract.

Grants Administration is responsible for correspondence with sponsors regarding changes to the original proposal, prior approvals (pre-award costs, budget changes, purchases of equipment not in the original budget, no-cost extensions, etc.), and transfers of awards to new investigators and/or new institutions. The grants accounting team is responsible for obtaining the final scientific progress reports. Any changes or re-budgeting must be discussed with Grants
Administration, and any correspondence addressed to the sponsor regarding the grant must be co-signed by the SIMR President and CEO.

If a Covered Individual is terminating his or her appointment with the SGC, the Office of Grants Administration must be notified immediately. If the Covered Individual wishes to request a transfer of extramural research support to another institution, specific approval must be obtained from SIMR, the institution to which the grant is to be transferred, and the funding agency.

Equipment purchased with funds from an active grant may be transferred from the SGC to another institution if the grant itself is being transferred to that institution. Equipment purchased with SGC funds is subject to the policy on “Equipment Disposition Process Upon PI Departure.”

**Interim / Annual Technical and Financial Reports**
The principal investigator is responsible for complying with all reporting requirements and filing deadlines, as specified by the sponsor in the agreement. Reports will be prepared by the principal investigator and forwarded to grants accounting for transmittal to the sponsor. Formal financial reports will be prepared by grants accounting and sent directly to the sponsor.

**Award Closeout**
The principal investigator is responsible for scientific progress or invention disclosure reports. The grants accounting team will complete and submit any required financial reports. Any budget overruns must be resolved by the principal investigator prior to closing the account.

**Policy Compliance & Ongoing Training**
To assist principal investigators in knowing and understanding their compliance obligations, SIMR regularly communicates requirements to all principal investigators and requires attendance of the principal investigators’ administrative support at certain scheduled educational sessions devoted to compliance obligations.

**A-133 Audit**
SIMR is required by federal law to undergo an annual audit to ensure the policies and procedures carried out by SIMR’s investigators and support personnel are conducted in compliance with federal regulations. This audit is coordinated by Accounting/Finance in conjunction with Grants Administration.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
800GS USE OF THE HEALTH CLUB  
Policy Number: 800GS  
Effective Date: 6/1/16  
Revised Date: 6/26/17

Scope
The Policy on the Use of the Health Club applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to establish guidelines for use of the Health Club, the Health Club equipment, and the Health Club locker rooms (collectively, “Health Club”).

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The Health Club is available for use by Covered Individuals 24 hours a day, 7 days a week. On each visit a Covered Individual (“Host”) may have one Guest who is not a family member and a reasonable number of family members as Guests. Hosts must be on the Institute premises while their Guest(s) use the Health Club and are asked to limit the number of Guests during times of peak usage.

Young children visiting the Health Club must be closely supervised by an adult at all times. Health Club lockers are available for use only by Covered Individuals. Inquiries about the availability of lockers should be made at the security desk in Building 3.

No attendant is on duty.

Covered Individuals should familiarize themselves with the proper use of Health Club equipment before using. Each piece of equipment should be inspected before use and any problems reported to Security at extension 4144. Equipment that appears to be damaged or in need of repair should not be used.

If a Covered Individual experiences a health problem while using the Health Club, he/she should press or have someone press a blue emergency alert button (located on the east and south walls between the windows and in each locker room) and/or call Security at extension 4144.

Each Covered Individual using the Health Club fully assumes, and agrees to hold GSSIMR, its affiliates, and their respective directors, officers, employees, agents and representatives harmless for all risk of injury or loss in any way resulting from or connected to the use of the
Health Club by the Covered Individual. The Covered Individual acknowledges that the Health Club equipment can cause serious injury or even death and that he/she will not be provided training, supervision or other guidance by SGC in the use of that equipment. In addition, the Covered Individual acknowledges that the use of the Health Club may pose additional health risks due to his/her individual medical condition and he/she should consult with his/her physician prior to such use or exercise. Notwithstanding these risks and others that are inherent in the use of the Health Club, the Covered Individual agrees to assume these risks and grants the releases stated herein in consideration for being permitted to use the Health Club.

A Guest may not use the Health Club unless and until he/she has first signed below and delivered the signed policy to Security.

By signing this document, Guest acknowledges that he/she has read, fully understands, and agrees to abide by this policy. Guest understands that by signing this document he/she is irrevocably waiving certain legal rights that might otherwise be available to him/her.

Guest Name (printed): __________________________________________________________
Guest Signature: __________________________________________________________________
Host Name (printed): ____________________________________________________________
Host Signature (if Guest is under age 18): __________________________________________
Date: __________________________________________________________________________

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
801GS Facility Use  
Policy Number: 801GS  
Effective Date: 6/27/17  
Revised Dates:

Scope
This Policy on Facility Use applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The Stowers Institute for Medical Research conducts basic research on genes and proteins that control fundamental processes in living cells to unlock the mysteries of disease and find the keys to their causes, treatment, and prevention. The SIMR campus is designed to provide its scientists with the ideal environment and tools for carrying out this mission. The SGC’s facilities provide a forum for members of the worldwide scientific community and other individuals and organizations to come together to share ideas that promote the SIMR mission. This Facility Use Policy provides guests with the SGC’s guidelines and procedures for the use of its facilities.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Eligibility
The SGC Organizations are nonprofit organizations and its facilities are financed with tax-exempt bonds. The SGC is, therefore, subject to many rules and restrictions on the manner in which they operate and who may use its facilities. Specifically, the SGC may not participate in, or intervene in, any political campaign on behalf of (or in opposition to) any candidate for public office, nor may it devote more than an insubstantial portion of its time and money to activities that attempt to influence legislation. Further, the SGC’s assets and facilities may not be used more than a very limited amount for activities that do not exclusively further its exempt medical research activities. Therefore, commercial, for-profit and personal use is restricted. The President and CEO of SIMR, working with the SGC’s legal counsel, will determine whether a proposed use of its facilities is allowed and will make the final decision whether to approve such proposed use.

In accordance with the above restrictions, the SGC’s facilities may be used for meetings, activities, and events by any nonprofit organization with a purpose that relates to the conduct of scientific research. (Such organization and its members, officers, directors, and invitees are referred to herein as “guests.”) In general, the SGC will not grant permission to use its facilities to any for-profit organization regardless of the type of meeting, activity, or event, nor will it grant permission to use its facilities to any nonprofit organization for any activity that advances a particular religious doctrine, any political campaign activity (e.g., fundraising speeches, rallies, or
candidate appearances), activities to influence legislation (e.g., conferences with legislators or their staff, or use of facilities for planning meetings), any for-profit or personal use (e.g., corporate-sponsored luncheons, sales presentations of goods or services, or social events not related to the SGC’s exempt activities), or any event for which there is an attendance fee for participants. In addition, the SGC will neither grant nor deny permission to use its facilities for any reason that discriminates on the basis of race, creed, color, religion, gender, sexual orientation, pregnancy, national origin, age, disability, military status, or other impermissible basis.

Available Facilities
The following areas are available for use by guests:

- **Classroom** - The Classroom accommodates 55-100 people in a lecture-style setting. A podium is available at the front of the room along with a wall-mounted white board and a 10-foot pull-down front-projection screen with projector. Audiovisual capabilities include digital imaging and overhead projection, PowerPoint presentation, computer screen display from PC or MAC laptop and PC local computer, Web access, VCR, DVD, and wired and wireless microphone systems.
- **Board Room** - The Board Room accommodates 20 people around a large table. Additional chairs can be placed around the perimeter of room. The room includes a 10-foot projection screen and projector, digital imaging and overhead projection, PowerPoint presentation, computer screen display from PC or MAC laptop and PC local computer, Web access, VCR, and DVD.
- **Virginia G. Stowers Conference Room** - The Virginia G. Stowers Conference Room accommodates 16 people around a rectangular table. The room includes a 50-inch flat screen for PowerPoint presentation and VCR projection along with a pull-down projection screen that can be used for video, slide, and overhead projection (guests must supply projection equipment).
- **Auditorium** – The Auditorium accommodates 200 people in a theatre-style setting. Audiovisual capabilities include one front-screen projector (20x10 feet), computer screen display from PC or MAC laptop and local computer, surround-sound processing, three slide projectors, one slide-to-video converter, one overhead projector, wired and wireless microphones, document camera, VCR, DVD, and three translator booths.

SGC Campus
Access by the general public to the SGC’s campus is limited to the water garden on the west side of the SIMR Brush Creek Campus and will be permitted during daylight hours. Organized events will require the prior written approval of the SGC in accordance with this Policy.

Facility Use Application
Requests for use of the SGC’s facilities must be made on Form F801FSa, Facility Use Application. Approval is at the sole discretion of the SGC. The approval of previous similar activity does not ensure future accommodation.
Operating Times
The facilities described above will be available for use Monday through Sunday, (excluding holidays) depending on the individual request. A representative from the SGC will determine if the request is appropriate.

Advertising, Publicity, and Marketing Materials
Any advertising, publicity, or marketing undertaken by guests in connection with an approved activity must be approved in advance by the SGC. In general, guests may not promote, in any such advertising, publicity, or marketing, including through the use of logos in distributed materials or through the use of displays, any for-profit entity or for-profit or commercial activity, any particular religious doctrine, any political campaign activity or any activity to influence legislation, and may not use the name of any SGC Organization except in the description of the location.

Safety and Security
Security officers will be on duty 24 hours per day, seven days per week. All guests using the SGC’s facilities must comply with all security and safety precautions, procedures, and instructions. Guests who violate such precautions, procedures, and instructions will be asked to leave the premises. For safety and security reasons, guests must be accompanied by an escort when visiting areas of the SGC’s campus other than those approved for the guest’s use.

Set-Up and Fees
Physical preparations of the facilities for any activity, including any equipment and supplies to be used in connection with the activity, must be approved in advance by the SGC. Audiovisual equipment will be pre-configured by SGC members after the request for use is approved. SGC staff may be required to operate equipment, or to supervise others operating the equipment. No SGC fixtures or objects may be moved except by SGC members. Guests may not install decorations except under the direct personal supervision of a member of the SGC. All decorations must be freestanding; nothing may be affixed to the walls, fixtures, or objects.

Fees will be charged as follows:

- Housekeeping (7:00 a.m. to 5:00 p.m. Monday-Friday- $50 per hour)
- Housekeeping (After 5:00 p.m. Mon-Fri or weekends- $26 per cleaner per hour)
- Security (anytime - $30 per hour)
- Use of audiovisual equipment (anytime - $50 per hour per room)
- Additional fees will be assessed for special arrangements

The SGC will estimate the fees on Form F801FSb, Facility Use Fees, and a representative of the guest will approve the estimate prior to an event. A representative of the guest will sign Form F801FSb, Facility Use Fees, on the day of an event to validate the number of hours to be charged. Fees are due and payable to Stowers Resource Management within one week following an event.
Food and Beverage Service
If food or beverages are to be served, the SGC must approve all arrangements in advance. All arrangements for, and payment of, food and beverage services will be the responsibility of the guest. All food and beverage service must be provided by an SGC caterer listed on the Facility Use Application, except by special arrangement with the SGC.

Normal policy of the SGC is that alcohol will not be served at functions held at the SGC. Events serving alcoholic beverages must comply with the following guidelines:

- Arrangements must be discussed with the Events Coordinator and approved by the SGC prior to the event.
- Guests cannot be charged admission to the event or be required to make a donation, contribution, or other payment to the event sponsor in order to attend, and there cannot be a charge for the alcoholic beverages (e.g., a cash bar).
- Trained and licensed staff/contractors of the caterer must serve the alcohol at all times and be responsible for checking identifications of those being served. Guests may not remove alcohol from the premises.
- Food and non-alcoholic beverages must always be available.
- At least one individual from the alcohol caterer must be present at all times when alcohol is being delivered, prepared, served, and disposed.

Smoking
Smoking is prohibited in all SGC facilities and on the SGC grounds. The SGC does not offer any designated smoking areas.

Parking
The SGC’s facilities include a 566-space parking garage. During normal business hours, the first level of the parking garage is available for guests on a first-come, first-serve basis. At all other times, the entire parking garage will be available.

Guest Needs
Telephones are available for guest use. Guests should inquire at the Security Desk for directions to the nearest phone. A wheelchair is available for guest use.

Compliance with Laws
Facility use must comply with any applicable federal, state and local law, ordinance, rule, or regulation.

Liability
Guests agree to indemnify, defend, and hold harmless the SGC and its officers, directors, agents, and employees from and against any and all claims, demands, losses, costs, damages, or liability of any nature or character arising from or incidental to the use of the SGC’s facilities, including without limitation any and all claims or liability for the theft, loss, or damage from any cause whatsoever to the property of such guests or any of their members, officers, directors, or
invitees. In addition, guests agree to pay all costs necessary to return the relevant facilities to the SGC in the same condition as received, as well as all costs to repair or replace property damaged or removed during such activity.

Notwithstanding anything to the contrary set forth herein, guests acknowledge and agree that the SGC will be under no obligation to provide security guards for an SGC building or any other portion of its premises and guests further agree to release the SGC from any and all liability in connection with the SGC’s decision not to provide any such security guards.

Inquiries
For more information about the SGC’s facilities and their availability for use, please refer to contact information on the Facility Use Application.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.


802GS TOBACCO-FREE CAMPUS
Policy Number: 802GS
Effective Date: 6/1/16
Revised Dates: 6/26/17

Scope
This Policy on Tobacco-Free Campus applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR’’).

This Policy also applies to visitors who may have reason to enter and be present on the Stowers Group of Companies (“SGC”) campus.

Purpose
The personal health hazards related to tobacco products, which include, but are not limited to, smoking (cigarettes, pipes, cigars, etc.) and/or using smokeless tobacco (snuff, chewing tobacco, etc.) have been well-documented. In recent years, electronic cigarettes have become popular as well. Due to the acknowledged hazards arising from the use of tobacco and other smoking products, the SGC is committed to discouraging the use of tobacco products and encouraging a safe and healthy work environment that is free from the use of tobacco and smoke. Covered Individuals are encouraged to access tobacco cessation assistance via programs offered by the SGC’s medical carrier, Blue Cross BlueShield of Kansas City.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
The use of tobacco, in any form, is prohibited in all SGC facilities and on the SGC campus including GSSIMR. SGC facilities are defined as common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, food service facilities, employee lounges, stairs, restrooms, vehicles, the parking garage, and all facilities owned by the SGC.

The SGC does not offer any designated areas for the use of any tobacco or smoking products.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
803GS USE OF THE FAMILY LOUNGE

Policy Number: 803GS
Effective Date: 6/1/16
Revised Date: 6/26/17

Scope
This Policy on Use of the Family Lounge applies to faculty, staff, predoctoral researchers, summer scholars and applicants ("Covered Individuals") of The Graduate School of the Stowers Institute for Medical Research ("GSSIMR").

For purposes of this policy, anyone under 18 years of age is considered a child.

Purpose
The SGC has a designated Family Lounge in Building 3, Room 120 for Covered Individuals, their family members, guests, and responsible adults caring for children of Covered Individuals.

GSSIMR is included in the Stowers Group of Companies ("SGC") Organizations and has adopted the following policy as its own.

Policy
Covered Individuals, family members, guests, and responsible adults who wish to use the Family Lounge must check-in with Security in Building 3 to complete and sign the Family Lounge Registration and Release Form 803FSa for approved access.

If a responsible adult, other than the parent, has the primary role of caregiver for a child, a Covered Individual who is the parent and the caregiver must complete and sign the Family Lounge Caregiver Release Form 803FSa.

Upon completion of the required forms, family members, guests, or responsible adults will receive an access card to the Family Lounge. Upon departure from the Family Lounge the access card must be immediately returned to Security.

Children of Covered Individuals must be supervised by a parent or responsible adult while in the Family Lounge.

Only the caregiver assigned to watch the child or parents of a child may take the child from the Family Lounge.

In consideration of others, children who are ill or contagious must not visit the Family Lounge.
When going to or departing from the Family Lounge, children must be accompanied by a parent or a responsible adult on the elevators, in corridors, and when going to the restroom (see Policy Number 303 for additional guidance regarding Children on the Premises).

Under all circumstances, children are the responsibility of a parent or a responsible adult when on the premises.

Covered Individuals must be on the premises whenever their family members, guests, and responsible adults caring for their children are in the Family Lounge.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
The Policy on Vehicle Parking applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The purpose of this policy is to describe the areas where Covered Individuals, visitors, Covered Individuals with a Disability, and Covered Individuals with special circumstances may park their vehicles while at a SGC Organization, including GSSIMR.

GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
General Member Parking
- **Member Parking Areas** - Covered Individuals may park their vehicles in the gated areas of the SGC parking garage, the west parking lot by Research Building 1, the open lot at the SSF and any space marked “Member Parking.”
- **Use of Visitor Parking Spaces** - Unless otherwise notified by Security, Covered Individuals are permitted to park in Visitor parking areas on weekday evenings between the hours of 7:00 p.m. and 7:00 a.m., all day on weekends, and SGC-designated holidays. In exceptional circumstances, members may ask Security for permission to park in Visitor spaces on a short-term basis.
- **15 Minute Short Term Parking** - A parking space for up to 15 minutes is provided for a member’s convenience. Parking in this space is limited to no more than 15 minutes at all times.
- **No Parking Zones** - Parking in the circular drive in front of the Administration Building or the Research Buildings is prohibited at all times. These areas must remain clear for emergency vehicles.
- **Overnight Parking** - Covered Individuals who need to leave a vehicle in the SGC parking garage for more than one week are required to notify Security in advance of leaving the vehicle.
- **Vehicle Registration** - All Covered Individuals must obtain a decal from Security for each vehicle that is parked at the SGC by completing and submitting a Vehicle Registration form that is available on Helix under the Security Section on the Resources tab. Covered
Individuals should properly display a registration decal at all times in the lower corner of the rear window on the passenger side, and notify Security of any vehicle change.

**Permit Only Member Parking**
Covered Individuals whose job duties require frequent use of their vehicles in the normal course of daily activities may have access to a designated “Permit Only” parking area. To request access to this area, a Covered Individual should complete and submit a Request for Permit Only Parking form. Requests will be regularly reviewed and consideration given to Covered Individuals who are required to frequently travel to and from the SSF or other off-site locations; have teaching, committee, and/or other assigned duties at affiliated institutions, local businesses, or government offices; have a long-term or temporary disability; or have other special needs. Permits will be issued for the duration of the need. If approved, a Covered Individual will receive the permit from Security. Members are expected to make a good faith effort to use the “Permit Only” spaces only when needed.

**Visitor Parking**
Visitor parking areas are reserved for authorized visitors and guests. Covered Individuals who have been issued a badge with their picture are not permitted to park in the visitor parking areas. After parking in a designated “Visitor” parking space, the visitor should check in at the Security Desk in the Administration Building or Research Building 3.

**Change in Space Designation**
The designation of parking spaces on the first floor, 2nd floor and B1 level of the garage may change from time to time. To accommodate short- or long-term changes in needs, spaces may be switched among the designations of “Member,” “Visitor” and “Permit Only.”

**Handicapped Parking**
Covered Individuals with a disability may park in one of the designated spaces with a Stowers Institute parking permit and a Department of Motor Vehicles (DMV) issued placard hung from the rearview mirror or a state-issued disabled license plate.

**Bicycle and Motorcycle Parking**
The SGC has designated parking areas for motorcycles and bicycles. Covered Individuals must park their vehicles in the designated areas. Motorcycles are not required to display a parking decal but should be registered with Security.

**Waiver of Liability**
GSSIMR and/or SGC are not liable for any vehicle damage or theft sustained on any SGC property.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.
Scope
The Emergency Action Plan Policy applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“GSSIMR”).

Purpose
The Stowers Group of Companies (“SGC”) has developed an Emergency Action Plan for Covered Individuals in case of an unanticipated event. The Emergency Action Plan includes, but is not limited to the following:

- Fire
- Earthquake
- Medical Emergency
- Workplace Violence
- Disaster Evacuation
- Suspicious Letter or Package
- Tornado and Severe Weather
- Hazardous Material Spills
- Public Utility Emergencies
- Bomb Threat


GSSIMR is included in the Stowers Group of Companies (“SGC”) Organizations and has adopted the following policy as its own.

Policy
Upon notification that immediate action is required because of an unanticipated event, Covered Individuals should use the appropriate Emergency Action Plan or take other action as necessary for their own safety and the safety of others on the SGC property.

Covered Individuals are expected to be familiar with the Emergency Action Plan and to comply with all warnings, alarms, signs, and signals upon notification of an emergency or impending danger.
This policy was approved by the GSSIMR Board of Directors on September 5, 2018. This policy will be reviewed by the GSSIMR Board of Directors in 2021.