

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the Secretary****Findings of Research Misconduct****AGENCY:** Office of the Secretary, HHS.**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

*Shuang-Qing Zhang, Ph.D., Texas Tech University Health Sciences Center:* Based on the report of an investigation conducted by the Texas Tech University Health Sciences Center (TTUHSC) and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Shuang-Qing Zhang, former Postdoctoral Researcher, Department of Pharmaceutical Sciences, TTUHSC, engaged in research misconduct in research supported by National Institute of General Medical Sciences (NIGMS), National Institutes of Health (NIH), grant R01 GM069869.

ORI found that Respondent engaged in research misconduct by the falsification and fabrication of plagiarized data that were included in the publication: Zhang, S.Q. & Mehavr, R. "Determination of dextra-methylprednisolone conjugate with glycine linker in rat plasma and liver by high-performance liquid chromatography and its application in pharmacokinetics." *Biomed. Chromatogr.* 24(4):351–357, 2010 (hereafter the "BC 2010 article"). Specifically, ORI found that the Respondent:

- Falsified Figures 2(c) and 3(c) of the BC 2010 article by misrepresenting HPLC data that he had plagiarized, originally generated prior to the Respondent's arrival in the laboratory by a former postdoctoral researcher; in Figure 2(c), the Respondent claimed that the HPLC chromatogram was of a "plasma sample obtained 12 h after intravenous injection of DMP to rats at a single dose of 5 mg/kg," while the actual chromatogram was of a calibration test of 1 µg/ml of DMP added to rat plasma, and similarly in Figure 3(c), the Respondent claimed that the HPLC chromatogram was of a "liver homogenate obtained 3 h after intravenous dose of DMP at a dose of 5 mg/kg," while the actual chromatogram was of a calibration test of 2 µg/ml DMP added to rat liver homogenate.

- Falsified and fabricated Figure 4 of the BC 2010 article; in the top panel, the Respondent reported the measurement of DMP concentrations in plasma

samples of three rats after a single injection of 5 mg/kg DMP while the actual data that he had plagiarized, originally generated prior to the Respondent's arrival in the laboratory by a former postdoctoral researcher, was from a single rat. In the bottom panel, the Respondent reported the measurement of DMP concentrations in liver samples obtained from three rats at 1, 30, 90, 180, 300, and 720 minutes after a single injection of 5 mg/kg DMP, requiring a total of 18 rats, while the actual data that he had plagiarized, originally generated prior to the Respondent's arrival in the laboratory by a former postdoctoral researcher, was from plasma samples from a single rat, and the error bars for both panels were fabricated.

Dr. Zhang has entered into a Voluntary Settlement Agreement and has voluntarily agreed:

(1) To have his research supervised for a period of three (3) years; Respondent voluntarily agrees that within sixty (60) days of the effective date of the Agreement, any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses the Respondent in any capacity on PHS supported research, or that submits a report of PHS-funded research in which the Respondent is involved, must concurrently submit a plan for supervision of the Respondent's research to ORI for approval; Respondent agrees that he will not participate in any PHS-supported research after sixty (60) days from the effective date of the Agreement until an appropriate supervision plan is submitted to ORI; the supervision plan must be designed to ensure the scientific integrity of the Respondent's research contribution; and

(2) to exclude himself voluntarily from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for a period of three (3) years, beginning on December 4, 2012.

**FOR FURTHER INFORMATION CONTACT:**

Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453-8800.

**David E. Wright,**

*Director, Office of Research Integrity.*

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**BILLING CODE 4150-31-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the Secretary****Findings of Research Misconduct****AGENCY:** Office of the Secretary, HHS.**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

*Martin Biosse-Duplan, D.D.S., Ph.D., Harvard School of Dental Medicine:* Based on the report of an investigation conducted by the Harvard School of Medicine (HSM) and Harvard School of Dental Medicine (HSDM), the admission of the Respondent, and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Martin Biosse-Duplan, former Research Fellow, Department of Oral Medicine, Infection, and Immunity, HSDM, engaged in research misconduct in research supported by National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institutes of Health (NIH), grant R01 AR054450.

ORI found that the Respondent engaged in research misconduct involving one (1) laboratory presentation and two (2) published abstracts:

- Boisse-Duplan, M., Stephens, S., Lai, F.P.L., Oelkers, M., Kitamura, D., Rottner, K., Horne, W., & Baron, R. "The Association Between the Microtubule Plus End Protein EB1 and Cortactin Controls Podosomes and Bone Resorption." *J Bone Min Res* 26:Supl.1, pS215.

- Boisse-Duplan, M., Stephens, S., Lai, F.P.L., Oelkers, M., Rottner, K., Horne, W., & Baron, R. "In Osteoclasts, Dynamic Microtubules and their Associated Protein EB1 Control Podosomes and Bone Resorption through Cortactin." *Bone* 48:Suppl. 2, pS97.

As a result of HSM's and HSDM's investigation, the data were not presented at the meetings and the experiments reported in the abstracts are being redone.

Specifically, ORI finds that Respondent:

- Falsified Powerpoint slides and spreadsheets for histomorphometric and microCT results by using the values of HS1 knockout (KO) mice and their controls to represent the CathepsinK cre-Cortactin KO mice and their controls; Dr. Biosse-Duplan also switched two sets of numbers between the HS1 KO mice and their controls to

falsely demonstrate a difference in bone density when there was none. The numerical data were presented at a lab meeting, and false text was included in two submitted meeting abstracts published in *Bone* 48:Suppl 2, pS97 and *J Bone and Mineral Research* 25:Suppl 1, pS215.

Both the Respondent and HHS want to conclude this matter without further expenditure of time or other resources and have entered into a Voluntary Settlement Agreement (Agreement) to resolve this matter.

Dr. Boisse-Duplan has entered into a Voluntary Settlement Agreement and has voluntarily agreed:

(1) That if within two (2) years from the effective date of the Agreement Respondent does receive or apply for PHS support, Respondent agrees to have his research supervised for a period of two (2) years beginning on the date of his employment in a research position in which he receives or applies for PHS support and to notify his employer(s)/ institution(s) of the terms of this supervision; Respondent agrees that prior to the submission of an application for PHS support for a research project on which the Respondent's participation is proposed and prior to Respondent's participation in any capacity on PHS-supported research, Respondent shall ensure that a plan for supervision of Respondent's duties is submitted to ORI for approval; the supervision plan must be designed to ensure the scientific integrity of Respondent's research contribution; Respondent agrees that he shall not participate in any PHS-supported research until such a supervision plan is submitted to and approved by ORI; Respondent agrees to maintain responsibility for compliance with the agreed upon supervision plan;

(2) That if within two (2) years from the effective date of the Agreement, Respondent does receive or apply for PHS support, Respondent agrees that any institution employing him shall submit, in conjunction with each application for PHS funds, or report, manuscript, or abstract involving PHS-supported research in which Respondent is involved, a certification to ORI that the data provided by Respondent are based on actual experiments or are otherwise legitimately derived and that the data, procedures, and methodology are accurately reported in the application, report, manuscript, or abstract; and

(3) To exclude himself voluntarily from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or

as a consultant for a period of two (2) years, beginning on December 4, 2012.

**FOR FURTHER INFORMATION CONTACT:**

Director, Office of Research Integrity,  
1101 Wootton Parkway, Suite 750,  
Rockville, MD 20852, (240) 453-8200.

**David E. Wright,**

*Director, Office of Research Integrity.*

[FR Doc. 2012-31275 Filed 12-27-12; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office Of The Secretary**

**Notice of Interest Rate on Overdue Debts**

Section 30.18 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and Human Services becomes entitled to recovery. The rate cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities" unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the **Federal Register**.

The current rate of 10 ⅜%, as fixed by the Secretary of the Treasury, is certified for the quarter ended September 30, 2012. This interest rate is effective until the Secretary of the Treasury notifies the Department of Health and Human Services of any change.

Dated: December 17, 2012.

**Margie Yanchuk,**

*Director, Office of Financial Policy and Reporting.*

[FR Doc. 2012-31284 Filed 12-27-12; 8:45 am]

**BILLING CODE 4150-04-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30Day-13-12NT]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Early Hearing Detection and Intervention—Pediatric Audiology Links to Service (EHDI-PALS) Facility Survey—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Division of Human Development and Disability, located within NCBDDD, promotes the health of babies, children, and adults, with a focus on preventing birth defects and developmental disabilities and optimizing the health outcomes of those with disabilities. Since the passage of the Early Hearing Detection and Intervention (EHDI) Act, 97% of newborn infants are now screened for hearing loss prior to hospital discharge. However, many of these infants have not received needed hearing test and follow up services after their hospital discharges. The 2009 national average loss to follow-up/loss to documentation rate is at 45%. This rate remains an area of critical concern for state EHDI programs and CDC-EHDI team's goal of timely diagnosis by 3 months of age and intervention by 6 months of age. Many states cite the lack of audiology resource as the main factor behind the high loss to follow up. To compound the problem, many pediatric audiologists may be proficient evaluating children age 5 and older but are not proficient with diagnosing infants or younger children because children age 5 and younger requires a different skill set. To date no existing literature or database is available to help states verify and quantify their states' true follow up capacity.