Do **not** use this form if:

• you are an undergraduate; instead, go to: http://ors.duke.edu/undergraduate-research, or



Request for Protocol Approva Expedited Review or Full Review

• your research activities are limited to analysis of data collected by someone else; instead, go to http://ors.duke.edu/Research-with-Human-Subjects/forms for the "Secondary Analysis of Existing Data" form.
Check the type of review requested, or leave blank for IRB staff: [] Expedited Review [] Full Review
 Submit this form and required attachments: Mail Parts A and B with original signatures to: Office of Research Support, Suite 710, Erwin Square, 2200 West Main Street, Durham, NC 27705. Send Parts A, B, your project description prepared using the instructions in Part C, and any appendices as one Word file by e-mail to ors-info@duke.edu.
Contents: A. Investigator and Project Information B. Investigator Assurances C. Instructions for Preparing Research Description and Appendices
A. Investigator and Project Information
Project Title: Saving with Lotteries
Fill in one box below as appropriate.
Research by Faculty or Administrators Investigator(s):
[] Faculty [] Administrator [] Other Research Staff:
(Add more lines if needed)
Research by Graduate Students, Post-Doctoral Researchers, and Their Advisors Student/Fellow Investigator(s) Seher Merve Akbas
[X] Graduate Student [] Postdoctoral Fellow
Department/School: Economics E-mail: merve.akbas@duke.edu Phone: 919-328-0080
(Add more lines if needed)
Faculty Advisor(s)Dan Ariely
Department/School: Fuqua School of Business

Project Information:

2. If Federally Funded, Proposal/Grant Number: 3. Research Site: Kenya 4. Will the research take place in public elementary or secondary schools? □Yes □ No If yes, are the schools in the Durham? □ Yes □ No 4. Potentially Vulnerable Subject Populations: Please check all that apply (if any). □ Minors, as defined at research site (under 18 years old in NC) □ Psychology and Neuroscience Undergraduate Subject Pool □ Other Duke research subject pool. Please specify: □ Students or employees of the researcher □ Prisoners B. Assurances (Original signatures are required for final approval.) Section 1: All researchers. Section 2: Responsible advisors for research by students and fellows. Section 1: Investigator(s) Assurance (Required for all researchers listed in Part A, Investigator and Project Information) I affirm the following: a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator(s), and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. I/2/1014	1. Source of Funding: Self Funded (If research is externally funded, submit a	copy of the a	pplication or the award.)
4. Will the research take place in public elementary or secondary schools? □Yes □ No If yes, are the schools in the Durham? □ Yes □ No 4. Potentially Vulnerable Subject Populations: Please check all that apply (if any). □ Minors, as defined at research site (under 18 years old in NC) □ Psychology and Neuroscience Undergraduate Subject Pool □ Other Duke research subject pool. Please specify: □ Students or employees of the researcher □ Prisoners ■ B. Assurances (Original signatures are required for final approval.) Section 1: All researchers. Section 2: Responsible advisors for research by students and fellows. Section 1: Investigator(s) Assurance (Required for all researchers listed in Part A, Investigator and Project Information) I affirm the following: a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator[s], and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. I/2/2014 Investigator Laffirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study.	2. If Federally Funded, Proposal/Grant Number:		
If yes, are the schools in the Durham? O Yes O No 4. Potentially Vulnerable Subject Populations: Please check all that apply (if any). O Minors, as defined at research site (under 18 years old in NC) O Psychology and Neuroscience Undergraduate Subject Pool O Other Duke research subject pool. Please specify: O Students or employees of the researcher Prisoners B. Assurances (Original signatures are required for final approval.) Section 1: All researchers. Section 2: Responsible advisors for research by students and fellows. Section 1: Investigator(s) Assurance (Required for all researchers listed in Part A, Investigator and Project Information) I affirm the following: a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator[s], and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. Investigator I affirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study.	3. Research Site: Kenya		
 Minors, as defined at research site (under 18 years old in NC) □ Psychology and Neuroscience Undergraduate Subject Pool Other Duke research subject pool. Please specify: □ Students or employees of the researcher □ Prisoners B. Assurances (Original signatures are required for final approval.) Section 1: All researchers. Section 2: Responsible advisors for research by students and fellows. Section 1: Investigator(s) Assurance (Required for all researchers listed in Part A, Investigator and Project Information) I affirm the following: a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator[s], and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until Treceive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. I/2/2014 Investigator Investigator Investigator (Add more lines if needed) Section 2: Faculty Advisor: I affirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study.<td>· · · · · · · · · · · · · · · · · · ·</td><td>-</td><td>schools? □Yes □ No</td>	· · · · · · · · · · · · · · · · · · ·	-	schools? □Yes □ No
Section 1: All researchers. Section 2: Responsible advisors for research by students and fellows. Section 1: Investigator(s) Assurance (Required for all researchers listed in Part A, Investigator and Project Information) I affirm the following: a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator[s], and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. I/2/2014 Date (Add more lines if needed) Section 2: Faculty Advisor: I affirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study.	 □ Minors, as defined at research site (under 18 years o □ Psychology and Neuroscience Undergraduate Subje □ Other Duke research subject pool. Please specify: □ Students or employees of the researcher 	ld in NC) ct Pool	
Section 1: Investigator(s) Assurance (Required for all researchers listed in Part A, Investigator and Project Information) I affirm the following: a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator[s], and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. I/2/2014 Date (Add more lines if needed) Section 2: Faculty Advisor: I affirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study.	B. Assurances (Original signatu	ures are req	uired for final approval.)
Project Information) I affirm the following: a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator[s], and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. Investigator I affirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study. Date 1/2/13		nts and fellow	rs.
a. The research will not be initiated until written approval is secured from the IRB. (Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator s , and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. I/2/2014 Date (Add more lines if needed) Section 2: Faculty Advisor: I affirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study. I/2/13 I/2/13	3 ()	all researcher	rs listed in Part A, Investigator and
will not be provided unless certification to conduct research with human subjects is current for the investigator s , and if the investigator is a student, the advisor's certification is also current.) b. I will conduct this study as described in the approved protocol. If any changes are anticipated, I will submit a Request to Amend an Approved Protocol, and I will not implement the changes until I receive approval from the IRB. I will contact the IRB staff immediately if any of the following events occur: unanticipated problems involving risks to subjects, protocol deviations, and findings during the study that would affect the risks participation in the study. I/2/2014	<i>I affirm</i> the following:		
Investigator Date (Add more lines if needed) Section 2: Faculty Advisor: I affirm that that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study. Date (Add more lines if needed) 1/2/13	will not be provided unless certification to conduct investigator[s], and if the investigator is a student, to b. I will conduct this study as described in the apsubmit a <i>Request to Amend an Approved Protocol</i> , and approval from the IRB. I will contact the IRB staff im unanticipated problems involving risks to subjects, proaffect the risks participation in the study.	research with the advisor's proved protod I will not in mediately if otocol deviati	th human subjects is current for the secretification is also current.) col. If any changes are anticipated, I will applement the changes until I receive any of the following events occur:
Section 2: Faculty Advisor: I affirm that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study. 1/2/13			(Add lines if dad)
I affirm that I have read and approved the protocol, and I assume responsibility (1) for ensuring that student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study. [Natural Protocol Advisor of Protoc		Date	(Add more lines if needed)
student researchers are aware of their responsibilities as investigators, and (2) that the IRB will be immediately informed in the event of research-related unanticipated risks, protocol deviations, or findings during the study that would affect the risks of participation in the study. 1/2/13	·		
	student researchers are aware of their responsibilities a informed in the event of research-related unanticipated that would affect the risks of participation in the study	as investigato d risks, protoc	ors, and (2) that the IRB will be immediately
Faculty Advisor Date (Add more lines if needed)	Can provide	1/2/13	
	Faculty Advisor	Date	(Add more lines if needed)

FOR IRB USE ONLY		
Approved as: Full [] Expedited []		
APPROVAL: IRB Member or Human Subjects Program Director	Date	