

Do **not** use this form if:

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



Request for Protocol Approval
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

☒ 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_ E-mail: _dandan@duke.edu Phone: 660-7703

Project Information:

1. Source of Funding: Self Funded _____
(If research is externally funded, submit a copy of the application or the award.)

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.

Investigator




Date

1/2/2014

(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.



Faculty Advisor

Date

1/2/13

(Add more lines if needed)

FOR IRB USE ONLY

Approved as: Full [] Expedited []

APPROVAL: _____
IRB Member or Human Subjects Program Director

Date _____