Do **not** use this form if:

* you are an undergraduate; instead, go to: *http://ors.duke.edu/undergraduate-research*, or
* 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](mailto:ors-info@duke.edu).

**Contents:**

1. Investigator and Project Information
2. Investigator Assurances
3. 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](mailto: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:

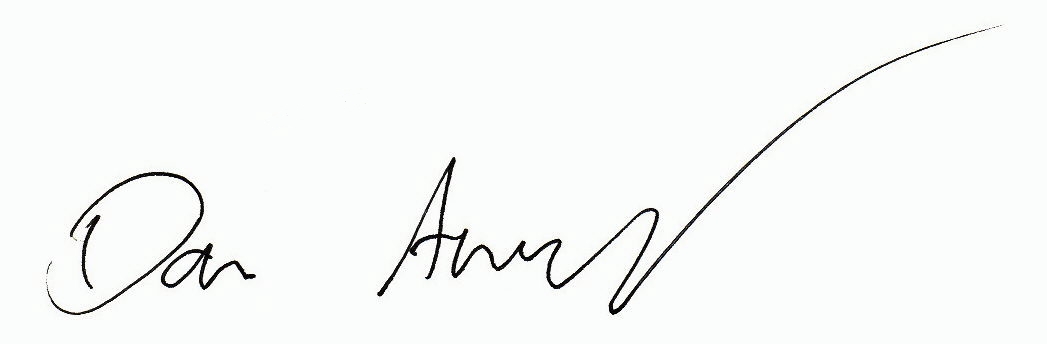
1. The research will not be initiated until written approval is secured from the IRB. **(Note: Approval will not be provided unless certification to conduct research with human subjects is current for the investigator[s], and if the investigator is a student, the advisor’s certification is also current.)**
2. 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 *(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.

 1/2/13

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Faculty Advisor Date *(Add more lines if needed)*

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**For IRB use only**

Approved as: Full [ ] Expedited [ ]

APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**IRB Member or Human Subjects Program Director Date**