

INSTITUTIONAL REVIEW BOARD Supplemental Form C

Request for Approval of Deception in Research

Principal Investigator:
Study Title:
PI Address:
PI Telephone / Email:
Date of Submission:
Are the risks to subjects in this research greater than minimal?
Yes. If YES, DECEPTION CANNOT BE USED IN THIS RESEARCH.
No. If No, go on to question #2.
2. Explain why deception is necessary in this research (i.e., why no non-deceptive alternative could be used to answer the research question(s)):
3. Explain why you believe deception is justifiable in this research, touching on these points: (a) the value of the research outweighs the harm associated with deception, (b) the deception is not expected to cause pain or significant emotional distress, and (c) the deception is not about something that would likely have affected participants' willingness to enter the study.



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4. Describe how and when participants will be told that they were deceived the study. This debriefing should include explicitly providing participants at study upon learning of the deception.		
If this debriefing will be at least partly in writing, please also attach th	ne debriefing form participants will receive.	
Principal Investigator Acknowledgement		
P.I.'s Name:	Date:	
Electronic Signature:		
Facility Advisor Acknowled	lgement	
Facility Advisor's Name:	Date:	
Electronic Signature:		

Please save a copy of the form for your records and submit the final form electronically by clicking the "Submit Form" to the left or at top of page.