**Request for Approval of Deception in Research**

# Principal Investigator: Study Title:

**PI Address:**

**PI Telephone / Email: Date of Submission:**

1. 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.

1. Explain why deception is necessary in this research (i.e., why no non‐deceptive alternative could be used to answer the research question(s)):
2. 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.

**Facility Advisor Acknowledgement**

Facility Advisor’s Name:

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1. Describe how and when participants will be told that they were deceived and given the correct and full information about the study. This debriefing should include explicitly providing participants an opportunity to withdraw their data from the study upon learning of the deception.

# If this debriefing will be at least partly in writing, please also attach the debriefing form participants will receive.

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| **Principal Investigator Acknowledgement** |
| P.l.’s Name: |  | Date: |  |  |
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| Electronic Signature: |  |  |

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| **Faculty Advisor's Acknowledgement** |
| Faculty Advisor's Name: |  | Date: |  |  |
|  |
| Electronic Signature: |  |  |

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