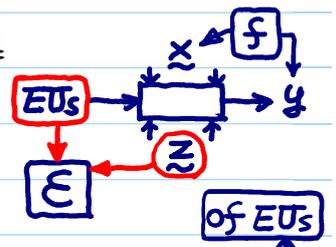
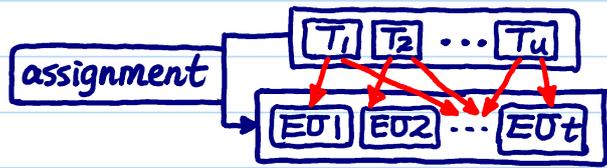


Fundamental Principles : Replication, randomization, and blocking

multiple observations (y) per treatment



Replication

- Each treatment is applied to units that are representative of the population (example : measurements of 3 units vs. 3 repeated measurements of 1 unit).

Q: What are the "sources of variation" in ϵ ?

- Replication vs Repetition (i.e., repeated measurements).
- Enable the estimation of experimental error. Use sample standard deviation. "true" error variance (Recall. test for lack of fit, LM, LNp.6-6~11)
- Decrease variance of estimates and increase the power to detect significant differences : for independent y_i 's,

$\bar{y} \rightarrow$ estimator of $\mu_{T_j} = E(y_{T_j})$

$$\text{Var}\left(\frac{1}{N} \sum_{i=1}^N y_i\right) = \frac{1}{N} \text{Var}(y_1)$$

Factors: $\text{Var}(\epsilon)$ and # of replicates

exp'ters often resist to perform replicates Why?

Replicates and Experimental Errors

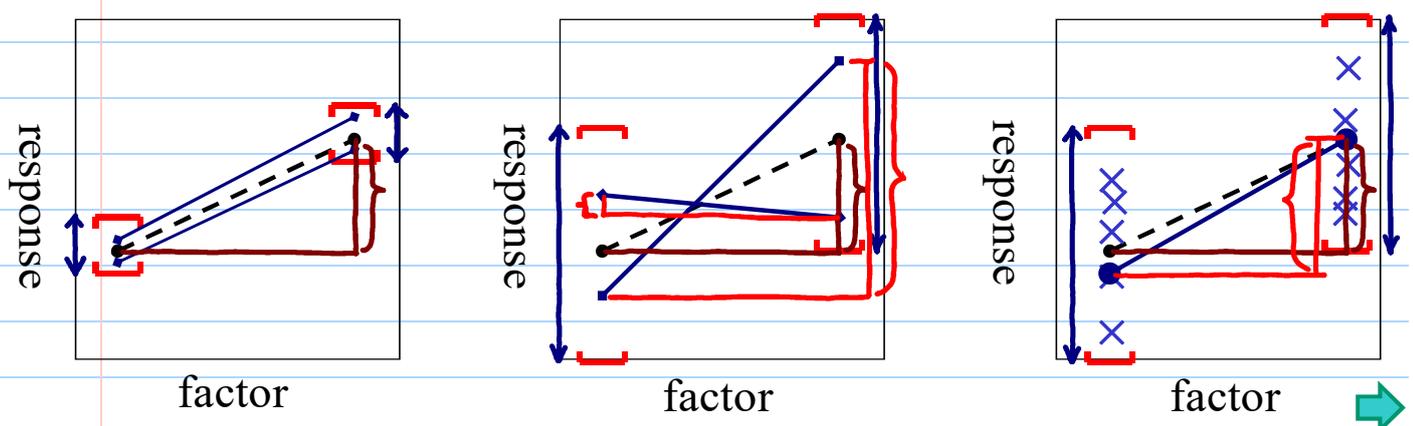
replicate: replication of same treatment

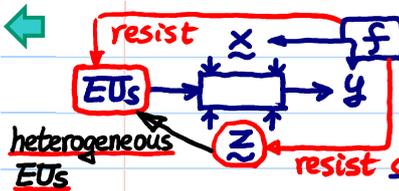
$$y = f(X_1, X_2, \dots, X_m) + \epsilon$$

$$\hat{\beta} = \hat{f}(X_1, X_2, \dots, X_m) + \hat{\epsilon}$$

Annotations: $\frac{\hat{\beta}}{\text{s.e.}(\hat{\beta})} \propto \frac{1}{\sqrt{n}} \frac{\sigma}{\hat{\sigma}}$ (sample size, var est'or), lack of fit, over-fitting

- Q: Why do we need to understand the magnitude of exp'tal error? We need to know $\text{Var}(\epsilon)$ so that we can judge whether an effect is (statistically) significant relative to the error.





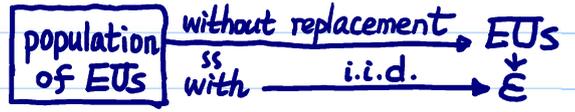
Randomization

for $\begin{cases} \text{uncontrollable} \\ \text{unknown} \\ \text{nonmeasurable} \end{cases} Z, EUs$

Use of a chance mechanism (e.g., random number generators) to assign treatments to units or to run order. It has the following advantages. \uparrow LNp.1-17

\rightarrow independent btw X & Z \xleftrightarrow{cf} orthogonality btw X & Z .

- Protect against latent variables or "lurking" variables (give an example).
- Reduce influence of subjective bias in treatment assignments (e.g., clinical trials).
 \uparrow single-blind, double-blind, ...
- Ensure validity of statistical inference (This is more technical; will not be discussed in the book. See Chapter 4 of "Statistics for Experimenters" by Box, Hunter, Hunter for discussion on randomization distribution.)



true model:

$$Y = X\beta + Z\gamma + \epsilon$$

fitted model:

$$Y = X\hat{\beta} + \epsilon'$$

bias $\hat{\beta} \Rightarrow E(\hat{\beta}) = \beta + (X^T X)^{-1} X^T Z \gamma$

$$Z\gamma = HZ\gamma + (I-H)Z\gamma$$

$$X(X^T X)^{-1} X^T \leftarrow \text{hat matrix}$$

If $X \perp Z$ ($X^T Z = 0$)
 $\Rightarrow HZ\gamma = 0$
 $\Rightarrow E(\hat{\beta}) = \beta$

design matrix
planning matrix

混淆(污染)

Effect Aliasing/Confounding \xleftrightarrow{cf} collinearity

run order

	A	B	C	Operator
1	low	low	low	Peter
2	low	low	high	Peter
3	low	high	low	Peter
4	low	high	high	Peter
5	high	low	low	John
6	high	low	high	John
7	high	high	low	John
8	high	high	high	John

confounded

aliased

	A	B	C	AB
2	low-	low-	high+	high+
3	low-	high+	low-	low-
5	high+	low-	low-	low-
8	high+	high+	high+	high+

\parallel
 $A \times B$

Q: what if operators have an effect on response?

- Q: Is aliasing/confounding always a bad thing?
 - pros & cons

Randomization But we don't know

Q: what if operators have an effect on response?

randomize run order

confounded

unknown Z

slightly confounded

run order

	A	B	C	operator		A	B	C	operator	
1	low	low	low	Peter	EU_{11}	5	high	low	low	Peter
2	low	low	high	Peter	EU_{12}	2	low	low	high	Peter
3	low	high	low	Peter	EU_{13}	8	high	high	high	Peter
4	low	high	high	Peter	EU_{14}	4	low	high	high	Peter
5	high	low	low	John	EU_{21}	3	low	high	low	John
6	high	low	high	John	EU_{22}	1	low	low	low	John
7	high	high	low	John	EU_{23}	6	high	low	high	John
8	high	high	high	John	EU_{24}	7	high	high	low	John

EU's are heterogeneous, but unknown to the expt'ers. Expt'ers still assume EU's are homogeneous.

Randomization provides protection against extraneous factors that are unknown to the experimenter, but may impact the response

• what should be randomized? like firewall, immune system

- allocation of exp'tal materials to treatments; the order of applying treatments; the order of measuring responses; ...