Programming Validation Sign-off Form

Section 1:

Project and Programming Details:	
ICON Study Number	NA
Sponsor Study/Protocol:	I3Y-MC-JPBZ
Programming Development Request Identifier:	4433
Program Category: [Listing, aCRF, CRT, Patient Profile]	Jreview Report
Programming Specification Name:	ONC_TU206_RS009_RS018_RS023_V1_Code Development Specifications_updated 14Jun2017
Programming Specification Version Number:	2.0
Program Name & Location:	ONC_TU206_RS009_RS018_RS023_V1.1.sas ix1tfsprod01.rf.lilly.com\Central_Instance_Collection1\Lilly_Study_Build\ICON\I3Y_MC_JPBZ\SAS Programs

Section 2:

Signature of the individual below confirms that programming validation activities have been completed.

Signature and Date of Signature (dd/mmm/yyyy if wet-ink signature)	
	Deenadayalan Murugesan *Deenadayalan Murugesan* 02 Aug 2017 13:08:053+0000 I approve this document. 95de44e9-ebbd-4dce-810e-3817080e170a
Print Title: Clinical Data Programming Lead	Print Name: (if wet-ink signature): Deenadaylan Murugesan

Section 3:

Signature of the Clinical Data Programming Lead below confirms that programming validation activities have been completed.

Signature and Date of Signature (dd/mmm/yyyy if wet-ink signature)

	Joseph Cooney *Joseph Cooney* 02 Aug 2017 13:00:017+0000 I approve this document. 66916174-eac2-4b11-899a-bf27a56b5cf6
Print Title: Sr. Clinical Data Programming Lead	Print Name: (if wet-ink signature): Joseph Cooney

Section 4:

Signature of the DMPM or DM Director below confirms that programming validation activities have been completed and programming validation documentation is complete.

Signature and Date of Signature (dd/mmm/yyyy if wet-ink signature)
Print Title:	Print Name: (if wet-ink signature):

Section 5:

The following individuals have participated in the programming validation activities and signature confirms that programming validation has been completed.

Signature and Date of Signature (dd/mmm/yyyy if wet-ink signature)
Print Title: Print Company:	Print Name: (if wet-ink signature):

Signature and Date of Signature (dd/mmm/yyyy if wet-ink signature)

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Print Title: Print Company:	Print Name: (if wet-ink signature):