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:	NA
Program Category: [Listing, aCRF, CRT, Patient Profile]	Jreview Report
Programming Specification Name:	ONC_TU219_TU318 Specifications 02Mar17
Programming Specification Version Number:	1.0
Program Name & Location:	ONC_TU219_TU318.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* 31 Mar 2017 13:48:032+0000 I approve this document. 95de44e9-ebbd-4dce-810e-3817080e170a
Print Title: Sr. Clinical Data Programmer	Print Name: (if wet-ink signature): Deenadayalan 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 31 Mar 2017 16:13:035+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):