

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: | 2.0 |
| Program Name & Location: | ONC_TU219_TU318_V2.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) | |
|---|---|
| <div>Deenadayalan Murugesan</div> <div><i>Deenadayalan Murugesan</i> 21 Jun 2017 14:32:053+0000</div> <div>I approve this document.</div> <div>95de44e9-ebbd-4dce-810e-3817080e170a</div> | |
| Print Title: Sr. Clinical Data Programmer | 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) |
|--|
|--|

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Joseph Cooney

Joseph Cooney

21 Jun 2017 15:21:012+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): |