

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_TU206_RS009_RS018_RS023_V1_Code Development Specifications_29Aug17.docx
Programming Specification Version Number:	2.0
Program Name & Location:	ONC_TU206_RS009_RS018_RS023_V1.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> 15 Sep 2017 05:14:046+0000</div> <div>I approve this document.</div> <div>95de44e9-ebbd-4dce-810e-3817080e170a</div>	
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)
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Programming Validation Sign-off Form



Joseph Cooney

Joseph Cooney

15 Sep 2017 04:11:052+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):