



FSA SOLUTION LIFE CYCLE (SLC)

Formal Signoff Document



Phase Name: **Definition**

Deliverable Name: **Business Case Updated**

Responsible: _____
(Project Manager Name)

(Project Manager Signature)

(Date)

(DSG Representative Name)

(DSG Representative Signature)

(Date)

(IRB Representative Name)

(IRB Representative Signature)

(Date)