

**Medline's Corporate Document Control  
Quick Guide to the pdf. Setup Process**

## **Section Three**

### **Creating/Adding Signature Fields**

Two options

First:

- Use the document toolbar to pull down and view the digital signature/security section

Choose create a signature field in the Document toolbar

You will be given a cross hair to draw the box where you want place the crosshair in the spot and click.

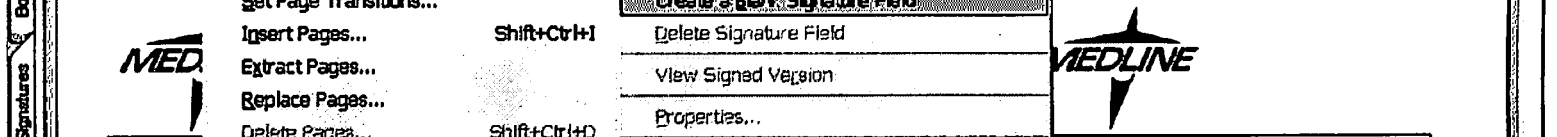
Use the tool that looks like a hand to place he field where you want it to be.

Second:

- Chose the “sign” icon with the pen as an indicator

Create all of the signature fields that will be applicable.

If you are signing the document see section Five setting up your digital signature.



DOCUM CO # Rotates Pages... Shift+Ctrl+R d by: Rec'd. Date:

ORIGINATOR'S NAME	DEPARTMENT NAME/DIVISION	PHONE NUMBER	DATE
DOCUMENT NUMBER	DOCUMENT TITLE	<input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 500	Revision Date: New Document: <input type="checkbox"/> LABELING REQUIREMENT: Not Applicable
EDITING THE DOCUMENT			

CHECK ALL THAT APPLY:

CHANGE DOC/FORM       OBSOLETE DOC/FORM       TECH. FILE REV. REQ'D  
 ADD DOC/FORM       REGULATORY or LABEL REV.       DESIGN CONTROL REVIEW REQ'D  
 PERIODIC REVIEW      TRANSLATED VERSION AFFECTED:  Yes  No

CONTROLLED PROCEDURE PER SOP303:  No (No further information required for this section)  
 Yes (Complete training requirements below)

MAJOR CHANGES YES TRAINING REQUIRED       NO TRAINING REQUIRED - REASON WHY  
 Group Trainer       Self Training for       MINOR CHANGES OR OTHER

ORIGINAL DEPARTMENT APPROVAL REQUIRED: YES IF NO - REASON

Sec. 3 (1)

Adobe Acrobat Standard Sample Form.pdf

File Edit View Document Comments Tools Advanced Window Help

Create PDF Comment & Markup Send for Review Secure Sign

Select 118% Search 2/10 Help

This document contains interactive form fields.

Pages 4 of 1

Start 00 Writer Q... GPI060A In... ScanSnap ... Adobe Ad... 11:18 AM

Attachments

Comments

Signatures

Bookmarks

Q'D

REASON WHY

MGMT

OTHER (DESCRIBE)

CHANGE TO:

CHANGE FROM:

DOCUMENT CONTROL USE ONLY:

EFFECTIVE DATE:

REGULATORY or TRANSLATED V

CONTROLLED PROCEDURE PER SOP303:

MAJOR CHANGES YES TRAINING REQUIRED

Group Trainer Self Training for

ORIGINAL DEPARTMENT APPROVAL REQUIRED:

VALIDATION REQUIRED NO IF NO - REASON

SOURCING SHEET REQUIRED NO

ROUTE FOR REVIEW AND

ENGINEERING

QA/QC SIGNATURE

ACCT/COMP MGMT

MARKET

REG AFF/LEADERSHIP

LOCKED

DIGITAL Signature Properties

General Appearance Actions Signed

Borders and Colors

Border Color: Line Thickness: Line Style:

Fill Color: Line Style:

Text

Font Size: Auto Text Color:

Font: Helvetica

Close



Highlight fields

Sec. 3 (2)

This document contains interactive form fields.  Highlight fields

<b>DOCUMENT NUMBER</b>	<b>DOCUMENT TITLE</b>	<input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 500	<b>Revision Date:</b> <b>New Document:</b> <input type="checkbox"/> <b>LABELING REQUIREMENT:</b> Not Applicable
<b>EDITING THE DOCUMENT</b>			
<b>CHECK ALL THAT APPLY:</b>			
<input type="checkbox"/> CHANGE DOC/FORM <input type="checkbox"/> OBSOLETE DOC/FORM <input type="checkbox"/> TECH. FILE REV. REQ'D <input type="checkbox"/> ADD DOC/FORM <input type="checkbox"/> REGULATORY or LABEL REV. <input type="checkbox"/> DESIGN CONTROL REVIEW REQ'D <input type="checkbox"/> PERIODIC REVIEW <b>TRANSLATED VERSION AFFECTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>CONTROLLED PROCEDURE PER SOP303:</b> <input type="checkbox"/> No (No further information required for this section) <input type="checkbox"/> Yes (Complete training requirements below)			
<input type="checkbox"/> MAJOR CHANGES YES TRAINING REQUIRED <input type="checkbox"/> NO TRAINING REQUIRED - REASON WHY <input type="checkbox"/> Group Trainer <input type="checkbox"/> Self Training for <input type="checkbox"/> MINOR CHANGES OR OTHER			
<b>ORIGINAL DEPARTMENT APPROVAL REQUIRED: YES IF NO - REASON</b>			
VALIDATION REQUIRED NO IF NO - REASON      PROCEDURE Other			
SOURCING SHEET REQUIRED NO			
<b>ROUTE FOR REVIEW AND APPROVAL SIGNATURES WITH DATES:</b>			
<input type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> MANUFACTURING/DIVISION	<input type="checkbox"/> STERILIZATION	
<input checked="" type="checkbox"/> QA/QC	<input type="checkbox"/> MARKETING	<input type="checkbox"/> PURCHASING / MATL MGMT	
<input type="checkbox"/> ACCT/COMP MGNT	<input type="checkbox"/> REG AFF/LABELING	<input type="checkbox"/> OTHER (Describe)	
<b>CHANGE FROM:</b>		<b>CHANGE TO:</b>	

Sec. 3 (3)

### CHANGE ORDER REQUEST FORM

DOCUMENT CONTROL SECTION ONLY:

CO #	Received by:	Rec'd. Date:
<b>ORIGINATOR'S NAME</b>	<b>DEPARTMENT NAME/DIVISION</b>	<b>PHONE NUMBER</b>
<b>DOCUMENT NUMBER</b>	<b>DOCUMENT TITLE</b>	<input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 500
	<b>EDITING THE DOCUMENT</b>	Revision Date: New Document: <input type="checkbox"/> <b>LABELING REQUIREMENT:</b> Not Applicable

**CHECK ALL THAT APPLY:**

<input type="checkbox"/> CHANGE DOC/FORM	<input type="checkbox"/> OBSOLETE DOC/FORM	<input type="checkbox"/> TECH. FILE REV. REQ'D
<input type="checkbox"/> ADD DOC/FORM	<input type="checkbox"/> REGULATORY or LABEL REV.	<input type="checkbox"/> DESIGN CONTROL REVIEW REQ'D
<input type="checkbox"/> PERIODIC REVIEW	TRANSLATED VERSION AFFECTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CONTROLLED PROCEDURE PER SOP303:**  No (No further information required for this section)  
 Yes (Complete training requirements below)

<input type="checkbox"/> MAJOR CHANGES YES TRAINING REQUIRED	<input type="checkbox"/> NO TRAINING REQUIRED - REASON WHY
<input type="checkbox"/> Group Trainer <input type="checkbox"/> Self Training for	<input type="checkbox"/> MINOR CHANGES OR OTHER

**ORIGINAL DEPARTMENT APPROVAL REQUIRED: YES IF NO - REASON**

Sec. 3 (u)

		<input type="checkbox"/> 200	
		<input type="checkbox"/> 500	
<b>CHECK ALL THAT APPLY:</b>			
<input type="checkbox"/> CHANGE DOC/FORM	<input type="checkbox"/> OBSOLETE DOC/FORM	<input type="checkbox"/> TECH. FILE REV. REQ'D	
<input type="checkbox"/> ADD DOC/FORM	<input type="checkbox"/> REGULATORY or LABEL REV.	<input type="checkbox"/> DESIGN CONTROL REVIEW REQ'D	
<input type="checkbox"/> PERIODIC REVIEW	TRANSLATED VERSION AFFECTED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CONTROLLED PROCEDURE PER SOP303: <input type="checkbox"/> No (No further information required for this section)			
<input type="checkbox"/> MAJOR CHANGES YES <input type="checkbox"/> Group Trainer		Adobe Acrobat Do you want to save changes to 'Davon.pdf' before closing? <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Cancel"/>	
ORIGINAL DEPARTMENT AI		REQUIRED - REASON WHY OR OTHER	
VALIDATION REQUIRED NO			
SOURCING SHEET REQUIRED			
<b>ROUTE FOR REVIEW AND APPROVAL SIGNATURES WITH DATES:</b>			
<input type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> MANUFACTURING/DIVISION	<input type="checkbox"/> STERILIZATION	
<input checked="" type="checkbox"/> QA/QC	<input type="checkbox"/> MARKETING	<input type="checkbox"/> PURCHASING / MATL MGMT	
<input type="checkbox"/> ACCT/COMP MGNT	<input type="checkbox"/> REG AFF/LABELING	<input type="checkbox"/> OTHER (Describe)	
CHANGE FROM:		CHANGE TO:	
		Create feilds. sign one close reopen send	
DETAILED REASON FOR CHANGE:			

Sec. 4 (5)