

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

Section Two

Editing Text Fields

- Open the view toolbar to assure the editing toolbar is open. See attachment for all toolbar options that should be open
- Use the text tool that appears as a capital **“T”**
 - Click on the **“T”**
 - Then choose/click the “Hand tool” (a picture of a hand) to edit the form.
 - It will take a minute to load the request
 - Place the cursor over next to above etc...you will need to determine the position of the tool.
 - When finished, be sure to save your changes before closing.

Adobe Acrobat Standard - [Sample ECN pdf.pdf]

File Edit View Document Comments Tools Advanced Window Help

Create PDF Comment & Markup Send for Review Secure Sign

Navigation Tabs Task Buttons

Toolbars

- Menu Bar F9
- Full Screen Ctrl+L
- Zoom To... Ctrl+M
- Actual Size Ctrl+1
- Fit Page Ctrl+0
- Fit Width Ctrl+2
- Fit Visible Ctrl+3
- Reflow Ctrl+4
- Automatically Scroll Shift+Ctrl+H
- Read Out Loud
- Go To
- Page Layout
- Rotate View
- Wireframe
- Tracker...

Properties Bar Ctrl+E

Reset Toolbars Alt+F8

Dock All Toolbars Ctrl+F8

Hide Toolbars F8

Lock Toolbars

Show Button Labels

Advanced Editing

Basic

Commenting

Drawing Markups

Edit

File

Find

Help

Navigation

Object Data

Rotate View

Search the Internet

Tasks

Zoom

MEDLINE

FORM

Rec'd. Date:

PHONE NUMBER	DATE

100
 110
 120
 150
 200
 500

Revision Date:
New Document:

**LABELING REQUIREMENT:
Not Applicable**

TECH. FILE REV. REQ'D
 DESIGN CONTROL REVIEW REQ'D

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

Validation Required: NO IF NO REASON PROCEDURE ONLY

1 of 1

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Hand Tool

Editing text Tool

Adobe Acrobat Standard - [Sample ECN pdf.pdf]

File Edit View Document Comments Tools Advanced Window Help

Search Create PDF Comment & Markup Send for Review Secure Sign

Select 118% 2798 Help



CHANGE ORDER REQUEST FORM

DOCUMENT CONTROL SECTION ONLY:

CO #	Received 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
	EDITING THE DOCUMENT	Revision Date: New Document: <input type="checkbox"/> LABELING REQUIREMENT: Not Applicable

CHECK ALL THAT APPLY:

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

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

VALIDATION REQUIRED: NO IF NO REASON PROCEDURE ONLY

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sec. 2 (2)



CHANGE ORDER REQUEST FORM

DOCUMENT CONTROL SECTION ONLY:

CO #	Received 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
CHECK ALL THAT APPLY: <input type="checkbox"/> CHANGE DOC/FORM <input type="checkbox"/> ADD DOC/FORM <input type="checkbox"/> PERIODIC REVIEW		Revision Date: New Document: <input type="checkbox"/> LABELING REQUIREMENT: Not Applicable
CONTROLLED PROCEDURE PER S... <input type="checkbox"/> MAJOR CHANGES YES TRAINING REQUIRED <input type="checkbox"/> Group Trainer <input type="checkbox"/> Self Training for		<input type="checkbox"/> TECH. FILE REV. REQ'D <input type="checkbox"/> DESIGN CONTROL REVIEW REQ'D AFFECTED: <input type="checkbox"/> Yes <input type="checkbox"/> No (Further information required for this section) (Complete training requirements below)
ORIGINAL DEPARTMENT APPROVAL REQUIRED: YES IF NO - REASON		<input type="checkbox"/> NO TRAINING REQUIRED - REASON WHY <input type="checkbox"/> MINOR CHANGES OR OTHER

Copy To Clipboard
 Replace Text (Comment)
 Highlight Text
 Add Note to Text (Comment)
 Underline Text
 Cross Out Text

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CHANGE ORDER REQUEST FORM

DOCUMENT CONTROL SECTION ONLY:			
CO #	Received 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"/>
	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">EDITING THE DOCUMENT</div>		LABELING REQUIREMENT: 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: <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			
ORIGINAL DEPARTMENT APPROVAL REQUIRED: YES IF NO - REASON VALIDATION REQUIRED NO IF NO - REASON PROCEDURE Other SOURCING SHEET REQUIRED NO			
ROUTE FOR REVIEW AND APPROVAL SIGNATURES WITH DATES:			
<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 / MAT'L MGMT	
<input type="checkbox"/> ACCT/COMP MGNT	<input type="checkbox"/> REG AFF/LABELING	<input type="checkbox"/> OTHER (Describe)	
CHANGE FROM:		CHANGE TO:	
DETAILED REASON FOR CHANGE:			
DOCUMENT CONTROL USE ONLY:			
EFFECTIVE DATE: _____			
DOCUMENT CONTROL RELEASED BY: _____		DATE: _____ (IF REQ.)	
MASTER DATA CONTROL RELEASED BY: _____		DATE: _____ (IF REQ.)	
FORM FSOP303-2 COPY:		Effective: 06/26/06	
Electronic version			

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