

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

Section Five

Setting up your digital signature for placement in a signature field.

Two options

- Chose the “sign” icon with the pen as an indicator
- Use the document toolbar to pull down and view the digital signature/security section

Follow the instructions to either:

- Sign this document in a signature field
- Create a signature field and sign this document.

- When signing a document DO NOT FILL in the Reason field with any comment...unless you have been specifically instructed to do so.

AVOID THE FOLLOWING MISTAKES

First time signature setup: Follow the prompts for signature setup NOT certificate setup
Choosing sign and “SAVE AS” instead of just “Sign And Save”
DO NOT FORGET YOUR PASSWORD for adding your signature.

Follow the setup questions. The setup varies with different versions of Acrobat.

Note: If you are receiving a secure document without pre set signature fields you can not digitally alter the document.

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% Sign this Document

Validate All Signatures in Document
Create a Blank Signature Field
How To...Sign

This document contains interactive form fields. Highlight fields

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

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 / MATL 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:

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Sec.5 (1)

Adobe Acrobat Standard - [Sample ECN pdf.pdf]

File Edit View Document Comments Tools Advanced Window Help

Attach a File... Comment & Markup Send for Review Secure Sign

Add Headers & Footers... Add Watermark & Background...

Select

This document contains

Digital Signatures Sign this Document... Highlight fields

Security

Validate Signature

Validate All Signatures in Document

Recognize Text Using OCR

Set Page Transitions...

Insert Pages... Shift+Ctrl+I

Extract Pages...

View Signed Version

Replace Pages...

Delete Pages... Shift+Ctrl+D

Properties...

Document Integrity Properties

Crop Pages... Shift+Ctrl+T

Rotate Pages... Shift+Ctrl+R

for MINOR CHANGES OR OTHER

REV. REQ'D
CONTROL REVIEW REQ'D

(for this section)
(below)

REASON REQUIRED - REASON WHY

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 / MATL MGMT
<input type="checkbox"/> ACCT/COMP MGMT	<input type="checkbox"/> REG AFF/LABELING	<input type="checkbox"/> OTHER (Describe)

CHANGE FROM:

CHANGE TO:

DETAILED REASON FOR CHANGE:

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Sec. 5 (2)

Adobe Acrobat Standard - [Davon.pdf]

File Edit View Document Comments Tools Advanced Window Help

Search Create PDF Comment & Markup Send for Review Secure Sign

Select 118% Help

This document contains interactive form fields. Highlight fields

500

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

Group Trainer

ORIGINAL DEPARTMENT

VALIDATION REQUIRED

SOURCING SHEET REQUIRED

ENGINEERING

QA/QC

ACCT/COMP MGMT REG AFF/LABELING OTHER (Describe)

MAT'L MGMT

REASON WHY OTHER

CHANGE FROM:

CHANGE TO:
Create fields, sign one close reopen send

DETAILED REASON FOR CHANGE:

Document Is Not Certified

You are about to apply the first Digital Signature to this document.
If you received this document from someone else, it could have been altered without the author's consent. Unless you receive this file from a trusted sender, you may not want to sign it.
If you created this document, you may want to apply a Certifying Signature instead of a regular Digital Signature. If unauthorized changes are made to a Certified document, the Certifying Signature will be invalidated.

Continue Signing... Certify Document... Cancel

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Sec. 5 (3)

This document contains interactive form fields. Highlight fields

<p>CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> CHANGE DOC/FORM <input type="checkbox"/> OBSOLETE DOC/FORM <input type="checkbox"/> TECH. FILE REV. REQ'D</p> <p><input type="checkbox"/> ADD DOC/FORM <input type="checkbox"/> REGULATORY or LABEL REV. <input type="checkbox"/> DESIGN CONTROL REVIEW REQ'D</p> <p><input type="checkbox"/> PERIODIC REVIEW TRANSLATED VERSION AFFECTED: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CONTROLLED PROCEDURE PER SOP303: <input type="checkbox"/> No (No further information required for this section)</p> <p><input type="checkbox"/> MAJOR CHANGES YES <input type="checkbox"/> Group Trainer</p> <p>ORIGINAL DEPARTMENT APPR _____</p> <p>VALIDATION REQUIRED NO IF SOURCING SHEET REQUIRED NO</p> <p>ROUTE F _____</p>	<p style="text-align: right;">200 500</p> <p>REQUIRED - REASON WHY ES OR OTHER</p> <p>_____ _____ _____</p> <p>DATES:</p> <p>_____ _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Sign Document</p> <p>Would you like to:</p> <p><input checked="" type="radio"/> Sign an existing signature field</p> <p><input type="radio"/> Create a new signature field to sign</p> <p><input type="radio"/> Create a new invisible signature</p> <p style="text-align: center;"> <input type="button" value="Help"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/> </p> </div>		
<p><input type="checkbox"/> ENGINEERING</p> <p><input checked="" type="checkbox"/> QA/QC</p> <p><input type="checkbox"/> ACCT/COMP MGNT</p>	<p><input checked="" type="checkbox"/> MANUFACTURING/DIVISION</p> <p><input type="checkbox"/> MARKETING</p> <p><input type="checkbox"/> REG AFF/LABELING</p>	<p><input type="checkbox"/> STERILIZATION</p> <p><input type="checkbox"/> PURCHASING / MATL MGMT</p> <p><input type="checkbox"/> OTHER (Describe)</p>
CHANGE FROM:	CHANGE TO:	
DETAILED REASON FOR CHANGE:		

Sec. 5 Cx)

This document contains interactive form fields. Highlight fields

<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		
SOURCING SHEET REQUIRED ROUTI		
<input type="checkbox"/> ENGINEERING	DATES:	
<input checked="" type="checkbox"/> QA/QC	ING / MATL MGMT	
<input type="checkbox"/> ACCT/COMP MGMT	<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: _____		

Adobe Acrobat

The document has been scrolled and zoomed to the page containing the signature field. The signature field has been highlighted with a dotted line. Click on the field with the Hand tool to sign the document.

Sec. 5 (5)

This document contains interactive form fields. Highlight fields

<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 N		
SOURCING SHEET REQUIRE		
<input type="checkbox"/> ENGINEERING		
<input checked="" type="checkbox"/> QA/QC		
<input type="checkbox"/> ACCT/COMP MGMT		
CHANGE FROM:	CHANGE TO:	
DETAILED REASON FOR CHANGE:		
DOCUMENT CONTROL USE ONLY:		
EFFECTIVE DATE: _____		

Document Is Not Certified

You are about to apply the first Digital Signature to this document.

If you received this document from someone else, it could have been altered without the author's consent. Unless you receive this file from a trusted sender, you may not want to sign it.

If you created this document, you may want to apply a Certifying Signature instead of a regular Digital Signature. If unauthorized changes are made to a Certified document, the Certifying Signature will be invalidated.

Sec. 5 (6)

Adobe Acrobat Standard | Sample EQN.pdf | File Edit View Document Comments Tools Advanced Window Help

Search Create PDF Comment & Markup Send for Review Secure Sign

Apply Signature to Document

This document contains interactive form fields.

ADD DOC/FORM
 PERIODIC REVIEW

CONTROLLED PROCEDURE

MAJOR CHANGES
 Group Trainer

ORIGINAL DEPARTMENT

VALIDATION REQUIRED N
 SOURCING SHEET REQUIRED RC

ENGINEERING

QA/QC

ACCT/COMP MGNT

MARKETING

REG AFF/LABELING

PURCHASING/MATL MGMT

OTHER (Describe)

CHANGE FROM: _____ CHANGE TO: _____

DETAILED REASON FOR CHANGE: _____

EFFECTIVE DATE: _____

DOCUMENT CONTROL USE ONLY:

Help Sign and Save As... Sign and Save Cancel

Apply Signature to Document

To complete the signing process, you must apply the Digital Signature to the document by saving the document. In case you need to later make changes to the original, it is recommended that you create a new signed copy of the document by clicking Sign and Save As.

Signature Details

Signing as Wendy O'Connor.

Confirm Password: _____

Reason for Signing Document: (select or edit)

<none>

VIEW REQ'D

ED - REASON WHY OTHER

S: N

1 of 1

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sec. 5 (7)

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

Apply Signature to Document

This document contains interactive form fields.

ADD DOC/FORM
 PERIODIC REVIEW

CONTROLLED PROCEDURE

MAJOR CHANGES
 Group Trainer

ORIGINAL DEPARTMENT

VALIDATION REQUIRED N
 SOURCING SHEET REQUIRE
 RC

ENGINEERING

QA/QC

ACCT/COMP MGNT

MARKETING

REG AFF/LABELING

PURCHASING / MATL MGMT

OTHER (Describe)

CHANGE FROM: _____ **CHANGE TO:** _____

DETAILED REASON FOR CHANGE:

DOCUMENT CONTROL USE ONLY:

EFFECTIVE DATE: _____

Signature Details

To complete the signing process, you must apply the Digital Signature to the document by saving the document. In case you need to later make changes to the original, it is recommended that you create a new signed copy of the document by clicking Sign and Save As.

Signing as Wendy O'Connor.

Confirm Password: [*****]

Reason for Signing Document: (select or edit)

<none>

IEW REQ'D

ED - REASON WHY
OTHER

S:
N

1 of 1

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Sec. 5 (8)

<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 <i>W. J. Connor</i>	<input type="checkbox"/> MARKETING	<input type="checkbox"/> PURCHASING / MATL MGMT
<input type="checkbox"/> ACCT/COMP MGMT	<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: _____		

Sec 5 (9)



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"/>		
	EDITING THE DOCUMENT		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 Wendy O'Connor <small>Digitally signed by Wendy O'Connor DN: cn=Wendy O'Connor, o=Medline, ou=Operations, email=wendy.oconnor@medline.com, Date: 2006.07.21 11:32:38 -0700</small>		<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					

NOTE ✓ mark only appears on screen

Sec. 5 (10)