

Name: \_\_\_\_\_ Phone/e-mail: \_\_\_\_\_

Department:  Administration  Biosciences  Clinical Sciences  
 Hospital  Preventive Medicine  Other: \_\_\_\_\_

Purpose:  Publication  Public Relations  Research  
 Teaching  Other: \_\_\_\_\_

Date/time in: \_\_\_\_\_ Date/time due: \_\_\_\_\_

OSU Account #: \_\_\_\_\_  
                                ORG                        FUND                        ACCOUNT                        PROJECT                        USER DEFINED

Authorized Signature: \_\_\_\_\_

Price: \_\_\_\_\_

***Please select one of the following services:***

SCANNING:

<input type="checkbox"/> Book	Quantity: _____
<input type="checkbox"/> Flat copies	Quantity: _____
<input type="checkbox"/> Radiographs	Quantity: _____
<input type="checkbox"/> Slides	Quantity: _____

PHOTOGRAPHY:

<input type="checkbox"/> Case	Quantity: _____	<input type="checkbox"/> Glassware	Quantity: _____
<input type="checkbox"/> Gross	Quantity: _____	<input type="checkbox"/> Micro	Quantity: _____
<input type="checkbox"/> Passport	Quantity: _____	<input type="checkbox"/> Product	Quantity: _____
<input type="checkbox"/> Public relations	Quantity: _____	<input type="checkbox"/> Surgery	Quantity: _____
<input type="checkbox"/> Portrait/Formal	Quantity: _____	<input type="checkbox"/> Techniques	Quantity: _____
<input type="checkbox"/> Portrait/Environmental	Quantity: _____	<input type="checkbox"/> Camera Repair	

PHOTOMICS:

\_\_\_\_\_ # of Fields

***Please select one of the following outputs:***

DIGITAL OUTPUT:

High resolution (tif or psd for print)  
 Low resolution (jpg for PowerPoint or the web)

HARDCOPY OUTPUT:

<input type="checkbox"/> Black and white prints	<input type="checkbox"/> CD/DVD burn
<input type="checkbox"/> Color laser	<input type="checkbox"/> Lamination (double-sided)
<input type="checkbox"/> Photo quality digital prints	<input type="checkbox"/> Poster

# of images: \_\_\_\_\_ Quantity: \_\_\_\_\_ Size: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

***Biomedical Media Work Order***

