DIGITAL LABORATORIES

Scanning Order Sheet

Date:_____ Project Title: _____

EFILM Project Manager:_____

Client Information:

Client Contact: _____ Phone Number:_____ Contact Email: _____ Fax Number: _____

Alt Phone Number: _____ Address: _____PO#: _____ Billing Contact: _____

Billing Address: _____ Billing Phone: _____

Notes: _____

Project Information: Please fill out as completely as possible and fax to: (323) 465-4509

Film Stock: ☐O-Neg ☐IP ☐IN	Aperture Format: ☐Academy ☐Full Ap
Film Type: ☐35mm ☐16mm	Perf: ☐2 ☐3 ☐4
Output Bit Depth: ☐10 ☐16	Color Correction: ☐None ☐Supervised
Tar Style: ☐1 tar per scene ☐1 tar per frame ☐1 tar per tape ☐Other	Gamma: ☐Log ☐Custom
Media-Client Stock/Drive Provided: ☐ yes ☐ no	File Format: ☐DPX ☐Cineon ☐Other
Media Type Requested: ☐DTF2 ☐LTO3 ☐LTO4 ☐DVD ☐Client Firewire ☐Other	Scan Resolution: ☐Full Rez 4K ☐Half Rez 2K ☐Other/Custom

Editorial Information:

Roll #	Camera slate	Keycode Start	Keycode Stop	Length	Filename Prefix	Head Handle	Tail Handle	Description	Total Frames