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