



CENTRAL REPOSITORY SERVICES (CRS) LABEL REQUEST FORM

Label Request

Date:	Match To Old Format?	Yes	No
Requestor:	Phone/Extension:	N/A	
Address:	N/A		
Billing Source Code:	Study ID:	N/A	
Number of Labels Requested:	Label Type:	3-up	10-up
ID File Location: P:\Label Requests\		Vault	Other
Reason for Request:	Shipment Pick-up		
Rush Request?	Yes	No	
If yes, approval signature required (OS or RM):			

Print Department

Record #:	Match To Old Format?	Yes	No
Template ID:	N/A		
Batch ID:	N/A		
Labels Printed by:	Date:	Total Labels/Packets/Rolls:	
Labels QC'd by:	Date:	Sampling Size:	# Rejected Labels:
Labels Released by:	Date:		
Labels Released to:	Date:		

Unused / Discarded Labels

Unused Label Quantity:	
Reason for Non-Use:	
Labels Returned by:	N/A
Labels Returned to:	N/A

FORM APPROVALS:

AUTHOR:	DATE:	DEPARTMENT MANAGER:	DATE:	QUALITY ASSURANCE:	DATE:
---------	-------	---------------------	-------	--------------------	-------