DOCLINE Application
National Network of Libraries of Medicine, Pacific Southwest Region

Institution: _____

Department/Library: _____

Address: _____

_____

LIBID: _____ Date: _____

Contact Person: _____

Title: _____

Area Code: ( ) Telephone Number: _____
Area Code: ( ) Fax Number: _____
Email Address: _____

1. Please complete the DOCLINE system serials Routing Table provided on pages 2-4 of this document. Refer to the **Instructions for Completing the DOCLINE Application Form**, **Instructions for Completing or Revising DOCLINE Routing Table(s)**, and the list of **DOCLINE Participants in the Pacific Southwest Region** when preparing these tables. If you have questions, please contact Andrea Lynch, Network Assistant, at (800) 338-7657 or (310) 825-1200 for assistance.

Monograph/Audiovisual/Non-SERHOLD (M/A/N) Map (must be completed):

CELL A: _____ LIBID: _____ INSTITUTION: _____

CELL B: _____ LIBID: _____ INSTITUTION: _____

CELL C: _____ LIBID: _____ INSTITUTION: _____

CELL D: _____ LIBID: _____ INSTITUTION: _____

2. Please mail originals of the completed application form and tables:
Pacific Southwest Regional Medical Library
UCLA Louise M. Darling Biomedical Library
12-077 CHS, Box 951798
Los Angeles, CA 90095-1798
OR
Fax to (310) 825-5389

FOR PSRML USE ONLY

Date Received _____ Access Code(s) _____ Password _____
Date Approved _____ _____ Holdings _____
Date Keyboarded _____

09/27/2001

INSTITUTION: _____ **Region: 7** **LIBID: _____**

Cell 1		Cell 2		Cell 3	
LIBID	INSTITUTION	LIBID	INSTITUTION	LIBID	INSTITUTION

INSTITUTION: _____ **Region: 7** **LIBID: _____**

Cell 4		Cell 5		Cell 6	
LIBID	INSTITUTION	LIBID	INSTITUTION	LIBID	INSTITUTION

INSTITUTION: _____ **Region: 7** **LIBID: _____**

Cell 7		Cell 8		Cell 9	
LIBID	INSTITUTION	LIBID	INSTITUTION	LIBID	INSTITUTION