

Request Form for Diffraction Gratings for Optical Communication

Date: _____

1. Quantity: _____ pcs/lot (No. of lots per year: _____), _____ pcs/lot (No. of lots per year: _____)
2. Blank material:
☐ Soda glass
☐ BK7
☐ Borosilicate glass
☐ Other _____
3. Dimensions (mm):
Width, W (perpendicular to grooves) (or ϕ): _____ \pm _____ \times Height,
H (parallel to grooves): _____ \pm _____ \times Thickness, T: _____ \pm _____
4. Effective area: except for a rim of _____ (mm \geq 1mm)
5. Groove density (grooves/mm):
_____ grooves/mm
6. Effective wavelength: _____ nm
7. Wavelength range:
_____ nm to _____ nm
8. Polarized light:
S-polarized (TM) light(vibration of electric field oriented perpendicular to the direction of the grating grooves.)
9. Coating: Au
10. Other requirements:

Please make enquiries by copying this form, filling in the details, and sending it by fax.(+81-33219-5567)

Division, department, or section: _____

Address, including zip code: _____

Telephone number,
including extension: _____

FAX number: _____

Full name: _____

E-mail address: _____