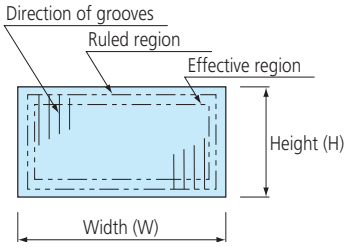
Request Form for Laminar Gratings for the Soft X-ray Region

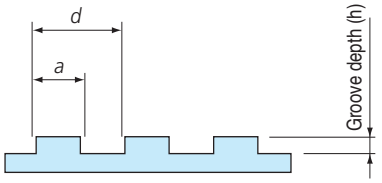
Date:

1. Quantity: _____sheets
2. Material: ☐Silica ☐Other: _____
3. Dimensions (mm):
   Width, W (perpendicular to grooves) (or φ): _____ ± _____ × Height,
   H (parallel to grooves): _____ ± _____ × Thickness at center,
   T: _____ ± _____
   *The thickness is usually around one sixth (1/6) of the diagonal
   (for rectangular blanks) or diameter (for round blanks).



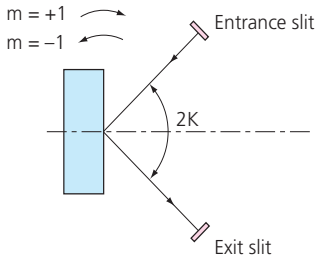
Configuration of Grating

4. Radius of curvature: ☐Plane ····· Surface accuracy: _____λ
   ☐Concave ····· R: _____mm
5. Surface roughness: ☐Highly smooth polished surface (within 0.5 nm RMS)
   ☐Regular polished surface (approx. 1 nm RMS)
6. Ruled region:
   ☐Entire surface except for a rim of 2 mm
   ☐Width, W (perpendicular to grooves) (or φ): _____mm × Height, H (parallel to grooves): _____mm
   (must be smaller than the entire surface less a rim of 2 mm)
7. Effective area:
   ☐Entire surface except for a rim of 3 mm
   ☐Width, W (perpendicular to grooves) (or φ): _____mm × Height, H (parallel to grooves): _____mm
   (must be smaller than the ruled region less a rim of 1 mm)
8. Groove density: _____ grooves/mm
9. Groove depth (h) _____nm
10. Duty ratio (D = a/d) _____
11. Coating material: ☐Au (with an undercoat of Ni-Cr or Cr, approx. 2 to 5 nm thick)
    ☐Other: _____
12. Coating thickness: _____nm
13. Mounting: ☐Constant-deviation mounting ····· Deviation angle (2K): _____deg.
    ☐Fixed incident-angle mounting ····· Incident angle: _____deg.
    ☐Other Provide a list of wavelengths and incident angles.



Groove Profile for Laminar Gratings

14. Diffraction order (m): ☐+1 ☐-1
15. Wavelength range: _____nm to _____nm
    (The wavelength corresponding to the peak relative diffraction
    efficiency is approx. 1.2 to 1.3 times the minimum wavelength.)
16. Peak wavelength: _____nm
    (If a peak wavelength is specified, there may, depending on this value,
    be regions within the specified wavelength region that cannot be used.)



17. 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: