

Request Form for Low Stray Light Diffraction Gratings(LO-RAY-LIGH)

Date

1. Quantity: _____pcs/lot(No. of lots per year: _____)

2. Blank material: ☐ Soda glass(standard) ☐ Other _____

3. Dimensions: $W \times H \times T$ (mm)

☐ $30 \times 30 \times 10$ ☐ $60 \times 60 \times 10$

☐ Other :Width, W(perpendicular to grooves): _____ \pm _____ \times Height,

H(parallel to grooves): _____ \pm _____ \times Thickness, T: _____ \pm _____

4. Effective area: except for a rim of 2mm

5. Groove density(grooves/mm)

☐ 1200 ☐ 1800 ☐ Other: _____grooves/mm

6. Blaze(maximum efficiency) wavelength (nm)

☐ 250 ☐ Other: _____nm

7. Coating

☐ Standard: Al

☐ Other: _____

8. Other requirements

Please make enquiries by copying this form, filling in the details, and send 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: _____