

Test Cut Request Form

Submit Date Requested test completion date Product arrival date at DISCO

Customer Information

Company Name
 Address
 Contact Person
 Email Address Phone Number

Test Cut Information

Is someone planning to attend the testing? Yes No Not Sure

Test Purpose

Key Evaluation Points & Priority

Material Quantity

Material Size Thickness

Die size or index Street Width

Any additional material in the street or on the backside?

Machine to be used for test Tape Requirements?

Item	Current	Target	Priority
Blade Thickness			
Cut mode (single, multi pass/step)			
Feed Speed			
Topside Chipping Size			
Backside Chipping Size			
Blade Wear Amount			

Current Process Parameters (if applicable)

Current Machine Model Cut mode

	Z1 Spindle	Z2 Spindle (if applicable)
Spindle		
Blade type & dimensions		
Flange Size		
Feed Speed & Spindle RPM		
Cut Depth		