

Test Grind Request Form

Submit Date	<input type="text"/>	Requested test completion date	<input type="text"/>
		Wafer arrival date at DISCO	<input type="text"/>

Customer Information

Company Name	<input type="text"/>		
Address	<input type="text"/>		
Contact Person	<input type="text"/>		
Email Address	<input type="text"/>	Phone Number	<input type="text"/>

Test Grind Information

Is someone planning to attend the testing? Yes No

Test Purpose	<input type="text"/>
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Key Evaluation Points & Priority	<input type="text"/>
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Material	<input type="text"/>	Other	<input type="text"/>
Wafer Size	<input type="text"/>	+ Info	<input type="text"/>
Machine	<input type="text"/>	+ Info	<input type="text"/>
Wafer Protection	<input type="text"/>	+ Info	<input type="text"/>

Final Thickness, Tolerance, and Surface Roughness Targets (please leave unknowns blank)

Thickness #1 (μm)	<input type="text"/>	Thickness Variation ($\pm \mu\text{m}$)	<input type="text"/>	Surface Roughness ($R_{\text{max}} \mu\text{m}$)	<input type="text"/>
Thickness #2 (μm)	<input type="text"/>	Thickness Variation ($\pm \mu\text{m}$)	<input type="text"/>	Surface Roughness ($R_{\text{max}} \mu\text{m}$)	<input type="text"/>
Thickness #3 (μm)	<input type="text"/>	Thickness Variation ($\pm \mu\text{m}$)	<input type="text"/>	Surface Roughness ($R_{\text{max}} \mu\text{m}$)	<input type="text"/>

Please describe any wafer frontside topography such as bumps or structures on the surface	<input type="text"/>
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Grinding Wheel to be used (optional input)

Z1 (rough grind)	<input type="text"/>	Z2 (fine grind)	<input type="text"/>	Z3 (polish)	<input type="text"/>
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+ Info	<input type="text"/>
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