

Laser 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

Laser process Dicing Tape Requirements?

Material & Crystal Orientation	
# of Wafers for parameter optimization	
# of Wafers for return samples	
Wafer shape, size, and thickness	
Die size or index size	
Street width & material in the street?	
Wafer resistivity &/or SOI configuration	
Wafer backside finish	
Which side to irradiate from?	
Additional Requirements	

Can we divide the wafer into smaller pieces for testing?

- Full wafer is preferred
 Partial wafer (e.g. 1/4 wafer) is OK
 Either one is OK

How will the wafers be received?

- Wafer only Mounted to tape & frame
 Mounted to backgrind tape
 Other

Additional Comments