Parylene service request

Form to be filled and sticked to your box.

(* = mandatory)

Today Date *	
CMI User Name *	
Lab *	
Phone *	
Thickness *	
Side to be coated (clearly defined) *	
Quantity *	
Material *(ex: Wafer, PDMS, other…)	
Remarks :	
Operator	
Date of coating	
Remarks :	

mailto: Miguel & Cyrille and attach this file filled

EPFL ENT-R CMI-GE
miguel.marmelo@epfl.ch
BM1.135 – Station N° 17
CH - 1015 Lausanne

+4121 693 77 56
infocmi@epfl.ch
www.epfl.ch