

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 :	

[Mail to:CMI Staff](#)