

Collimated Holes, Inc.

RFQ Form

Date : _____

Contact Information

*Name: _____
Company: _____
Industry: _____

*Phone: _____
Fax: _____
Email: _____

* = Required field

Fiberoptic Faceplates

Quantity = _____

External Dimensions: L or \varnothing = _____ W = _____ H = _____ (Fiber path length)

Tolerances = _____

Fiber Size = _____

Open Area Ratio = _____

EMA (y/n) = _____

If yes, preferred EMA configuration: Interstitial Statistical Super-Clad

Numerical Aperture = _____

Scintillating fibers = Yes No

Additional specifications or notes: _____

Capillary Arrays

Quantity = _____

External Dimensions: L or \varnothing = _____ W = _____ H = _____ (Channel path length)

Tolerances = _____

Hole Size = _____

Hole Geometry = Hexagonal Square Other** **Please contact us

Packing Geometry = Hexagonal Square

Open Area Ratio = _____

EMA (y/n) = _____

If yes, preferred EMA configuration: Interstitial Statistical Super-Clad

Substrate Glass = Lead-silicate Soda-lime Borosilicate

Additional specifications or notes: _____

Please fill out this form and fax or email to us at:

Fax: 408-374-0670

Email: contact@collimatedholes.com

For custom structures that do not fit into the framework of this RFQ sheet, please contact us to discuss your specific requirements.

Thank you for your interest in CHI!