



Your Name: _____ Company Name: _____
 Phone: _____ Ex _____ Fax _____
 E-mail _____

Please give us as much information as you can:

Mechanical Requirements

Overall Length _____ (mm or inch.)
 Quartz Length _____ (mm or inch.)
 Arc Length _____ (mm or inch.)
 Quartz ID X OD _____ (mm)
 Max Lamp OD _____ (mm)
 Quartz Type _____ (CDQ, CFQ, TDQ, SFQ)
 Gas Type _____ (Xe, Kr, mix)
 Pressure _____ (torr)

Electrical Requirements

Input Energy _____ (joules)
 Repetition Rate _____ (Hz)
 Pulse Width _____
 Peak Current _____ (amps)
 Max. Power _____ (watts)
 Typ. Avg. Power _____ (watts)
 Trigger _____ (series, external)
 Current Waveform _____ (gaussian, Square, other)

System Information

Type of laser Rod _____
 O Ring Location _____ (mm or inch.)
 End Connection Style _____
 Desired Lifetime _____ (shots)