



D&D LABORATORY

Probe Card Order Form

Company Name _____		Date: _____
Address _____		P.O.# _____
City/State/Zip _____		
Requisitioner _____	Telephone _____	Fax _____
Buyer _____	Telephone _____	Fax _____

New Order Change Order Previous S.O# _____
 Re-Order Repair

Note: No additional information or material is required if this is a re-order.

Require a new drawing or probing diagram for change orders.

Quantity of probe cards _____ # of probes _____ # of pads _____

Material Required with order

Important: Fill out one form per device & forward along with mask, probing diagram & purchase order.

1. Mask Wafer, or Contact print or pad (coordinate drawing)

- Mask or Wafer ID# _____ (emulsion size ___ up ___ down)

2. Probing diagram, drawing, or device photo.

Note: Diagram/ drawing/ photo must accurately show pads layout of the device to be probed.

- Mark pads to be probed
- Edge Sensor (s) tip location
- Device orientation (indicate orientation of die or wafer flat with respect to pin 1 or edge connector on pad layout diagram)

3. Total die size in mils _____ X _____

4. Complete wiring diagram, (if D&D is to wire cards)

Technology: Epoxy *Dual *Quad *Multiple Site *Other
 Blade

Board Style: _____

Probe Card Depth (Epoxy Technology): 80+10/-5 from bottom (standard) Other _____

Blade Style: _____

Probe Material:	<input type="checkbox"/> Tungsten(Standard)	<input type="checkbox"/> Beryllium Copper	
	<input type="checkbox"/> Palladium	<input type="checkbox"/> Rhenium Tungsten	
Tip Diamter:	<input type="checkbox"/> 2.0 mils(standard)	<input type="checkbox"/> 1.5 mils	<input type="checkbox"/> Other _____
Tip Shape:	<input type="checkbox"/> Flat(Standard)	<input type="checkbox"/> Radius	
Tip Length:	<input type="checkbox"/> 7 mils(standard)	<input type="checkbox"/> Other _____	

Edge Sensor Information			
Quantity: _____			
Type:	<input type="checkbox"/> 2 Wire(standard)	<input type="checkbox"/> 2 Wire isolate	<input type="checkbox"/> 3 Wire isolate
Location:	<input type="checkbox"/> On scribe line(standard)	<input type="checkbox"/> Off scribe line	<input type="checkbox"/> Active Pad

Component Requirements(Note: Location must be indicate on pad diagram)		
Component Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Customer provide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information		
Traces Specified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Note: Must be included on diagram)
Wiring	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Note: Wiring diagram must be included)
Overdrive Used	<input type="checkbox"/> 2 mils	<input type="checkbox"/> 3 mils <input type="checkbox"/> Other _____ mils

Special Instruction

If you have any question, please call D&D Laboratory, or contact your sales representative.
Thank you for your order.

D&D Laboratory
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