

Magnetics

Design Request Form



INDUCTORS

VISHAY INTERTECHNOLOGY, INC.

Name: _____ Phone: _____
Company: _____ Email: _____
Industry: _____ Type of inductor: _____
Application: _____ Specification available: Yes No If yes, please attach specs to email
Safety agency requirements: _____
Check all that apply: UL CSA VDE IEC Automotive Medical Other: _____

Electrical Requirements

Operating frequency: _____ KHz MHz **Current (min.):** _____ mAmps Amps
SRF (min.): _____ KHz MHz GHz **DCR (max.):** _____ Ohms mOhms
Inductance: _____ μ H 5 % 10 % Other: _____
Q factor (min.) at test frequency: _____ KHz MHz

Mechanical Requirements

Mounting: Through-hole SMD Flying leads Other: _____
Length (max.): _____ Inches mm Other: _____
Width (max.): _____ Inches mm Other: _____
Height (max.): _____ Inches mm Other: _____

Environmental Requirements

Dry Varnished Vacuum Varnished Epoxy Impregnated Other: _____
Operating temperature °C: _____

Additional Requirements

Annual quantity: _____ Start of production: _____
Target price: _____ Sample required
Prioritization (1 – Highest) Target date for sample: _____
Size ____ Efficiency ____ Cost ____

Notes

