

LEI Sample Testing Form

Company: _____ **Contact:** _____

Location: _____ **Phone/Fax:** _____

Email: _____ **Sales Agent:** _____

(If you are sending a sample that differs from the details you gave on page 2 of the Application Analysis form, please complete this page for each sample to be tested at LEI):

Wafer ID Number: _____

Diameter: _____ Thickness: _____

Sheet Resistance: _____ Resistivity : _____

Mobility: _____ Sheet Charge Density: _____

Layer(s): ___ Epi ___ Ion implant ___ Metal Temperature Coefficient: _____

Substrate Material: ___ GaAs ___ GaN ___ InP ___ Si ___ SiC ___ Sapphire
 ___ Other Compound (specify): _____

Structure: ___ PHEMT ___ HEMT ___ HBT ___ MESFET ___ LED
 ___ Other (please specify): _____

Wafer Structure (please feel free to include additional layers as needed)

Layer 1	Thickness: _____ Dopant Density: _____ Rs/Resistivity: _____
Layer 2	Thickness: _____ Dopant Density: _____ Rs/Resistivity: _____
Layer 3	Thickness: _____ Dopant Density: _____ Rs/Resistivity: _____
Substrate	Thickness: _____ Dopant Density: _____ Rs/Resistivity: _____

Testing Required:

- Sheet Resistance/Resistivity: Min. _____ Mid. _____ Max. _____
- Mobility: Min. _____ Mid. _____ Max. _____
- Sheet Charge Density: Min. _____ Mid. _____ Max. _____
- Carrier Concentration vs. Depth: Min. _____ Mid. _____ Max. _____

Test Plan Options:

Sheet Resistance/Resistivity: _____ Center (10x) _____ 55-pt. _____ 28-pt.
 Mobility: _____ Center only _____ 5 pt. (2-4") _____ 9 pt. (5-6")

Date to be returned: ___/___/___ Method of return: ___ Mail ___ FedEx* ___ UPS*
 * Account # (required): _____