Custom Magnetic Design Form

Fax completed form to 408.369.4911

Name:_____

Company:_____ Address:_____

City:_____ State/Province:_____ Country:_____ Zip Code:_____

Email:_____ Phone:_____ Fax:_____

Application:_____

Prototype qty:_____ Date required:_____

Estimated Annual Usage:_____ Budgetary target price:_____

Topology

Power Inductor ____ Shielded _____ Unshielded ____

Buck ___ Boost ___ Flyback ___ Coupled Inductor ___

Forward ___ Gate Drive ___ SEPIC ___ Common Mode ___

Electrical

Primary

Frequency Range(kHz):_____ Duty Cycle(%):_____ □ Continuous □ Discontinuous

Input Voltage(V):_____ Power(Watts):_____

Input Current(A):_____ □ Peak □ RMS Primary Inductance (Nom):_____

Leakage Inductance (uH):_____

Secondary(ies)

	S1	S2	S3	S4	S5	S6
Voltage (V): □ AC □ DC	____	____	____	____	____	____
Current (A): □ PK □ RMS	____	____	____	____	____	____

Max. Ambient Temp:_____ DC Resistance (DCR)_____

Dielectric Withstanding Voltage (Hipot):_____

Physical

Mounting: □ Surface Mount □ Thru-Hole *Please specify pad or hole dimensions below*

Maximum Dimensions: Length:_____ Width:_____ Height:_____

Agency Approvals: □ IEC □ UL □ CSA □ VDE Other:_____

Schematics, Notes, Sketches:

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