



Gowanda Electronics
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Custom Magnetic Design Form

Company/Division: _____

Contact Name: _____ Telephone: _____

Address: _____

City, State/Region, Country, Postal Code: _____

Email: _____ Fax: _____

Application: _____ Part # _____

Timing: _____ Target Price: _____

| Design Parameters | | Importance | | | |
|--|-------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | High | Med. | Low | N/A |
| | | Double Click for Check Box Field | | | |
| Type (Ind./Choke/Trans./etc.) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mount/Encapsulation/etc | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inductance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRF | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DCR | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Rating | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequency (or Range) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operating Temperature (Ambient/Max-Min) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Tolerance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shielding (If Required) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Size | X | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Y | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Height | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | O.D. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Lead Length | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|-----------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Footprint (see below) | X | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Y | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pad Width | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tinned or Untinned | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lead or Lead Free (RoHS) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Core (or Type) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wire Gauge | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Environmental Concerns | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Application Specific (please include a schematic) | | | | | | |
| Transformer | | | Importance | | | |
| | | | High | Med. | Low | N/A |
| Turns Ratio | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V in – V out / I in – I out | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Load Current | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wave Type (i.e. sine, square, etc.) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fly-back Transformer | | | Importance | | | |
| | | | High | Med. | Low | N/A |
| Type* | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Turns Ratio | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V in – V out / I in – I out | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Load Current | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wave Type (i.e. sine, square, etc.) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Continuous Boost, Discontinuous Boost, Continuous Buck, Discontinuous Buck

Additional Design Considerations or Comments:

