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FlowJEM Fillable Price Request Form

Request date _____

Contact Information

Quote requested by:

Name _____ Organization _____
 Address _____
 Phone _____ Email _____

Billing Address

Name _____ Organization _____
 Address _____
 Phone _____ Email _____

Shipping Address

It is same as the: Quoting address Billing address

Name _____ Organization _____
 Address _____
 Phone _____ Email _____

Project Description

Type	Item
Su8-Si Mold Su8-Copper Mold	Design Name _____ Qty _____ Wafer Size _____ No Silanisation _____ FOR CUSTOMIZED DESIGN ONLY
	# of Layers 1 2 Other (see notes) Layer Height _____ μm Min. Feature Size _____ μm Min. Gap Size _____ μm
PDMS Microfluidic Device	Design Name _____ Qty _____ Aquapel Flush _____ Other Surface Modification _____ Hole Size _____ mm
Thermoplastic Microfluidic Device	Material _____ Qty _____ # of Layers 1 2 Height of Layers _____ μm Alignment Bonding _____ Min. Feature Size _____ μm Min. Gap Size _____ μm

Note Please indicate the polarity of features below (protruding/recessed); default polarity is protruding if unspecified