



Gowanda Electronics
 One Magnetics Parkway
 Gowanda, NY 14070



Tel: 716-532-2234 Fax: 716-532-2702
 Email: sales@gowanda.com

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:

