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## **Custom QLC/IVF request form**

Please complete this form and send it back to us. Our design team will review the supplied information and present you with a solution for your application. Important: Any missing information will delay your quotation.

| Renishaw office  | Renishaw contact name *   |
|--|---|
| Company (end user)   | Renishaw contact email *  |
| Date   | * This person will receive the quotation and approval drawings                        |
| Required for quote   |   |
| You must fill in either (1) or (2)   |   |
| (1) QLC  | (2) IVF   |
| QLC location: Lower left (recommended) Lower right   | Are separate sections required? Yes¹ No   |
| Upper left Upper right   | <sup>1</sup> If yes, how many?  |
| Other  | Are vision plates required? Yes <sup>2</sup> No                                       |
| If necessary, please use the drawing below to help.  | <sup>2</sup> If yes, please complete a Custom vision plate request form (H-1000-0189) |
| Machine details  |   |
| Machine make   | Machine model   |
| Machine drawings Dimensions given are: Metric (mm) Imperial (in)                                   |   |
| Is the glass surface raised above the outer frame?  Yes³  No                                       |   |
| Probe rack? Yes <sup>4</sup> No No No Silf yes, please specify the approximate height of the glass |   |
| <sup>4</sup> If yes, please indicate the type and the position on the diagram below.               |   |
| Stage thread size  O O O O O O O O O O O O O O O O O O   |   |
| Additional information INTERNAL USE ONLY   |   |
|  | Part number   |
|  | Order number  |
|  | S/O number  |
|  |   |