

Please be aware that all fields are **editable** and **mandatory** – do not print!

Customer

Company Name

Company Address

Name

Department

E-mail

Phone

Technical Contact

same as customer

Company Name

Company Address

Name

Department

E-mail

Phone

Product Name

Product Serial Number

The following information refer to the **exact setting** in the moment you are experiencing your issue!

Application

Load

Operating Environment

a) Used as Voltage amplifier Current amplifier

b) Source operation

Max. voltage [V_{peak}]	<input type="text"/>	Current [A_{peak}]	<input type="text"/>
Inrush current [A_{peak}]	<input type="text"/>	Bandwidth [Hz]	<input type="text"/>
Max. power [W]	<input type="text"/>	Signal waveform	<input type="text"/>

c) Sink operation

Max. voltage [V_{peak}]	<input type="text"/>	Current [A_{peak}]	<input type="text"/>
Inrush current [A_{peak}]	<input type="text"/>	Bandwidth [Hz]	<input type="text"/>
Max. power [W]	<input type="text"/>	Signal waveform	<input type="text"/>

d) Additional Information

Defect Description

Thank you for your efforts!

