

LCD Mall Limited.

LM-RD-02

LCM 客户定制表

Check Point Of Customized TFT LCD Module

This form is help us for more understanding your requirements, please fill in the form or contact us.

If you already are available for prototype drawing, you could ask Disea sales help you for filling in this form.

1>Application:
\square Communication Products \square Medical Products \square White Goods
\square Instrument Products \square Industrial products \square Auto Products
\square POS/ATM/KIOSK \square Home Health \square MTF \square HMI \square Others
2>Operating Environment:
☐ Indoor ☐ Outdoor Continuous sunshine ☐ Others
3>Temperature And Storage Range:
Operating temperature:°C~°C
Storage temperature:°C~°C
ALLOD TYPE
4>LCD TYPE:
□ TN □ IPS
Ex Configuro:
5>Configure: Reference samples
☐ Reference samples☐ Reference datasheet/drawing
Others: Please fill in the blank in the below:
Size(inch) Resolution(dot) AA(mm) Outline(mm)
Thickness (mm) LED Numbers
mickiess(iiiii) LED Numbers
6>LCM Connect Type:
☐ Connector ☐ Soldering ☐ Gold finger
FPC pin NO.
LCD Drive IC LCD Interface
CTP Drive IC CTP Interface
7>Display Mode:
☐ Reflective ☐ Transflective ☐ Transmissive
8>Polarizer Type:
☐ Hard coating ☐ Anti-glare ☐ Anti- reflection ☐ General ☐ Others



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9>Viewing Direction: \square 6:00 (Down) \square 3:00 (right) \square 12:00 (Up) \square 9:00 (Left) \square others \square All Definition of viewing angle: right Φ=90° 10>Quality Standard ☐ Follow Disea LCM standard. ☐ Follow customer LCM standard. 11>Package: ☐ Polyfoam package ☐ Plastic package ☐ Electrical dissipative ☐ Others_ 12>Samples Available: □ NO samples ☐ Yes,_____PCS, new samples need to sent to: Receiver: Company title: Detailed address: Post NO.: Tel: Customer Message: Note: Company name of customer:____

E-mail:_