Wavelength Procurement Worksheet

Specify and verify the requested configuration. This is not a medical-effect or tissue-penetration guide.

Project inputs

Buyer / project: _____ Model / revision: _____

Destination / intended claims: _____

Configuration owner / date: _____

Requested bands and evidence

Requested band / nm	Allocation & control requirement	Supplier-confirmed configuration / report
Band 1: _____	_____	_____
Band 2: _____	_____	_____
Band 3: _____	_____	_____
Band 4: _____	_____	_____
Band 5: _____	_____	_____
Band 6: _____	_____	_____

Measurement conditions to record

Field	Project requirement / supplier evidence
Report model & revision	_____
Instrument / calibration	_____
Operating mode / warm-up	_____
Distance / grid / measured area	_____
Spectrum / tolerance	_____
Center vs area-average irradiance	_____
Thermal / ambient conditions	_____

Acceptance and change review

Ask for measured spectrum and test conditions for the exact SKU. More bands or a higher isolated reading do not automatically establish better quality or suitability. Any optical, electrical or structural change may require updated validation and documentation.

Open questions / approval owner: _____

Do not infer a fixed penetration depth, clinical outcome or approved medical use from a wavelength alone. Confirm intended use and applicable requirements with qualified reviewers.

Continue the project discussion

Request a manufacturing discussion · WhatsApp · Official Alibaba showroom · Product documentation · Certificate scope