PRODUCT/PROCESS CHANGE NOTICE (PCN)

PCN #: WP1909-01           DATE: September 20, 2019
Product Affected: P9415-0AWQI (8)
                    P9415-2AWQI (8)
Date Effective: October 20, 2019
Contact: IDT PCN Desk
E-mail: idt-pcn@lm.renesas.com

MEANS OF DISTINGUISHING CHANGED DEVICES:
☐ Product Mark
☐ Back Mark
☐ Date Code
☐ Other

Lot# below are from old Rev E:
QXSL06259, QXSL06260, XSL06261,
QXSL06262, QXSL06275, XSL06305,
QXSL06332, QXSL06411
Lots thereafter are new Rev F.

Attachment: Yes  No

Samples: Please contact your local sales representative for sample request.

DESCRIPTION AND PURPOSE OF CHANGE:
☐ Die Technology
☐ Wafer Fabrication Process
☐ Assembly Process
☐ Equipment
☐ Material
☐ Testing
☐ Manufacturing Site
☐ Data Sheet
☐ Other - Die revision change

This notice is to advise our customer of the die revision change from Rev E to Rev F. This is a metal layer change only with the purpose as follows:

1. Yield Improvements
   Bandgap Accuracy – Trim change to re-center and eliminate yield issue.
   BST (BST-AC) leakage – Minor changes to improve yield.

2. Change HVOD threshold from 80%/90% to 90%/95% setting to provide improved set-point resolution & flexibility. The new settings allow the HVOD to operate closer to the VRECT AMR limits.
   Firmware are being changed to reflect the hardware changes.
   All changes were tested and proper functionality verified at the bench which show no impact in the device's performance.
   Prior revision will no longer be available once the supply is exhausted.

RELIABILITY/QUALIFICATION SUMMARY:
There is no change in die technology/process/datasheet.

CUSTOMER ACKNOWLEDGMENT OF RECEIPT:
IDT records indicate that you require written notification of this change. Please use the acknowledgement below or E-Mail to grant approval or request additional information. If IDT does not receive acknowledgement within 30 days of this notice it will be assumed that this change is acceptable.
IDT reserves the right to ship either version manufactured after the process change effective date until the inventory on the earlier version has been depleted.

Customer: ___________________________  ☐ Approval for shipments prior to effective date.
Name/Date: ___________________________  E-Mail Address: ___________________________
Title: ___________________________  Phone # /Fax #: ___________________________

CUSTOMER COMMENTS: ___________________________

IDT ACKNOWLEDGMENT OF RECEIPT:
RECD. BY: ___________________________  DATE: ___________________________