

Integrated Device Technology, Inc. 6024 Silver Creek Valley Road, San Jose, CA 95138

A nenessa company 0024 SHVCI CICCK Valley Road, Sall 305c, CA 73136				
PRODUCT/PROCESS CHANGE NOTICE (PCN)				
PCN #: WP1909 Product Affected:	P9415-0AWQI P9415-2AWQI		□ Product Mark□ Back Mark□ Date Code	UISHING CHANGED DEVICES: Lot# below are from old Rev E: QXSL06259, QXSL06260, XSL06261, QXSL06262, QXSL06275, XSL06305, QXSL06332, QXSL06411 Lots thereafter are new Rev F.
	Dctober 20, 2019 DT PCN Desk		Other Attachment:	Yes No
Contact. ID11 CN Desk		_	_	
E-mail: <u>idt-pcn@lm.renesas.com</u> S			Samples: Please contact your local sales representative for sample request.	
DESCRIPTION AND PURPOSE OF CHANGE: Die Technology Wafer Fabrication Process Assembly Process 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: Equipment Testing Bandgap Accuracy − Trim change to re-center and eliminate yield issue. BST (BST-AC) leakage − Minor changes to improve yield. Data Sheet Other - Die revision change C. 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 sh	sipments prior to effective date.
Name/Date: E-N		Mail Address:		
Title:		Ph	one # /Fax #:	
CUSTOMER COMMENTS:				
IDT ACKNOWLEDGMENT OF RECEIPT:				
RECD. BY:	22 Gillini Oi Ri		DATE:	