

## **Product and Process Change Notification**

| Issue Date:   | 08/22/14   |  |
|---|--|--|
| PCN Number:   | PCN140017  |  |
| Title:  | Borderless de-coupling capacitors change   |  |
| Affected Part:  | HMC1061LC5   |  |
| Description of Change:  | Replace the borderless de-coupling capacitors inside the<br>package to border capacitors           |  |
| Reason for Change:  | Prevent bond-wire from shorting capacitor  |  |
| Anticipated Impact of Product Change<br>(Form, Fit, Function, Quality Or Reliability):        | This change will improve the quality of manufacturing as well as making the product more reliable. |  |
| Changed Part Identification:  | HMC1061LC5   |  |
| Last-Time Buy for Unchanged Product:  | N/A<br>N/A   |  |
| Last-Time Delivery for Unchanged Product:   |  |  |
| Effective Date:<br>(earliest date that a customer could expect to<br>receive changed product) | To ensure continuous supply Hittite request immediate review and approval.                         |  |
| Sample Availability Date:   | Available  |  |
| Qualification Data Availability Date:   | Available  |  |
| Qualification Status:   | Complete   |  |
| Qualification Plan:   | Functional and physical analysis complete.   |  |
| Reliability Data Summary:   | N/A  |  |

Analog Devices Contact:

Please direct technical inquiries via email to <u>pcn@hittite.com</u> Please direct price, delivery, order status inquiries via email to <u>sales@hittite.com</u>

Hittite Microwave Corporation will consider specific conditions of acceptance of this change submitted within 30 days of receipt of this notice on a case by case basis. To request further data or inquire about this notification, please contact <u>pcn@hittite.com</u>.

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## **PCN Response Form**

| PCN Number:<br>Company Name:<br>Company Location (Address, City, State, Country) |                         |                         |  |                                   |                  |                         |
|--|-------------------------|-------------------------|--|-----------------------------------|------------------|-------------------------|
|  |                         |                         |  | Key Contact                       | Email            | Phone Number            |
|  |                         |                         |  | Additional Key Contact (Optional) | Email (Optional) | Phone Number (Optional) |
| Are you the End User?<br>Yes   |                         |                         |  |                                   |                  |                         |
| No   |                         |                         |  |                                   |                  |                         |
| **If No, please provide the following info                                       | rmation                 |                         |  |                                   |                  |                         |
| End User - Company Name:   |                         |                         |  |                                   |                  |                         |
| End User - Company Location( Address   | , City, State, Country) |                         |  |                                   |                  |                         |
| End User - Key Contact   | End User - Email        | End User - Phone Number |  |                                   |                  |                         |

**Questions/Feedback** 

