PRODUCT/PROCESS CHANGE NOTICE (PCN)

PCN Number: **PCN 20006** Date Issued: Product(s) Affected: **SP337EUEY-L** **SP337EUEY-L/TR** Manufacturing Location Affected: **TSMC Fab 10 | Shanghai** Date Effective (90 day window): June 18, 2020 Date Issued +90 days: September 18, 2020	Means of Distinguishing Changed Devices: ☐ Product Mark: ☐ Back Mark ☒ Date Code ☐ Other
Contact: Your local MaxLinear Marketing Representative or contact our Customer Support team by creating a Support Ticket at http://www.maxlinear.com/support/createcase Phone: 1-760-692-0711	Attachment: ☐ Yes ☐ No Samples: **Request from MaxLinear Marketing Representatives**
Description and Purpose of Change: MaxLinear has qualified TSMC|Fab 10 wafer foundry in Shanghai in order to facilitate long term support of the product line. The wafer process is 0.25um CMOS High Voltage Mixed Signal. There is no change to form, fit, or function other than the exceptions noted below: t(DZZV) Shutdown to Driver Output Valid changes from (typ 100ns, max 400ns) to (max 30us) t(RZZV) Shutdown to Receiver Output Valid changes from (typ 100ns, max 800ns) to (max 30us) No change to assembly location, package BOM, device reliability. Note: Users who rely on DC, diode characteristics during ICT testing should take caution certain I/O characteristics may appear changed due to the proprietary I/O structures employed by TSMC. These DC / diode characteristic differences are not guaranteed nor required to ensure full design functionality per datasheet. Adjustments at ICT testing may be required to prevent false failures.	☒ Die Technology ☒ Wafer Fabrication ☐ Assembly Process ☐ Equipment ☐ Material ☐ Testing ☒ Manufacturing Site ☒ Data Sheet ☐ Yield Enhancement ☐ Other:
Reliability/Qualification Summary: Available upon request.	

Customer Acknowledgement of Receipt within 30 days of issue. Lack of acknowledgement within 30 days constitutes acceptance of change.

Please fax or email this form to the contact above after completing the following information:

Customer: _____

Name: _____

Title: _____

Date: _____

E-Mail: _____

Phone: _____

Fax: _____

☐ Approval for shipments prior to effective date

Customer Comments (Optional):