PERICOM®
Semiconductor Corporation

The Complete Interface Solution

PRODUCT / PROCESS CHANGE NOTICE (PCN)

PCN Number: **16-04**

Date Issued: **February 25, 2016**

Product(s) Affected: **See below**

Manufacturing Location Affected: **N/A**

Date Effective: **June 1, 2016**

Means of Distinguishing Changed Devices:

☐ Product Mark

☐ Back Mark

☒ Date Code: **See below note.**

☐ Other:

Contact: **Raul Aman**

Title: **Quality Assurance Director**

Phone: (**408) 232-9100** Fax: **(408) 434-1040**

EMails: **PCN_PDN@pericom.com**

Attachment: ☒ Yes; ☐ No

1. **PT7C43190 datasheet**
2. **PT7C43390 datasheet**

Description and Purpose of Change:

Pericom would like to formally notify all customers that we are porting some RTC products from CSMC 0.5 micron, 5-volt CMOS process to previously qualified MagnaChip's foundry using the same process to improve the product performance.

The typical current consumption of new die was reduced from 0.4uA to 0.3uA (Vdd=3.0V). No other critical electrical parameters was changed on the datasheet. Customers can request samples if they want to verify it's compatibility in their design and to qualify this new version.

At the end of 90 day notice, customer should expect to receive inventory from both old and new die until we deplete our old die.

Affected Part Numbers:

☐ Die Technology

☒ Wafer Fabrication: **From CSMC (W) to MagnaChip (G)**

☐ Assembly Process

☐ Equipment

☐ Material

☐ Testing

☐ Manufacturing Site

☒ Data Sheet

☐ Other

Pericom P/N	Pericom P/N
PT7C43190LE	PT7C43390LE
PT7C43190LEX	PT7C43390LEX
PT7C43190WE	PT7C43390WE
PT7C43190WEX	PT7C43390WEX

Note: The distinguishing means for old and new die will be identified by the datecode. The devices that used the new die will have last letter suffix "G" in the datecode.

Example:

Datecode of Old die = 1601KW, where **W** is the fab code for CSMC

Datecode of New die = 1601KG where **G** is the fab code for Magnachip

---

Customer Acknowledgement of Receipt:

Customer: _____

Name: _____

Title: _____

Date: _____

eMail: _____

Phone: _____

Fax: _____

☐ Approval for shipments prior to effective date
Customer Comments (Optional): _____

Pericom Internal Use Only:

Location: ☐ PSC   ☒ PTI   ☐ PSE-TW   ☐ PSE-SD

PSETW PCN: N/A