

Engineering/Process Change Notice

ECN/PCN No.: 3145

For Manufacturer				
Product Description: 32.768kHz SMD Low Profile Crystal	Abracon Part Number / Part Series: ABS07-120-32.768kHz-T		□ Series ⋈ Part Number	
Affected Revision: Rev. B	New Revision: Rev. C	Application:	□ Safety ⊠ Non-Safety	

Prior to Change

ELECTRICAL SPECIFCATIONS

 $\begin{array}{c} \underline{\textit{Shunt capacitance (C0):}} \\ \bullet \quad \mathsf{Typical} \to 1.20 \; \mathsf{pF} \end{array}$

Parameters	Minimum	Typical	Maximum	Units
Shunt capacitance (C0)		1.20		pF

Parameters	Minimum	Typical	Maximum	Units
Motional capacitance (Cm)	3.0	3.7	4.4	fF

After Change

ELECTRICAL SPECIFCATIONS

 $\begin{array}{c} \underline{\textit{Shunt capacitance (C0):}} \\ \bullet & \mathsf{Typical} \to \textbf{1.10 pF} \end{array}$

Parameters	Minimum	Typical	Maximum	Units
Shunt capacitance (C0)		1.10		pF

Motional capacitance (Cm):

- Minimum → not specified Typical → 4.7 fF
- Maximum → not specified

Parameters	Minimum	Typical	Maximum	Units
Motional capacitance (Cm)		4.7		fF

Cause/Reason for Change:

Revision of the electrical specifications to align with the product design.

Change Plan				
Effective Date: 07/02/20	Additional Remarks: N/A			
Change Declaration: Revision of the typical electrical specifications to align with a new production line processes, needed to address production capacity and flexibility of delivery. Issued Date: 07/02/20 Issued By: Brooke Cushman Issued Department: Engineering				
Approval: Syed Raza Engineering VP	Approval: Reuben Quintanilla Quality Director	Approval: Ying Huang Purchasing Director		

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For Abracon EOL only				
Last Time Buy (if applicable): N/A		Alternate Part Number / Part Series: N/A		
Additional Approval: N/A	Additional Approval: N/A		Additional Approval: N/A	
	Customer Appro	oval (If Applicable)		
Qualification Status:				
	\square Approved	\square Not accepted		
Note: It is considered approved if the	re is no feedback fro	om the customer 1 m	onth after ECN/PCN is released.	
Customer Part Number: Customer Project:				
Company Name:	Company Representative:		Representative Signature:	
Customer Remarks:				

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