

PRODUCT/PROCESS CHANGE NOTICE (PCN)	
PCN Number: 21026 Date Issued: 7/19/2021 Product(s) Affected: XRP6272ITC5TR-F Date Effective (90 day window): July 19, 2021 Date Issued +90 days: October 19, 2021	Means of Distinguishing Changed Devices: <input type="checkbox"/> Product Mark: <input type="checkbox"/> Back Mark <input checked="" type="checkbox"/> Date Code <input type="checkbox"/> Other <div style="text-align: right; margin-top: 10px;">  Approval for PCN 21026.pdf </div>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples: Request from MaxLinear Marketing Representatives
Description and Purpose of Change: To improve manufacturing efficiency, leadframe supplier has gone from 1 row to 4 row strip. For this TO-252-5L package, there are minor cosmetic differences to the package form; a) Chamfered, 45° corners to reduce stress b) Heat sink shape for sturdier mold lock c) Ejector pin mark on package bottom Otherwise, there is no impact to fit and electrical function. No change to land pattern is required to use this updated package.	<input type="checkbox"/> Die Technology <input type="checkbox"/> Wafer Fabrication <input type="checkbox"/> Assembly Process <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Material: Leadframe <input type="checkbox"/> Testing <input type="checkbox"/> Product Design <input type="checkbox"/> Manufacturing Site <input checked="" type="checkbox"/> Data Sheet <input type="checkbox"/> Yield Enhancement <input type="checkbox"/> Software <input type="checkbox"/> Other:
Reliability/Qualification Summary: N/A – same process as previously qualified	
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: _____ <input type="checkbox"/> Approval for shipments prior to effective date Customer Comments (Optional):	