

Engineering/Process Change Notice

ECN/PCN No.: 3682

ECIN/PCIN INU 3002								
For Manufacturer								
Product Description: LOW ESR, LOW CL CERAMIC SMD CRYSTAL	Abracon Part Number / Part Series: ABM10W							
Affected Revision:	New Revis	ion:		An	pplication: Safe	tv		
D		Е		'	⊠ Non-Safety			
Prior to Change:								
Electrical Specifications								
Parameters	Minimum	Typical	Maximum	Units	Notes			
Equivalent series resistance (R1) (over -40°C to +125°C)		< 70	100		16.0000 – 19.9999MHz			
		< 50	80	Ω	20.0000 - 29.9999MHz			
		< 40	60		30.0000 – 39.9999MHz	•		
		< 25	40		40.0000 – 50.0000MHz	1		
		\ 23	40		40.0000 - 30.0000WIIIZ]		
After Change:								
Electrical Specifications			_			-		
Parameters	Minimum	Typical	Maximum	Units	Notes			
		< 70	100		16.0000 – 19.9999MHz			
Equivalent series resistance "R1" (over Operating Temperature Range) (CL=4pF)		< 50	80		20.0000 - 29.9999MHz	1		
		< 40	60	Ω	30.0000 – 39.9999MHz	<u> </u>		
		< 25	40	1	40.0000 – 50.0000MHz	1		
Equivalent series resistance "R1" (over Operating Temperature Range) (CL=6pF, 7pF, 8pF)		< 50	70		16.0000 – 19.9999MHz			
		< 35	50		20.0000 – 29.9999MHz	1		
		< 30	40	Ω	30.0000 – 39.9999MHz			
		 				-		
		< 25	30		40.0000 – 50.0000MHz]		
Cause/Reason for Change: Abracon improved product electrical performance for the crystal Equivalent Series Resistance (R1) parameter.								
Change Plan								
Effective Date: 10/05/2020	Additional Remarks:							
 Change Declaration: All previous (initial release through revision D) Abracon shipments comply with revision E of the ABM10W datasheet. All product delivered after the below published effectivity date shall comply with revision E of the ABM10W datasheet. 								
Issued Date: 10/05/2020	Issued By:			Iss	Issued Department:			
Approval:	Approval:			Ap	Approval:			

Form #7029 Rev. A Effective: 04/29/2020 Page 1 of 2













Engineering/Process Change Notice

For Abracon EOL only							
Last Time Buy (if applicable):		Alternate Part Number / Part Series:					
Additional Approval:	Additional Approval:		Additional Approval:				
Customer Approval (If Applicable)							
Qualification Status:							
☐ Approved ☐ Not accepted							
Note: It is considered approved if there is no feedback from the customer 1 month after ECN/PCN is released.							
Customer Part Number:		Customer Project:					
Company Name:	Company Representative:		Representative Signature:				
Customer Remarks:							

Form #7029 Rev. A Effective: 04/29/2020 Page 2 of 2









