

ECN/PCN No.: 3889

For Manufacturer			
<b>Product Description:</b> SMD Crystal	<b>Abracon Part Number / Part Series:</b> FC8AQ	<input type="checkbox"/> Documentation only	<input checked="" type="checkbox"/> Series
		<input checked="" type="checkbox"/> ECN	<input type="checkbox"/> Part Number
		<input type="checkbox"/> EOL	
<b>Affected Revision:</b> A	<b>New Revision:</b> B	<b>Application:</b>	<input type="checkbox"/> Safety
			<input checked="" type="checkbox"/> Non-Safety

**Prior to Change:**

Option +/- 30ppm over operating temperature -30C to +85C is available.

AVAILABLE OPERATING TEMPERATURES AND STABILITIES*				
Operating Temperature	±20 PPM	±25 PPM	±30 PPM	±50 PPM
0°C ~+70°C	O	O	O	O
-20°C ~+70°C	O	O	O	O
-30°C ~+85°C	X	X	O	O
-40°C ~+85°C	X	X	X	O

Key: O = Available, X = Not Available, Δ=Consult Fox Technical Support  
\*Does not imply a stocked part.

**After Change:**

Remove option +/- 30ppm over operating temperature -30C to +85C

AVAILABLE OPERATING TEMPERATURES AND STABILITIES*				
Operating Temperature	±20 PPM	±25 PPM	±30 PPM	±50 PPM
0°C ~+70°C	O	O	O	O
-20°C ~+70°C	O	O	O	O
-30°C ~+85°C	X	X	X	O
-40°C ~+85°C	X	X	X	O

Key: O = Available, X = Not Available, Δ=Consult Fox Technical Support  
\*Does not imply a stocked part.

**Cause/Reason for Change:**

Discontinuation of certain tight stability (extended operating temperature range) manufacturing capability.

### Change Plan

<b>Effective Date:</b> 07/29/2021	<b>Additional Remarks:</b>		
<b>Change Declaration:</b>			
<b>Issued Date:</b> 07/29/2021	<b>Issued By:</b> <i>Stephanie Lopez</i>	<b>Issued Department:</b> Engineering	
<b>Approval:</b> <i>Thomas Culhane</i> Engineering Director	<b>Approval:</b> <i>Reuben Quintanilla</i> Quality Director	<b>Approval:</b> <i>Ying Huang</i> Purchasing Director	

### For Abracon EOL only

<b>Last Time Buy (if applicable):</b> None	<b>Alternate Part Number / Part Series:</b> None
<b>Additional Approval:</b>	<b>Additional Approval:</b>
<b>Additional Approval:</b>	<b>Additional Approval:</b>

**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:**