

Product and Process Change Notification

| Issue Date: | 08/20/14 | |
|--|--|--|
| PCN Number: | PCN140024 | |
| Title: | End of Product Life Notification | |
| Affected Part: | HMC488MS8G & HMC488MS8GE | |
| Description of Change: | Obsolescence | |
| Reason for Change: | These products are being discontinued | |
| Anticipated Impact of Product Change (Form, Fit, Function, Quality Or Reliability): | There is no drop-in replacement. Hittite recommends considering the HMC219AMS8E as a replacement. Please see the Hittite web site or contact your local Hittite sales representative for design support. | |
| Changed Part Identification: | Hittite recommends part number HMC219AMS8E as a replacement. | |
| Last-Time Buy for Unchanged Product: | 07/24/2015 | |
| Last-Time Delivery for Unchanged Product: | 12/31/2015 | |
| Effective Date: (earliest date that a customer could expect to receive changed product) | Recommended replacement part HMC219AMS8E available | |
| Sample Availability Date: | Recommended replacement available | |
| Qualification Data Availability Date: | Available for HMC219AMS8/E | |
| Qualification Status: | Available for HMC219AMS8/E | |
| Qualification Plan: | Available for HMC219AMS8/E | |
| Reliability Data Summary: | Available for HMC219AMS8/E | |
| Analan Daviasa Contact | | |

Analog Devices Contact:

Please direct technical inquiries via email to <u>pcn@hittite.com</u> Please direct price, delivery, order status inquiries via email to <u>sales@hittite.com</u>

Hittite Microwave Corporation will consider specific conditions of acceptance of this change submitted within 30 days of receipt of this notice on a case by case basis. To request further data or inquire about this notification, please contact <u>pcn@hittite.com</u>.

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PCN Response Form

| PCN Number: Company Name: Company Location (Address, City, State, Country) | | | | | | |
|--|------------------|-------------------------|--|-----------------------------------|------------------|-------------------------|
| | | | | Key Contact | Email | Phone Number |
| | | | | Additional Key Contact (Optional) | Email (Optional) | Phone Number (Optional) |
| Are you the End User? Yes | | | | | | |
| No | | | | | | |
| **If No, please provide the following info | rmation | | | | | |
| End User - Company Name: | | | | | | |
| End User - Company Location(Address, City, State, Country) | | | | | | |
| End User - Key Contact | End User - Email | End User - Phone Number | | | | |

Questions/Feedback

