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## PRODUCT / PROCESS CHANGE NOTIFICATION

**PCN NO: PCN IN 201008-01**

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**Issue Date: Oct. 9, 2020**

**SUBJECT OF CHANGE:**

**New chip for the UVC product series**

**PRODUCTS AFFECTED:**

IN-C33 UVC Series	IN-C39 UVC Series
IN-C33DTDU1	IN-C39ATKU1
-	IN-C39BTKU1
-	IN-C39CTKU1

**PRODUCT SPEC NUMBER:**

Existing P/N	Replacement P/N
IN-C33DTDU1	IN-C35PUDTDU1
IN-C39ATKU1	IN-C40PUATKU1
IN-C39BTKU1	IN-C40PUBTKU1
IN-C39CTKU1	IN-C40PUCTKU1

**REASON OF CHANGE:**

Implementation of new chip for the UVC product series.

**DESCRIPTION OF CHANGE:**



**Major Change**



**Minor Change**



**PRODUCT IDENTIFICATION TO INDICATE CHANGE:**

**Dimension: No Change**

**Specification: No Change**

**Material: Chip change**

**Datasheet: No Change**

**Please note this is PCN is for a chip change that affects the UVC series. There is no change to optical or electrical specifications. Reliability requirements remain the same.**

**DATECODE OF CHANGE:**

**Nov. 1<sup>st</sup>, 2020**

**DATE TO BEGIN SHIPPING:**

**Nov. 1<sup>st</sup>, 2020**

**ASSESSMENT:**

In case of any questions please contact us at:

Issue By	Department	Telephone	Ext.	Fax
William Chang	TM	+1-408-8843871		+1-408-8449618
Holton Lee	GM	+1-408-8449698		+1-408-8449618



CUSTOMER FEEDBACK FORM  
to INOLUX PCN

**Inolux Corporation New chip for the UVC product series**

Dear Customer,

Your feedback is very much appreciated and will help us to realize this change without problems.

Thank you for your help.

Please tick and comment.

We agree with this change and the schedule.

We have the following objections :

In addition, we need the following information:

We need samples.

Type:

Quantity:

Special requirement:

Purpose of sample order:

Please feedback to: Inolux Corporation

Customer Representative's name:

**FAX No.: +1-408-8449618**

**Phone: +1-408-8843871**

**Name: Mr. William Chang**

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**Address: 3350 Scott Blvd.**

**Suite 4102**

**Santa Clara, CA, USA.**

**Date/Customer Representative's**

**Signature**