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| Description: Description: Description: Description: Description: pusat | **KEMENTERIAN AGAMA REPUBLIK INDONESIA****UNIVERSITAS ISLAM NEGERI MAULANA MALIK IBRAHIM MALANG****FAKULTAS KEDOKTERAN DAN ILMU KESEHATAN**Jl. Locari, Tlekung, Kota Batu, Tlp. 03415057739,Website: http//fkik.uin-malang.ac.id. Email:fkik@uin-malang.ac.id(Fakultas), farmasi@uin-malang.ac.id(Prodi Farmasi) |

**BLANKO ANALISIS SAMPEL**

Nomor.Un.3.7.2/Lab/Farmasi/B.J.A.I./............./20........

Yang bertanda tangan di bawah ini:

Nama :……………………………………………………………………

NIM/NIP :……………………………………………………………………

No.KTP/SIM :……………………………………………………………………

No.Telp Aktif :……………………………………………………………………

Alamat Email :……………………………………………………………………

Jurusan :……………………………………………………………………

Fakultas :……………………………………………………………..…….

Instansi :……………………………………………………………………

Judul Penelitian :……………………………………………………………………

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Dengan ini ingin mengajukan permohonan untuk dapat melakukan analisis sampel dengan instrumen berikut:

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| **NO** | **NAMA INSTRUMEN** | **BERI TANDA (V)** | **JUMLAH SAMPEL** |
| 1 | UHPLC |  |  |
| 2 | HPLC |  |  |
| 3 | TLC VISUALIZER  |  |  |
| 4 | PSA |  |  |
| 5 | FTIR |  |  |
| 6 | UV Vis |  |  |
| 7 | VISKOMETER |  |  |
| 8 | ROTARY EVAPORATOR |  |  |
| 9 | NANOMAT 4 + HOTPLATE HPTLC |  |  |
| 10 | GRINDER |  |  |
| 11 | SENTRIFUGE |  |  |
| 2 | ULTRASONIK |  |  |
| 13 | OVEN |  |  |
| 14 | HOTPLATE |  |  |
| 15 | PH METER |  |  |
| 16 | LAMPU UV  |  |  |
| 17 | HOMOGENIZER/ ULTRATURAX |  |  |
| 18 | DISSOLUTION TESTER |  |  |
| 19 | MOISTURE CONTENT ANALYZER |  |  |
| 20 | FRIABILITY TESTER |  |  |
| 21 | DISINTEGRAN |  |  |
| 22 | VIBRATION SHIEVE SHAKER |  |  |
| 23 | VORTEX |  |  |
| 24 | WATERBATH |  |  |
| 25 | MIKROSKOP TRINOKULER |  |  |
| 26 | UV CABINET |  |  |
| 27 | JASA LEMBUR (LABORAN) |  |  |
| 28 | JASA PREPARASI (LABORAN) |  |  |
| 29 | JASA PENDAMPINGAN (LABORAN) |  |  |
| 30 | JASA BEDAH HEWAN COBA (MENCIT/TIKUS) |  |  |
| 31 | JASA SONDE HEWAN COBA (MENCIT/TIKUS) |  |  |
| 32 | JASA KONSULTASI DOSEN AHLI  |  |  |
| 33 | PERAWATAN HEWAN COBA / PAKET (6 HEWAN) |  |  |

 Malang,.............................,20..

 Pemohon

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 NIM/NIP.............................