|  |  |
| --- | --- |
| 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) |

**SURAT IJIN PENELITIAN MAHASISWA FARMASI**

Nomor.Un.3.7.2/Lab/Farmasi/SIP /............./20........

Yang bertanda tangan di bawah ini:

Nama :……………………………………………………………………

NIM :……………………………………………………………………

No.Hp Aktif :……………………………………………………………………

Jurusan :……………………………………………………………………

Fakultas :……………………………………………………………………

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

……………………………………………………………………

……………………………………………………………………

……………………………………………………………………

……………………………………………………………………

……………………………………………………………………

Pembimbing I :……………………………………………………………………

Bermaksud untuk meminjam dan menggunakan ruang Laboratorium di Jurusan Farmasi Fakultas Kedokteran dan Ilmu Kesehatan UIN Maulana Malik Ibrahim Malang pada:

Hari / Tanggal :……………/……/……/20…...sd……../……../20….

Pada Ruang Laboratorium Berikut:

Ruang Laboratorium 1 : ……………………………………

Ruang Laboratorium 2 : ………………………………… (Sesuai Kebutuhan)

Ruang Laboratorium 3 : ………………………………… (Sesuai Kebutuhan)

Ruang Laboratorium 4 : ………………………………… (Sesuai Kebutuhan)

Ruang Laboratorium 5 : ………………………………… (Sesuai Kebutuhan)

Kunci Loker : ………………… (**Lab**……………………….)

Dengan Perincian \*Pengajuan Form Peminjaman Alat-Alat Gelas, Form Permohonan Bahan Kimia, dan Form Penggunaan Alat Instrumen sebagaimana terlampir.

Demikian surat ijin ini dibuat untuk dapat dipergunakan sebagaimana mestinya.

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

Pemohon

...........................................

NIM..............................

Mengetahui,

Pembimbing I : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ …………...

NIP…………………………………

Kepala Laboratorium 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1………...

NIP…………………………………

Kepala Laboratorium 2 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2………...

NIP…………………………………

Kepala Laboratorium 3 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3………...

NIP…………………………………

Kepala Laboratorium 4 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4………...

NIP…………………………………

Kepala Laboratorium 5 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5………...

NIP…………………………………

Menyetujui,

Koordinator Laboratorium Laboran Penanggungjawab

Rahmi Annisa, M. Farm, Apt Fauziyah Eni Purwaningsih, S.Si

NIDT.19890416 20170101 2 123 NIPT. 20130902 2 324

**Catatan:**

**Setelah pengajuan izin penelitian, peneliti bisa mengajukan form permohonan peminjaman alat gelas, form bahan, dan form pemakaian alat instrument**

**foto copy rangkap 3/sesuai kebutuhan**

1 Untuk Peneliti Ybs – (Asli)

1 Untuk Laboran Pj – (Copy 1)

1 Untuk Kepala Laboratorium Masing-Masing Lab yang dituju (Copy 2 dst.)

|  |  |
| --- | --- |
| Description: Description: Description: Description: Description: pusat | **KEMENTERIAN AGAMA**  **UNIVERSITAS ISLAM NEGERIMAULANA MALIK IBRAHIM MALANG**  **FAKULTAS KEDOKTERAN DAN ILMU KESEHATAN**  Jl. Ir. Soekarno No.34 Dadaprejo Batu, Telepon (0341) 577033 Faksimile (0341) 577033  Website: http//fkik.uin-malang.ac.id. E-mail:[fkik@uin-malang.ac.id](mailto:fkik@uin-malang.ac.id) |

**Form** **Pengajuan Peminjaman Alat Gelas Farmasi Untuk Penelitian**

**Nama Peneliti : ........................................................**

**NIM : ........................................................**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **NAMA ALAT** | **UKURAN** | **MEREK** | **∑** | **KONDISI** | | **TANGGAL AMBIL** | **KET** |
| **SEBELUM** | **SESUDAH** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |

Telah Dicek Malang,.............................,20..

Laboran Penanggungjawab Pemohon

Fauziyah Eni Purwaningsih,S.Si ...........................................

NIPT. 20130902 2 324 NIM/NIP..............................

|  |  |
| --- | --- |
| Description: Description: Description: Description: Description: pusat | **KEMENTERIAN AGAMA**  **UNIVERSITAS ISLAM NEGERIMAULANA MALIK IBRAHIM MALANG**  **FAKULTAS KEDOKTERAN DAN ILMU KESEHATAN**  Jl. Ir. Soekarno No.34 Dadaprejo Batu, Telepon (0341) 577033 Faksimile (0341) 577033  Website: http//fkik.uin-malang.ac.id. E-mail:[fkik@uin-malang.ac.id](mailto:fkik@uin-malang.ac.id) |

**Form** **Pengajuan Pemakaian Alat Instrumen Farmasi Untuk Penelitian**

**Nama Peneliti : ........................................................**

**NIM : ........................................................**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **NAMA ALAT INSTRUMEN** | **Beri Tanda (V) Sesuai Kebutuhan** | **Paraf** | **Ket** |
| 1 | HPLC |  |  |  |
| 2 | UHPLC |  |  |  |
| 3 | TLC VISUALIZER |  |  |  |
| 4 | PSA |  |  |  |
| 5 | FTIR |  |  |  |
| 6 | UV-Vis |  |  |  |
| 7 | VISKOMETER |  |  |  |
| 8 | ROTARY EVAPORATOR |  |  | Gratis |
| 9 | NANOMAT 4 + HOTPLATE HPTLC |  |  |  |
| 10 | GRINDER |  |  |  |
| 11 | SENTRIFUGE |  |  | Gratis |
| 2 | ULTRASONIK |  |  | Gratis |
| 13 | OVEN |  |  | Gratis |
| 14 | HOTPLATE |  |  | Gratis |
| 15 | PH METER |  |  | Gratis |
| 16 | LAMPU UV |  |  | Gratis |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |

Telah Dicek Malang,.............................,20..

Laboran Penanggungjawab Pemohon

Fauziyah Eni Purwaningsih, S.Si ...........................................

NIPT. 20130902 2 324 NIM.............................

|  |  |
| --- | --- |
| Description: Description: Description: Description: Description: pusat | **KEMENTERIAN AGAMA**  **UNIVERSITAS ISLAM NEGERIMAULANA MALIK IBRAHIM MALANG**  **FAKULTAS KEDOKTERAN DAN ILMU KESEHATAN**  Jl. Ir. Soekarno No.34 Dadaprejo Batu, Telepon (0341) 577033 Faksimile (0341) 577033  Website: http//fkik.uin-malang.ac.id. E-mail:[fkik@uin-malang.ac.id](mailto:fkik@uin-malang.ac.id) |

**Form** **Pengajuan Pemakaian Bahan Kimia Farmasi Untuk Penelitian**

**Nama Peneliti : ........................................................**

**NIM : ........................................................**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **NAMA BAHAN** | **JUMLAH (ML/L/G/MG)** | **TANGGAL** | **KET** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |

Telah Dicek Malang,.............................,20..

Laboran Penanggungjawab Pemohon

Fauziyah Eni Purwaningsih, S.Si ...........................................

NIPT. 20130902 2 324 NIM..............................