**SURAT IJIN PENELITIAN MAHASISWA KEDOKTERAN UIN MALIKI MALANG**

Nomor.Un.3.7.2/Lab/Farmasi/S.I.P.M.K.U.M.M/............./20........

Yang bertanda tangan di bawahini:

Nama :……………………………………………………………………

NIM :……………………………………………………………………

No.TelpAktif :……………………………………………………………………

Jurusan :……………………………………………………………………

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

JudulPenelitian :……………………………………………………………………

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Pembimbing (I) :……………………………………………………..……………

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

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

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**…………………………..) \*Jika Ada

Dengan perincian Alat- Alat Gelas, Bahan, dan Penggunaan Alat Instrumen sebagaimana terlampir.

Demikian surat ijin ini dibuat untuk dapat dipergunakan sebagaimana mestinya.

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

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 pengajuanizinpenelitian,penelitibisamengajukan form permohonanpeminjamanalatgelas, form pemakaianbahan, dan form pemakaianalat instrument (jikaada)

foto copy rangkap 3/Sesuai Kebutuhan

1 UntukPenelitiYbs – (Asli)

1 UntukLaboranPj – (Copy 1)

1 UntukKepalaLaboratoriumMasing-Masing Lab yang dituju (Copy 2 dst.)

Lampiran 1. Form Pengajuan Peminjaman Alat Gelas

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| **NO** | **NAMA ALAT** | **UKURAN** | **MEREK** | **∑** | **KONDISI** | | **TANGGAL AMBIL** | **KET** |
| **SEBELUM** | **SESUDAH** |
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Telah Dicek Malang,.............................,20..

Laboran Penanggungjawab Pemohon

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

NIPT. 201309022324 NIM/NIP..............................

Lampiran 2. Form Penggunaan Alat Instrumen

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| --- | --- | --- | --- | --- |
| **No** | **NAMA ALATINSTRUMEN** | **Beri Tanda (V) Sesuai Kebutuhan** | **PSPD** | **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 |  | GRATIS |  |
| 11 | SENTRIFUGE |  | GRATIS |  |
| 2 | ULTRASONIK |  | GRATIS |  |
| 13 | OVEN |  | GRATIS |  |
| 14 | HOTPLATE |  | GRATIS |  |
| 15 | PH METER |  | GRATIS |  |
| 16 | LAMPU UV |  | GRATIS |  |
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Telah Dicek Malang,.............................,20..

Laboran Penanggungjawab Pemohon

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

NIPT. 201309022324 NIM/NIP............................

Lampiran 3. Rincian Penggunaan / Pembelian Bahan Kimia

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| **NO** | **NAMA BAHAN** | **JUMLAH (ML/L/ G/MG)** | **KET** |
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Telah Dicek Malang,.............................,20..

Laboran Penanggungjawab Pemohon

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

NIPT. 201309022324 NIM/NIP..............................