**LAB08-40**

**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

***FACULTY OF PHARMACY***

***SANATA DHARMA UNIVERSITY***

**Akreditasi: Prodi S-1 Farmasi: A ; Prodi Profesi Apoteker: A ; Prodi S-2 Farmasi: Unggul**

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***Excellent in Quality, Competitiveness, and Care (e-QCC)***

Campus III Paingan, Maguwoharjo, Depok, Sleman, Yogyakarta 55282, Indonesia

Fax:+62(274) 886529;Phone:+62(274) 883037, 883968 ext Kepala TU 2334, Prodi S-1: 2325, 2326 Prodi Profesi: 2333, 2354

Website: [www.usd.ac.id/fakultas/farmasi](http://www.usd.ac.id/fakultas/farmasi); Email Prodi S-1: [farmasi@usd.ac.id](mailto:farmasi@usd.ac.id); Email Prodi Profesi: [profapt@usd.ac.id](mailto:profapt@usd.ac.id)

**FORMULIR IJIN**

**PENGGUNAAN LABORATORIUM**

Kepada

Yth. Kepala Laboratorium

Fakultas Farmasi Univ. Sanata Dharma

Yogyakarta

Dengan hormat,

Saya yang bertanda tangan di bawah ini :

Ketua Penelitian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPP : \_\_\_\_\_\_\_\_\_\_

Anggota Penelitian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judul Penelitian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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mohon ijin untuk menggunakan fasilitas laboratorium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ di lingkungan Fakultas Farmasi Universitas Sanata Dharma Yogyakarta dengan mematuhi peraturan yang berlaku. Adapun alat dan bahan yang akan saya gunakan terlampir.

Demikian permohonan saya, atas terkabulnya permohonan ini saya sampaikan terima kasih.

Yogyakarta, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Mengetahui, | Hormat saya, |
| Anggota Penelitian  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ketua Penelitian  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Menyetujui,

Kepala Laboratorium

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tembusan :

- Laboran yang bersangkutan

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Lampiran

1. Laboratorium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alat :

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| **No** | **Nama Alat** | **Keterangan** |
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Bahan :

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| --- | --- | --- |
| **No** | **Nama Bahan** | **Keterangan** |
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