**LAPORAN HASIL PENGUJIAN PRODUK FARMASETIK DAN PREMIKS**

|  |  |  |  |  |  |  |  |  |  |
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| Nama Sampel \*\* | | | |  | | | | | |
| Nomor Batch/Lot \* | | | |  | | | | | |
| Waktu Kadaluwarsa \* | | | |  | | | | | |
| Nomor Registrasi \*\* | | | |  | | | | | |
| Kemasan/dosis \* | | | |  | | | | | |
| Sifat/Jenis Obat \* | | | |  | | | | | |
| Tanggal Penerimaan Sampel Obat \* | | | |  | | | | | |
| Acuan Prosedur Pengujian Obat Hewan | | | | SK Mentan No.695/Kpts/TN.260/8/9/96. | | | | | |
| Penyimpangan, Perubahan atau Pengecualian \* | | | |  | | | | | |
| Nomor Pengujian \* | | | |  | | | | | |
| Komposisi/Zat Aktif | | | |  | | | | | |
|  |  | | | | | | | | |
| **Jenis Uji** | **Tanggal Uji** | **Metoda Uji** | | | **Hasil Uji** | | **Persyaratan Mutu** | | **Paraf** |
| Warna |  |  | | |  | |  | |  |
| Partikel |  |  | | |  | |  | |  |
| Kelarutan |  |  | | |  | |  | |  |
| Keseragaman bobot |  |  | | |  | |  | |  |
| pH |  |  | | |  | |  | |  |
| Identitas |  |  | | |  | |  | |  |
| Sterilitas 37oC |  |  | | |  | |  | |  |
| 22oC |  |  | | |  | |  | |  |
| Uji Kontaminasi |  |  | | |  | |  | |  |
| *E. coli* |  |  | | |  | |  | |  |
| *Salmonella* |  |  | | |  | |  | |  |
| Kelembaban |  |  | | |  | |  | |  |
| Toksisitas Abnormal |  |  | | |  | |  | |  |
| Pirogenitas |  |  | | |  | |  | |  |
| Potensi/Kadar |  |  | | |  | |  | |  |
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| Kesimpulan \*\*\* | Uji Umum : | |  | | | Uji Khusus : | |  | |

\* diisi oleh Kepala Bidang Pelayanan Pengujian untuk keperluan pengujian

\*\* diisi oleh Kepala Bidang Pelayanan Pengujian setelah pemeriksaan QA pada lembar pertama dan kedua

\*\*\* Interpretasi hasil diisi oleh Kepala Bidang Pelayanan Pengujian

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|  |  | Bogor, …………………….………… |
| Penyelia Unit Uji Bakteriologi  (Pengujian Umum) |  | Penyelia Unit Uji  Farmasetik dan Premiks |
| ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  NIP. | Kepala Bidang Pelayanan Pengujian | ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  NIP. |
|  | ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  NIP. |  |