|  |  |  |
| --- | --- | --- |
| Nama Pemohon  Alamat | : {vName}  : {vAddress} | Kategori Sampel: DB/ DU/ S/ KD/ P/ PT\*  Distribusi Unit Uji: Virologi/ Bakteriologi/ Farmasetik dan Premiks/ Patologi\* |

**INFORMASI SAMPEL**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Nomor  Pengujian | Nama Sampel | Produsen | Komposisi Zat Aktif/  Strain | Nomor Registrasi | No. Batch/ Waktu Kadaluarsa | Kemasan | Jumlah sampel | Catatan |
| 1. | {vnomor\_03} | {vNama\_sample} | {vNama\_produsen} | {vZat\_aktif} | {vNo\_registrasi} | {vBatch\_lot} / {dTgl\_kadaluarsa} | {vKemasan} | {iJumlah\_diserahkan} |  |
| Catatan diisi berdasarkan jenis biaya uji sampel. | | | | | | | | | |

Bogor, {tgl\_buat}

|  |  |  |
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| Kepala Bidang Pelayanan Sertifikasi  dan Pengamanan Hasil Uji  ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  NIP. |  | Kepala Bidang Pelayanan Pengujian  ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  NIP. |

\*)Coret yang tidak perlu