

DAFTAR PUSTAKA

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KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN KESEHATAN
RSPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.





Contact Person: dr. Agussalim Bukhari, MMed, PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 677/UN4.6.4.5.31/ PP36/ 2021

Tanggal: 26 Oktober 2021

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH21090639		No Sponsor Protokol	
Peneliti Utama	dr. Andhika Kusuma Hamdany		Sponsor	
Judul Peneliti	Perbandingan Kadar Plasminogen Activator Inhibitor-1 (PAI-1) pada Pasien Hepatitis B Kronik dengan Sirosis Hepatis dan Tanpa Sirosis Hepatis			
No Versi Protokol	1	Tanggal Versi	15 Oktober 2021	
No Versi PSP	1	Tanggal Versi	15 Oktober 2021	
Tempat Penelitian	RS Dr. Wahidin Sudirohusodo Makassar			
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal		Masa Berlaku 26 Oktober 2021 sampai 26 Oktober 2022	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)		Tanda tangan 	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)		Tanda tangan 	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapo SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan



**EMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN
TINGGI**

UNIVERSITAS HASANUDDIN

FAKULTAS KEDOKTERAN

KOMITE ETIK PENELITIAN KESEHATAN

Sekretariat : Lantai 2 Gedung Laboratorium Terpadu

JL. JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10, Makassar 90245

Contact Person: dr. Agus Salim Bukhari, MMed, PhD, SpGK, email: agussalim@yahoo.com

FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN

Saya yang bertanda tangan di bawah ini :

Nama :

Umur :

Alamat :

No. Rekam Medik :

No. HP :

Setelah mendengar/membaca dan mengerti penjelasan yang diberikan mengenai tujuan, manfaat apa yang akan dilakukan pada penelitian ini, menyatakan setuju untuk ikut dalam penelitian ini secara sukarela tanpa paksaan.

Saya tahu bahwa keikutsertaan saya ini bersifat sukarela tanpa paksaan, sehingga saya bisa menolak ikut atau mengundurkan diri dari penelitian. Juga saya berhak bertanya atau meminta penjelasan pada peneliti bila masih ada hal yang belum jelas atau masih ada hal yang ingin saya ketahui tentang penelitian ini.

Saya juga mengerti bahwa semua biaya yang dikeluarkan sehubungan dengan penelitian ini, akan ditanggung oleh peneliti.

Saya percaya bahwa keamanan dan kerahasiaan data penelitian akan terjamin dan saya dengan ini menyetujui semua data saya yang dihasilkan pada penelitian ini untuk disajikan dalam bentuk lisan maupun tulisan.

Bila terjadi perbedaan pendapat dikemudian hari kami akan menyelesaikannya secara kekeluargaan

	NAMA	TANDA TANGAN	TGL/BLN/THN
Klien
Saksi 1
Saksi 2

Penanggung jawab penelitian

Nama : Dr. Andhika Kusuma Hamdany

Alamat : Jl. Bumi Tamalanrea Permai (BTP) Blok C No. 12 A Makassar

Telepon : 0823 9388 8822

HASIL LAB

Berat Badan :

Tinggi Badan :

HB :

WBC :

PLT :

GOT :

GPT :

Cr :

AFP :

PT :

APTT :

INR :

Albumin :

BIL tot :

Bil Dir :

HBV DNA :

HbeAg :

Fibroscan :

USG ABDOMEN :

CTP CLASS :

Obat Antivirus :