

## DAFTAR PUSTAKA

Akman İ, Güral N. Pretermde *Geminal* matriks intraventriküler kanama. J Ist Faculty Med 2011; 74: 2.

Bassan H. Intracranial hemorrhage in the preterm infant: understanding it, preventing it. Clin Perinatol 2009; 36: 737–62.

Ballardini Elisa MD, et all. Universal Cranial Ultrasound Screening in Preterm Infants With Gestational Age 33-36 weeks. A Retrospective Analysis of 724 Newborn. Pediatric Neurology 51 (2014) 790-794

Beek Erick, Rick R V. Diagnostic Pediatric Ultrasound. Thieme, Stuttgart 2016.

Bhat Venkatraman, Varun Bhat. Neonatal neurosonography : A Pictorial essay. Indian Journal of Radiology and Imaging, November, 2014:vol 24:Issue 4.

Canadian Pediatric Society. Routine screening cranial ultrasound examinations for prediction of long term neuro developmental outcomes in preterm infants. Paediatr Child Health. 2001;6:39-52.

El-Dib Mohamed, et all. Management of Post-hemorrhagic ventricular Dilatation in Infant Born Preterm. The Journal of Pediatrics, volume 226, November 2020.

Fleiss, Joseph L, Bruce Levin, Myunghee Cho Paik. Statistikal Methods fo Rates and Proportions, 3<sup>rd</sup> edition. Wiley, 2003.

Fumagalli, Monica, et all. Cranial Ultrasound Findings in Late Preterm Infants and Correlation With Perinatal Risk Factors. Italian Journal of Pediatrics (2015) 41:65

Gomella, Tricia Lacy, Fabien G.E, Fayez B M. Gomella,s Neonatology : Management, Procedurs, On-Call Problems, Disease, and Drugs. Mc Graw Hill, eight edition, 2020

Herausgegeben von R. Putz and R. Pabst. Sobotta Atlas Der Anatomie In Einem Vand 22nd 2007. Page 126, 311, 312, 332, 349, 346, 647

Karnati S, Swapna Kollikonda, Jalal Abu-Shaweesh. Late preterm infants- Changing trends and continuing challenges. *Int J Pediatr Adolesc Med.* 2020 Mar; 7 (1): 36-44

Lakhkar Bushita, et all. Point f Care Neurosonogram in Neonates-Utility and Prognostic Value. *American Journal of Sonography*, 2019, 2 (1).

Lowe Lisa H, Zachary Bailey. State-of-the Art Cranial Sonography : Part I, Modern Technique and Image Interpretation. *AJR*, 2011;196:1028-1033.

Mohammad, Khorshid, et all. Consensus Approach for Standardizing the Screening and Classification of Preterm Brain *Injury* Diagnosed With Cranial Ultrasound : A Canadian Perspective. *Frontiers in Pediatrics*, volume 9, article 618236, March 2021.

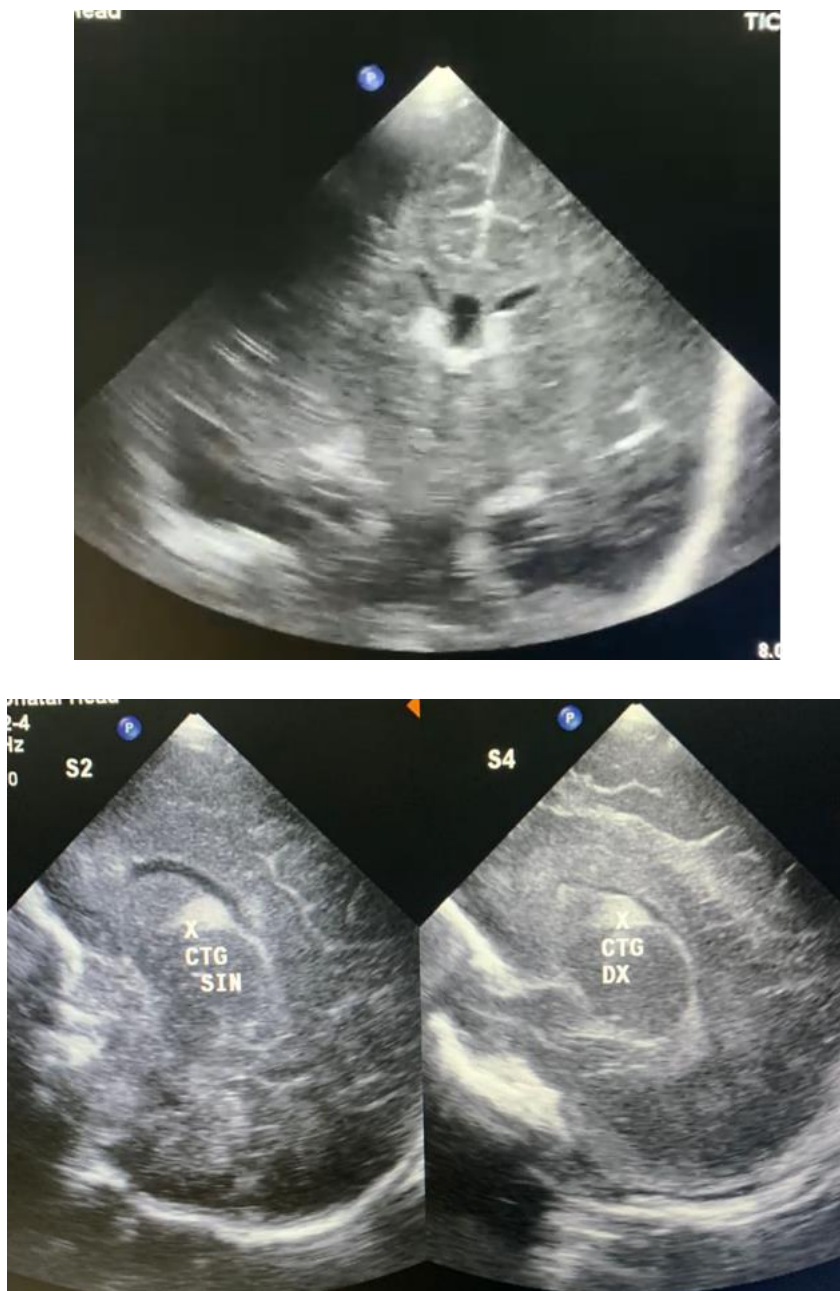
Ment LR, Bada HS, Barnes P, et al. Practice parameter: USG kepala of the neonate. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. *Neurology.* 2002;58:1726-1738.

Ozek Eren, Sinem Gulcan Kersin. Intraventricular Hemorrhage in Preterm Babies. *Turk Pediatri Ars* 2020; 55(3): 215-21

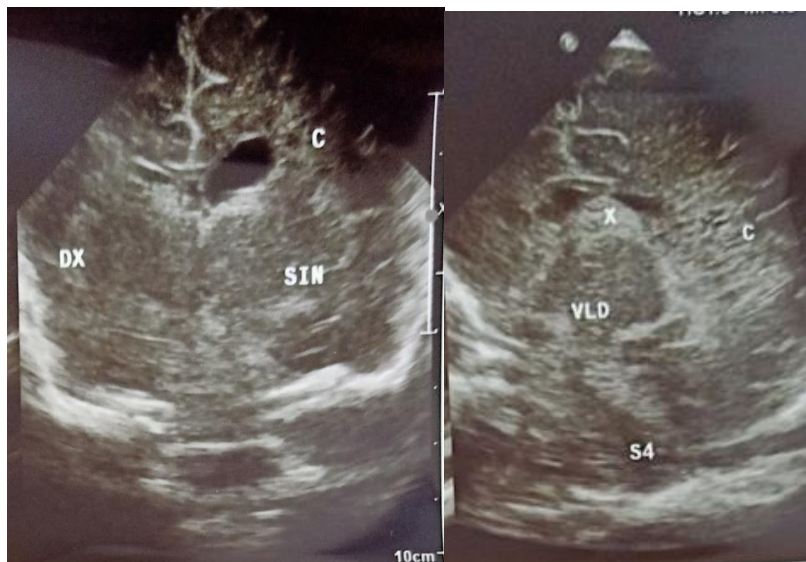
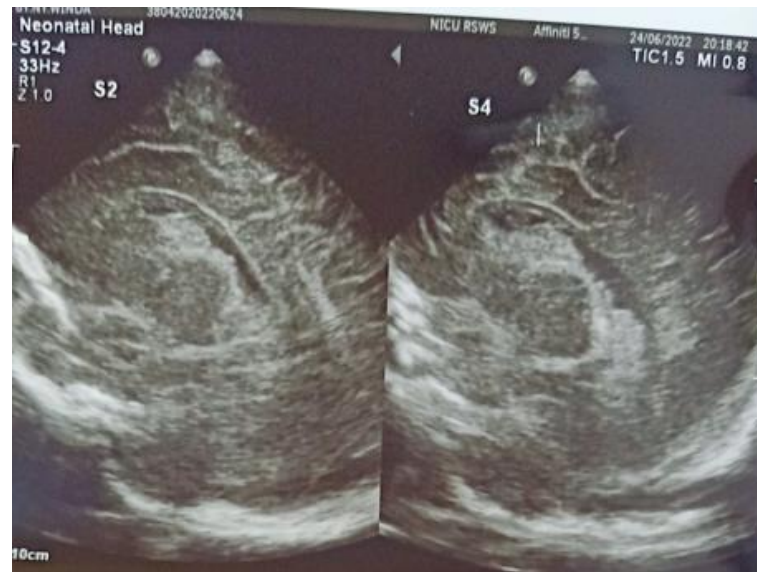
Siegel, Marilyn J. *Pediatric Sonography*. Lippincott Williams&Wilkins, 2011.

Smith, Wilbur L, MD, et all. Ultrasound Screening of Prematur Infants: Longitudinal Follow-Up of Intracranial Hemorrhage. *Pediatric Radiology, Radiology* 147 : 445-448, May 1983.

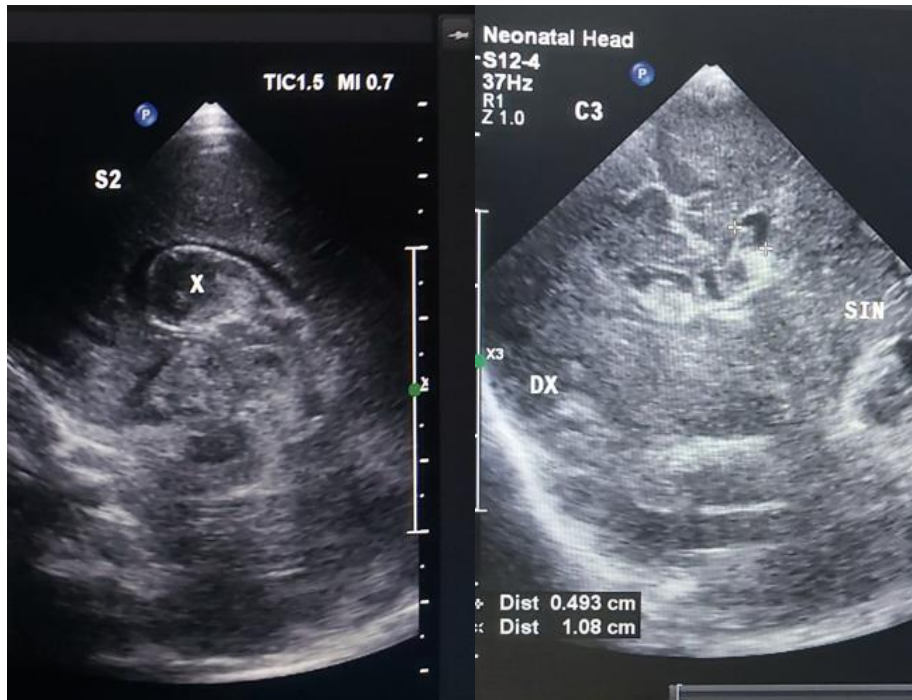
## LAMPIRAN 1



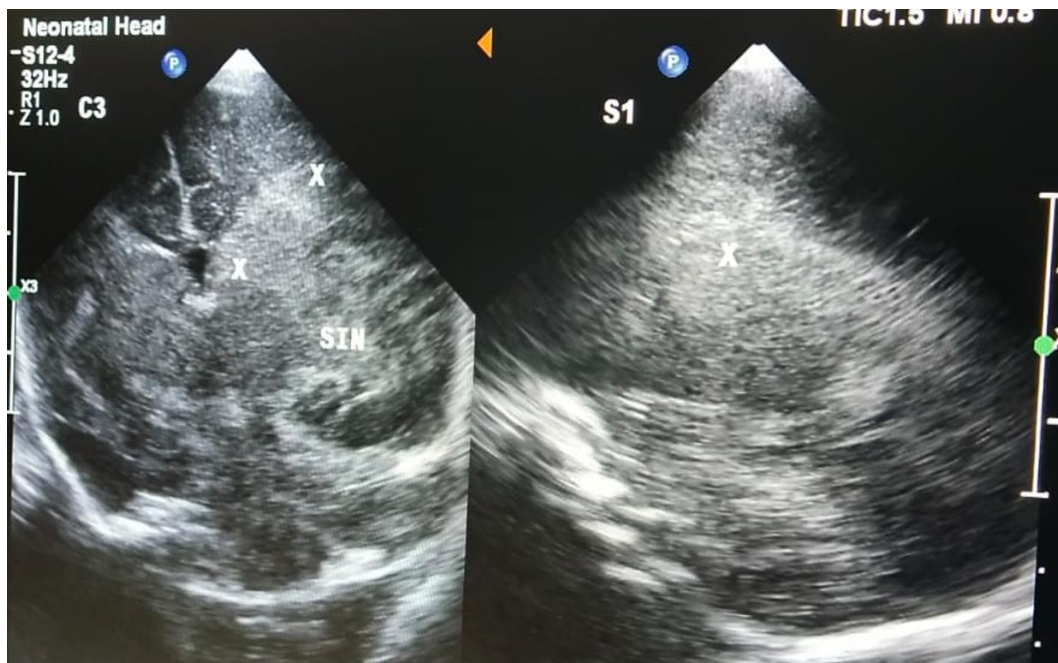
Bayi prematur usia 2 hari dengan *Germinal Matrix Haemorrhage* grade I

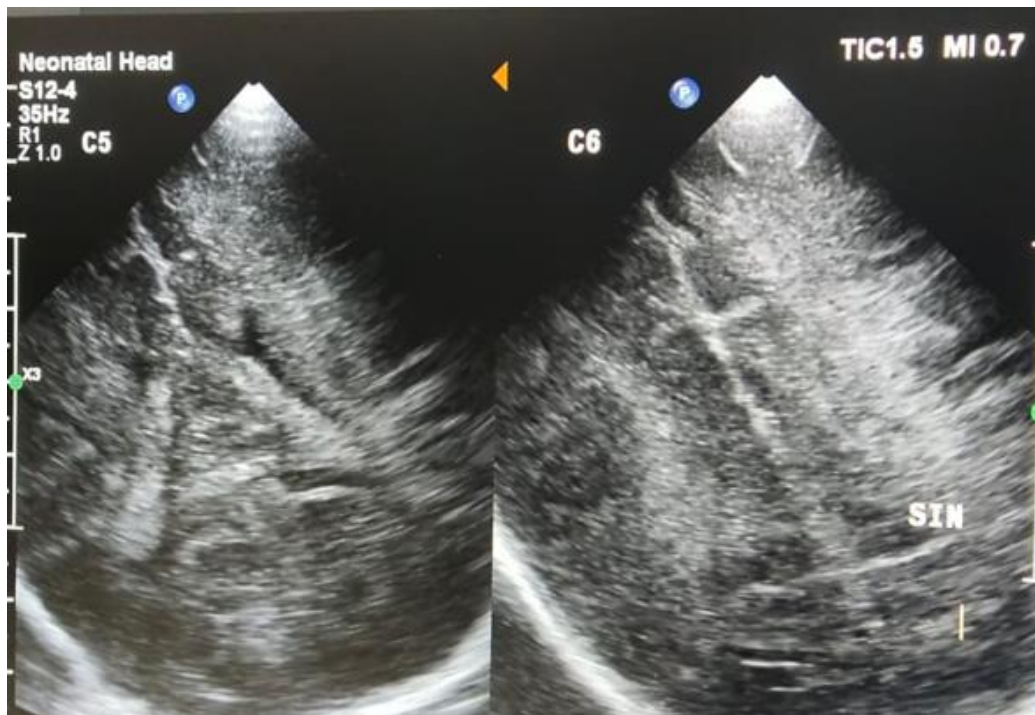


Bayi prematur usia 30 hari dengan *Germinal Matrix Haemorrhage* grade II dan *White Mater Injury* disertai degenerasi cyst

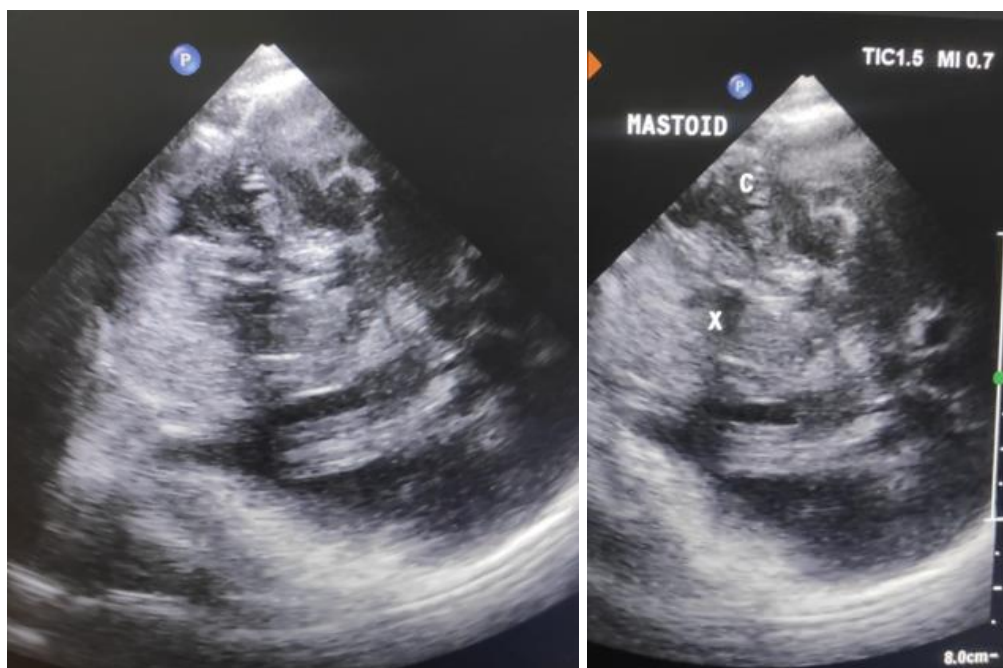


Bayi prematur usia 2 hari dengan *Germinal Matrix Haemorrhage* grade 3





*Germinal Matrix Haemorrhage grade 4 + White Mater Injury*, bayi prematur usia 3 hari



Bayi prematur usia 3 hari dengan *Cerebellar Haemorrhage* melalui window mastoid

**LAMPIRAN 2**

No	Rekam medis	Nama	dbn	GMH	WMI	CH	FAKTOR RISIKO
1	961138	BY NY P					
2	965014	BY.NY A					
3	969207	BY NY M					
4	970371	BY NY H					
5	972115	BY NY K					
6	972031	BY NY N					
7	969476	BY NY S					
8	978647	BY NY S					
9	980921	BY NY N					
10	983177	BY NY F					
11	984686	BY NY J					
12	985330	BY NY M					
13	987425	BY NY I					
14	987711	BY NY S					
15	987533	BY NY F					
16	986824	BY NY H					
17	986837	BY NY E					
18	987569	BY NY H					
19	988471	BY NY N					
20	989452	BY NY U					
21	989711	BY NY H					
22	989828	BY NY M					
23	989961	BY NY S					
24	990820	BY NY F					
25	991342	BY NY N					
26	990896	BY NY H					
27	991974	BY NY W					
28	991820	BY NY H					
29	967681	BY NY I					
30	973977	BY NY F					
31	988895	AL					
32	982531	BY NY R					
33	967681	BY NY I					
34	976077	BY NY H					
35	978630	BY NY H					
35	983965	BY NY W					
37	987525	BY NY S					
38	991711	BY NY F					
39	993359	AD					
40	993831	BY NY A					

**LAMPIRAN 3****USIA GESTASI \* GERMINAL MATRIX HEMORAGIK**

		GERMINAL MATRIX HEMORAGIK		Total
		ADA	TIDAK ADA	
USIA GESTASI (28-31+6 hari) MINGGU	Count	9	5	14
	Expected Count	6.0	8.1	14.0
	% of Total	22.5%	12.5%	35.0%
(32-33+6 hari) MINGGU	Count	3	8	11
	Expected Count	4.7	6.3	11.0
	% of Total	7.5%	20.0%	27.5%
34-36+6 hari MINGGU	Count	5	10	15
	Expected Count	6.4	8.6	15.0
	% of Total	12.5%	25.0%	37.5%
Total	Count	17	23	40
	Expected Count	17.0	23.0	40.0
	% of Total	42.5%	57.5%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.279 <sup>a</sup>	2	.118
Likelihood Ratio	4.313	2	.116
Linear-by-Linear Association	2.696	1	.101
N of Valid Cases	40		

a. 1 cells (16,7%) have expected count less than 5. The minimum expected count is 4,68.



**USIA GESTASI \* CEREBELLAR HEMORAGIK**

		CEREBELLAR HEMORAGIK		Total
		ADA	TIDAK ADA	
USIA GESTASI (28-31+6 hari) MINGGU	Count	1	13	14
	Expected Count	.4	13.7	14.0
	% of Total	2.5%	32.5%	35.0%
(32-33+6 hari) MINGGU	Count	0	11	11
	Expected Count	.3	10.7	11.0
	% of Total	.0%	27.5%	27.5%
34-36+6 hari MINGGU	Count	0	15	15
	Expected Count	.4	14.6	15.0
	% of Total	.0%	37.5%	37.5%
Total	Count	1	39	40
	Expected Count	1.0	39.0	40.0
	% of Total	2.5%	97.5%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.905 <sup>a</sup>	2	.386
Likelihood Ratio	2.148	2	.342
Linear-by-Linear Association	1.450	1	.228
N of Valid Cases	40		

a. 3 cells (50,0%) have expected count less than 5. The minimum expected count is ,28.

## FAKTOR RISIKO \* GERMINAL MATRIX HEMORAGIK

Crosstab

			GERMINAL MATRIX HEMORAGIK		Total
			ADA	TIDAK ADA	
FAKTOR RISIKO	ADA	Count	15	19	34
		Expected Count	14.5	19.6	34.0
		% of Total	37.5%	47.5%	85.0%
TIDAK ADA		Count	2	4	6
		Expected Count	2.6	3.5	6.0
		% of Total	5.0%	10.0%	15.0%
Total		Count	17	23	40
		Expected Count	17.0	23.0	40.0
		% of Total	42.5%	57.5%	100.0%

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.243 <sup>a</sup>	1	.622		
Continuity Correction <sup>b</sup>	.002	1	.964		
Likelihood Ratio	.248	1	.619		
Fisher's Exact Test				1.000	.489
Linear-by-Linear Association	.237	1	.627		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,55.

b. Computed only for a 2x2 table

## Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for FAKTOR RISIKO (ADA / TIDAK ADA)	1.579	.254	9.817
For cohort GERMINAL MATRIX HEMORAGIK = ADA	1.324	.401	4.364
For cohort GERMINAL MATRIX HEMORAGIK = TIDAK ADA	.838	.442	1.589
N of Valid Cases	40		

## FAKTOR RISIKO \* CEREBELLAR HEMORAGIK

Crosstab

			CEREBELLAR HEMORAGIK		Total
			ADA	TIDAK ADA	
FAKTOR RISIKO	ADA	Count	1	33	34
		Expected Count	.9	33.2	34.0
		% of Total	2.5%	82.5%	85.0%
	TIDAK ADA	Count	0	6	6
		Expected Count	.2	5.9	6.0
		% of Total	.0%	15.0%	15.0%
Total		Count	1	39	40
		Expected Count	1.0	39.0	40.0
		% of Total	2.5%	97.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.181 <sup>a</sup>	1	.671		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.330	1	.566		
Fisher's Exact Test				1.000	.850
Linear-by-Linear Association	.176	1	.674		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,15.

b. Computed only for a 2x2 table

### Risk Estimate

## Crosstab

			CEREBELLAR HEMORAGIK		Total
			ADA	TIDAK ADA	
FAKTOR RISIKO	ADA	Count	1	33	34
		Expected Count	.9	33.2	34.0
		% of Total	2.5%	82.5%	85.0%
	TIDAK ADA	Count	0	6	6
		Expected Count	.2	5.9	6.0
		% of Total	.0%	15.0%	15.0%
Total	Count	1	39	40	
	Expected Count	1.0	39.0	40.0	
	% of Total	2.5%	97.5%	100.0%	

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.181 <sup>a</sup>	1	.671		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.330	1	.566		
Fisher's Exact Test				1.000	.850
Linear-by-Linear Association	.176	1	.674		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,15.

	Value	95% Confidence Interval	
		Lower	Upper

## Crosstab

			CEREBELLAR HEMORAGIK		Total
			ADA	TIDAK ADA	
FAKTOR RISIKO	ADA	Count	1	33	34
		Expected Count	.9	33.2	34.0
		% of Total	2.5%	82.5%	85.0%
	TIDAK ADA	Count	0	6	6
		Expected Count	.2	5.9	6.0
		% of Total	.0%	15.0%	15.0%
Total	Count	1	39	40	
	Expected Count	1.0	39.0	40.0	
	% of Total	2.5%	97.5%	100.0%	

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.181 <sup>a</sup>	1	.671		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.330	1	.566		
Fisher's Exact Test				1.000	.850
Linear-by-Linear Association	.176	1	.674		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,15.

For cohort CEREBELLAR HEMORAGIK = TIDAK ADA	.971	.915	1.029
N of Valid Cases	40		

## FAKTOR RISIKO \* WHITE MATTER INJURY

Crosstab

			WHITE MATTER INJURY		Total
			ADA	TIDAK ADA	
FAKTOR RISIKO	ADA	Count	5	29	34
		Expected Count	4.3	29.8	34.0
		% of Total	12.5%	72.5%	85.0%
	TIDAK ADA	Count	0	6	6
		Expected Count	.8	5.3	6.0
		% of Total	.0%	15.0%	15.0%
Total	Count	5	35	40	
	Expected Count	5.0	35.0	40.0	
	% of Total	12.5%	87.5%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.008 <sup>a</sup>	1	.315		
Continuity Correction <sup>b</sup>	.112	1	.738		
Likelihood Ratio	1.747	1	.186		
Fisher's Exact Test				1.000	.423
Linear-by-Linear Association	.983	1	.321		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,75.

b. Computed only for a 2x2 table

### Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort WHITE MATTER INJURY = TIDAK ADA	.853	.742	.981
N of Valid Cases	40		

**1. Analisis Hubungan Usia Gestasi terhadap Gambaran USG Kepala Bayi Prematur (GMH, CH, dan WMI) berdasarkan Status Faktor Risiko**

**A. KELOMPOK DENGAN FAKTOR RISIKO**

**USIA GESTASI \* GERMINAL MATRIX HEMORAGIK (DENGAN FAKTOR RISIKO)**



## Crosstab

			GERMINAL MATRIX HEMORAGIK		Total
			ADA	TIDAK ADA	
USIA GESTASI (28-31+6 hari) MINGGU	Count		8	5	13
	Expected Count		5.7	7.3	13.0
	% of Total		23.5%	14.7%	38.2%
(32-33+6 hari) MINGGU	Count		3	6	9
	Expected Count		4.0	5.0	9.0
	% of Total		8.8%	17.6%	26.5%
34-36+6 hari MINGGU	Count		4	8	12
	Expected Count		5.3	6.7	12.0
	% of Total		11.8%	23.5%	35.3%
Total	Count		15	19	34
	Expected Count		15.0	19.0	34.0
	% of Total		44.1%	55.9%	100.0%

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.591 <sup>a</sup>	2	.274
Likelihood Ratio	2.605	2	.272
Linear-by-Linear Association	1.997	1	.158
N of Valid Cases	34		

a. 1 cells (16,7%) have expected count less than 5. The minimum expected count is 3,97.

## Risk Estimate

	Value
Odds Ratio for USIA GESTASI ((28-31+6 hari) MINGGU / (32-33+6 hari) MINGGU)	a

a. Risk Estimate statistics cannot be computed. They are only computed for a 2\*2 table without empty cells.

### USIA GESTASI \* CEREBELLAR HEMORAGIK (DENGAN FAKTOR RISIKO)

## Crosstab

			CEREBELLAR HEMORAGIK		Total
			ADA	TIDAK ADA	
USIA GESTASI	(28-31+6 hari) MINGGU	Count	1	12	13
		Expected Count	.4	12.6	13.0
		% of Total	2.9%	35.3%	38.2%
	(32-33+6 hari) MINGGU	Count	0	9	9
		Expected Count	.3	8.7	9.0
		% of Total	.0%	26.5%	26.5%
	34-36+6 hari MINGGU	Count	0	12	12
		Expected Count	.4	11.6	12.0
		% of Total	.0%	35.3%	35.3%
Total	Count	1	33	34	
	Expected Count	1.0	33.0	34.0	
	% of Total	2.9%	97.1%	100.0%	

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.664 <sup>a</sup>	2	.435
Likelihood Ratio	1.972	2	.373
Linear-by-Linear Association	1.283	1	.257
N of Valid Cases	34		

a. 3 cells (50,0%) have expected count less than 5. The minimum expected count is ,26.

### USIA GESTASI \* WHITE MATTER INJURY (DENGAN FAKTOR RISIKO)

			WHITE MATTER INJURY		Total
			ADA	TIDAK ADA	
USIA GESTASI (28-31+6 hari) MINGGU	Count	1	12	13	
	Expected Count	1.9	11.1	13.0	
	% of Total	2.9%	35.3%	38.2%	
(32-33+6 hari) MINGGU	Count	2	7	9	
	Expected Count	1.3	7.7	9.0	
	% of Total	5.9%	20.6%	26.5%	
34-36+6 hari MINGGU	Count	2	10	12	
	Expected Count	1.8	10.2	12.0	
	% of Total	5.9%	29.4%	35.3%	
Total	Count	5	29	34	
	Expected Count	5.0	29.0	34.0	
	% of Total	14.7%	85.3%	100.0%	

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.952 <sup>a</sup>	2	.621
Likelihood Ratio	.996	2	.608
Linear-by-Linear Association	.408	1	.523
N of Valid Cases	34		

a. 3 cells (50,0%) have expected count less than 5. The minimum expected count is 1,32.

### Risk Estimate

	Value
Odds Ratio for USIA GESTASI ((28-31+6 hari) MINGGU / (32-33+6 hari) MINGGU)	a

a. Risk Estimate statistics cannot be computed. They are only computed for a 2\*2 table without empty cells.

## B. KELOMPOK TANPA FAKTOR RISIKO

### USIA GESTASI \* GERMINAL MATRIX HEMORAGIK (TANPA FAKTOR RISIKO)

Crosstab

			GERMINAL MATRIX HEMORAGIK		Total
			ADA	TIDAK ADA	
USIA GESTASI (28-31+6 hari) MINGGU	Count	1	0	1	
	Expected Count	.3	.7	1.0	
	% of Total	16.7%	.0%	16.7%	
(32-33+6 hari) MINGGU	Count	0	2	2	
	Expected Count	.7	1.3	2.0	
	% of Total	.0%	33.3%	33.3%	
34-36+6 hari MINGGU	Count	1	2	3	
	Expected Count	1.0	2.0	3.0	
	% of Total	16.7%	33.3%	50.0%	
Total	Count	2	4	6	
	Expected Count	2.0	4.0	6.0	
	% of Total	33.3%	66.7%	100.0%	

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.000 <sup>a</sup>	2	.223
Likelihood Ratio	3.819	2	.148
Linear-by-Linear Association	.500	1	.480
N of Valid Cases	6		

a. 6 cells (100,0%) have expected count less than 5. The minimum expected count is ,33.

### Risk Estimate

	Value
Odds Ratio for USIA GESTASI ((28-31+6 hari) MINGGU / (32-33+6 hari) MINGGU)	<sup>a</sup>

a. Risk Estimate statistics cannot be computed. They are only computed for a 2\*2 table without empty cells.

## USIA GESTASI \* CEREBELLAR HEMORAGIK (TANPA FAKTOR RISIKO)

Crosstab

			CEREBELLAR HEMORAGIK	Total
			TIDAK ADA	
USIA GESTASI	(28-31+6 hari) MINGGU	Count	1	1
		Expected Count	1.0	1.0
		% of Total	16.7%	16.7%
	(32-33+6 hari) MINGGU	Count	2	2
		Expected Count	2.0	2.0
		% of Total	33.3%	33.3%
	34-36+6 hari MINGGU	Count	3	3
		Expected Count	3.0	3.0
		% of Total	50.0%	50.0%
Total	Count	6	6	
	Expected Count	6.0	6.0	
	% of Total	100.0%	100.0%	

**Chi-Square Tests**

	Value
Pearson Chi-Square	. <sup>a</sup>
N of Valid Cases	6

a. No statistics are computed because CEREBELLAR HEMORAGIK is a constant.

**Risk Estimate**

	Value
Odds Ratio for USIA GESTASI ((28-31+6 hari) MINGGU / (32-33+6 hari) MINGGU)	. <sup>a</sup>

a. No statistics are computed because CEREBELLAR HEMORAGIK is a constant.



## USIA GESTASI \* WHITE MATTER INJURY (TANPA FAKTOR RISIKO)

Crosstab

			WHITE MATTER INJURY	Total
			TIDAK ADA	
USIA GESTASI	(28-31+6 hari) MINGGU	Count	1	1
		Expected Count	1.0	1.0
		% of Total	16.7%	16.7%
	(32-33+6 hari) MINGGU	Count	2	2
		Expected Count	2.0	2.0
		% of Total	33.3%	33.3%
	34-36+6 hari MINGGU	Count	3	3
		Expected Count	3.0	3.0
		% of Total	50.0%	50.0%
Total	Count	6	6	
	Expected Count	6.0	6.0	
	% of Total	100.0%	100.0%	

**Chi-Square Tests**

	Value
Pearson Chi-Square	. <sup>a</sup>
N of Valid Cases	6

a. No statistics are computed because WHITE MATTER INJURY is a constant.

**Risk Estimate**

	Value
Odds Ratio for USIA GESTASI ((28-31+6 hari) MINGGU / (32-33+6 hari) MINGGU)	. <sup>a</sup>

a. No statistics are computed because WHITE MATTER INJURY is a constant.

## LAMPIRAN 4

**REKOMENDASI PERSETUJUAN ETIK**

Nomor : 150/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 4 April 2022

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

No Protokol	UH22030105	No Sponsor Protokol	
Peneliti Utama	<b>dr. Anne Maria Permata Sari</b>	Sponsor	
Judul Peneliti	HUBUNGAN USIA GESTASI DAN FAKTOR RISIKO DENGAN GAMBARAN ULTRASONOGRAFI KEPALA BERDASARKAN KELOMPOK USIA GESTASI PADA BAYI PREMATUR		
No Versi Protokol	<b>1</b>	Tanggal Versi	<b>1 April 2022</b>
No Versi PSP	<b>1</b>	Tanggal Versi	<b>1 April 2022</b>
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 <b>4 April 2022</b> sampai <b>4 April 2023</b>	Frekuensi review lanjutan
Ketua KEPK FKUH RSUH dan RSWS	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)</b>	Tanda tangan	
Sekretaris KEPK FKUH RSUH dan RSWS	Nama <b>dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)</b>	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 Laporan 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 protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

**LAMPIRAN 5****CURRICULUM VITAE****A. Data pribadi**

Nama : dr. Anne Maria Permatasari  
Tempat/Tanggal lahir : Jakarta, 14 Agustus 1982  
Alamat : BTP blok M no 143  
Agama : Islam

**B. Riwayat Pendidikan**

- SD : SDN Bekasi Timur I, lulus tahun 1994
- SMP : SMPN 3 Bekasi, lulus tahun 1997
- SMA : SMAN 1 Bekasi, lulus tahun 2000
- Strata-1 (Pendidikan Dokter ) : Fakultas Kedokteran Universitas Hasanuddin Makassar, lulus tahun 2008
- Program Pendidikan Dokter Spesialis-1 : Departemen Radiologi Fakultas Kedokteran Universitas Hasanuddin, Makassar, Periode Juli 2018

**C. Riwayat pekerjaan**

- Dokter PTT BSB (Brigade Siaga Bencana) RSUP dr. Hasan Sadikin Bandung, tahun 2009-2012
- Dokter umum RS Bhakti Husada Cikarang, Kabupaten Bekasi, tahun 2014-2016
- Dokter jaga klinik, tahun 2016-2018

**D. Riwayat keluarga**

Ayah : Ir. Sofyan Asmadiredja  
Ibu : dr. Nunung Siti Hindun, SpA  
Saudara kandung : Aria Mahendra Banyu Biru, SE (alm)  
Suami : Suwanto, SE  
Anak : Ananda Khansa Raihanun (10 tahun), Wikan  
Khalil Ibrahim (6 tahun)

**E. Karya ilmiah/artikel yang telah dipublikasikan**

-

**F. Makalah pada Seminar/Konferensi Ilmiah Nasional dan Internasional**

A Rare Case Of Dextrocardia With Pentalogy Of Fallot, Atresia Truncus Pulmonal, and Mapca In 14 Years Old, “The Challenges and Perspectives of Pediatric Radiology in the Future”, 10<sup>th</sup> Annual Scientific Virtual Meeting, 2020