

## DAFTAR PUSTAKA

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## LAMPIRAN

### Lampiran 1. Persetujuan Etik



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, M.Med.,Ph.D., Sp.GK, Telp. 081241850858, 0411 5780103, Fax : 0411-581431



#### REKOMENDASI PERSETUJUAN ETIK

Nomor : 596/UN4.6.4.5.31/ PP36/ 2021

Tanggal: 15 September 2021

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

No Protokol	UH21080493	No Sponsor	
Peneliti Utama	<b>Prof.Dr.dr. Farida Tabri, Sp.KK(K), FINSDV, FAADV</b>	Sponsor	
Judul Peneliti	Pengaruh Ekstrak Lumbricus Rubellus Terhadap FOXP3, IL-5, dan Daya Hambat Bakteri pada Kulit Terhadap Penderita Dermatitis Atopik		
No Versi Protokol	<b>2</b>	Tanggal Versi	<b>13 September 2021</b>
No Versi PSP	<b>2</b>	Tanggal Versi	<b>13 September 2021</b>
Tempat Penelitian	RS Universitas Hasanuddin dan RS Dr. Wahidin Sudirohusodo Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal <b>8 September 2021</b>	Masa Berlaku	Frekuensi review lanjutan
		<b>15 September 2021 sampai 15 September 2022</b>	
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)</b>	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	Nama <b>dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)</b>	Tanda tangan	

Kewajiban Peneliti Utama:

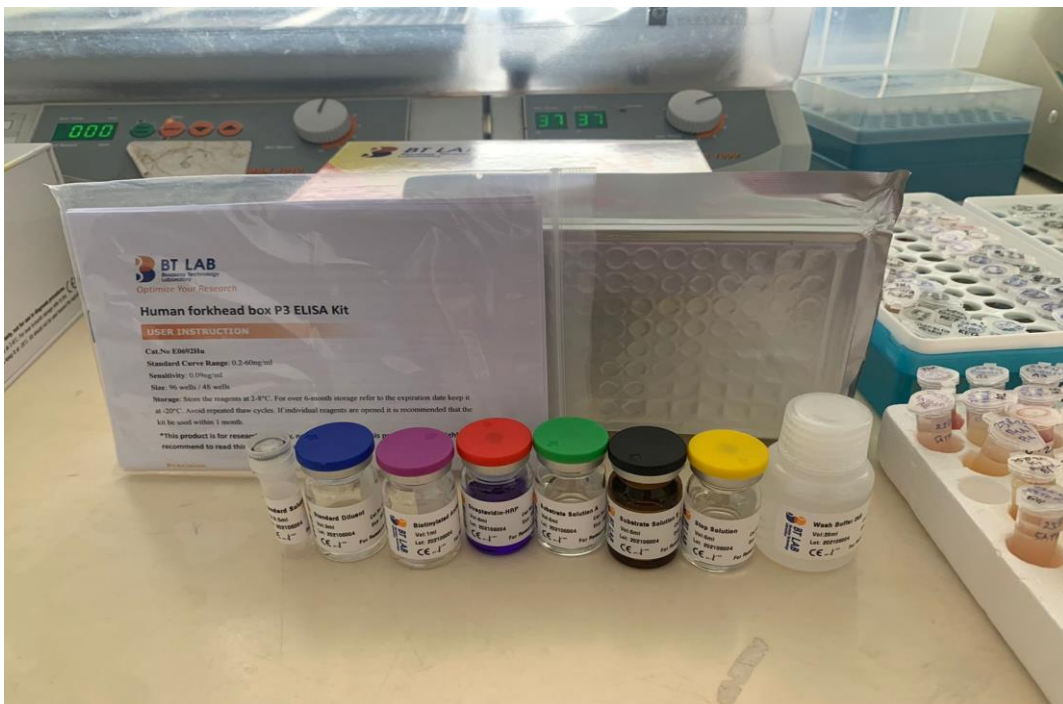
- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk 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

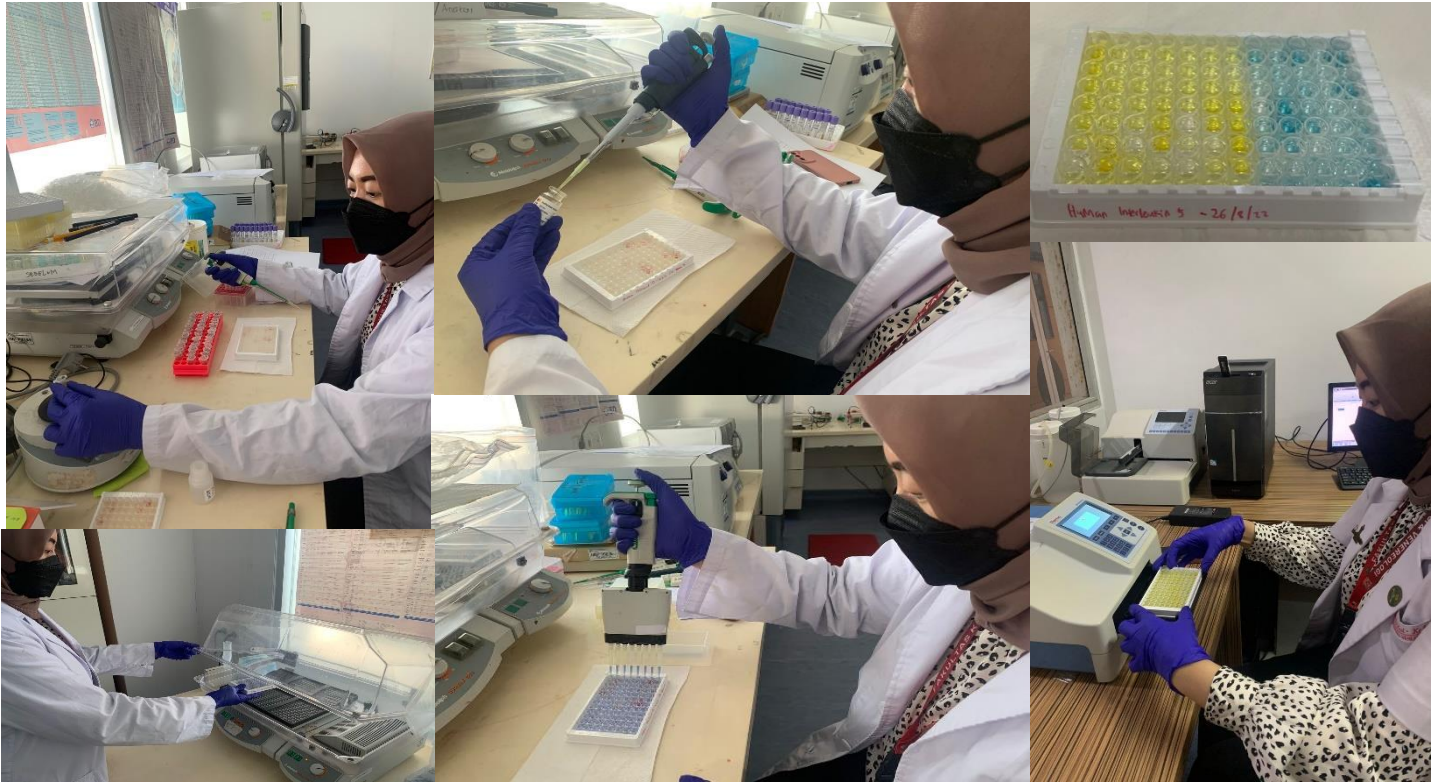
## Lampiran 2. Alat dan Bahan

Ekstrak Lumbrikus Rubellus



ELISA (Enzyme-Linked Immunosorbent Assay) kits (FOXP3)







### Lampiran 3. Inform Consent

#### FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN

Setelah membaca informasi penelitian serta mendengar penjelasan dan menyadari pentingnya penelitian:

**Pengaruh Ekstrak *Lumbricus Rubellus* Terhadap Kadar *Forkhead Box P3* Pada  
Penderita Dermatitis Atopik**

Maka saya yang bertanda tangan di bawah ini:

Nama :  
Umur :  
Jenis kelamin :  
Pekerjaan :  
Alamat :

Menyatakan dengan sesungguhnya bahwa saya sebagai Diri saya sendiri/ Orang Tua/Wali dari :

Nama :  
Umur :  
Jenis kelamin :

Dengan ini menyatakan SETUJU untuk dilakukan pengambilan sampel darah yang diambil dari vena mediana kubiti dengan menggunakan *vacutainer* sebanyak 3 cc (3/5 sendok teh) dengan cara aseptik menggunakan jarum suntik disposibel 3 cc dan dimasukkan dalam *serum separator tube* (SST). Saya mengerti sepenuhnya bahwa sampel yang diambil tidak akan mempengaruhi kondisi kesehatan anak saya dan hal ini semata-mata dilakukan untuk kepentingan penelitian. Saya mengetahui bahwa saya berhak untuk menolak ikut serta dalam penelitian ini tanpa kehilangan hak saya untuk mendapatkan pelayanan kesehatan yang seharusnya saya peroleh.

Semua biaya pemeriksaan dan biaya pengobatan bila terjadi keluhan apapun sehubungan dengan penelitian ini, ditanggung oleh peneliti.

Bila masih ada hal yang masih belum saya mengerti atau saya ingin mendapatkan penjelasan lebih lanjut, saya bisa mendapatkannya dari dokter peneliti. Demikian persetujuan ini saya buat dengan penuh kesadaran dan tanpa paksaan.

Makassar,.....2022

Yang bersangkutan /Orang Tua/Wali.....

(Nama Lengkap)

.....

(Tanda Tangan)

Saksi

.....

.....

(Nama Lengkap)

(Tanda Tangan)

**Penanggung Jawab Penelitian**

Nama : dr. Nurul Rezki Fitriani Azis

Alamat : Jl. Telkom 3 Blok C1 No.87, Makassar, Sulawesi Selatan

Hp : 02345673600

**Penanggung Jawab Medis**

Nama : Prof. DR. Dr. Farida Tabri, Sp.KK(K), FINSDV, FAADV

Alamat : Jl. St Hasanuddin, Perum. Graha Satelit, Blok I No. 21 Kab. Gowa, Sulawesi Selatan

Hp : 08124208996

#### Lampiran 4. Data Sampel

KONTROL	Jenis Kelamin	Usia	Feses	Darah Rutin	SCORAD minggu 0	SCORAD Minggu 2	SCORAD minggu 4
K1	Laki-laki	21 tahun	neg	normal	12	12	12
K2	Perempuan	30 tahun	neg	normal	12	10	10
K3	Perempuan	4 tahun	neg	normal	10	9	9
K4	Laki-laki	3,5 tahun	neg	normal	12	12	11
K5	Laki-laki	3 tahun	neg	normal	12	11	11
K6	Perempuan	28 tahun	neg	normal	11	10	10
K7	Perempuan	33 tahun	neg	normal	10	11	10
K8	Laki-laki	26 tahun	neg	normal	13	12	12
K9	Perempuan	2 tahun	neg	normal	14	14	14
K10	Laki-laki	15 tahun	neg	normal	11	12	12
K11	Laki-laki	4 tahun	neg	normal	14	14	12
K12	Laki-laki	6 tahun	neg	normal	13	12	12
K13	Perempuan	10 tahun	neg	normal	10	10	10
K14	Perempuan	13 tahun	neg	normal	11	10	11
K15	Perempuan	18 tahun	neg	normal	14	13	12
<b>INTERVENSI</b>							
A1	Laki-laki	8 tahun	neg	normal	10	10	9
A2	Perempuan	23 tahun	neg	normal	13	12	12
A3	Laki-laki	35 tahun	neg	normal	11	11	10
A4	Laki-laki	31 tahun	neg	normal	12	12	10
A5	Perempuan	40 tahun	neg	normal	13	11	11
A6	Laki-laki	39 tahun	neg	normal	14	14	12
A7	Perempuan	9 tahun	neg	normal	13	12	12
A8	Laki-laki	45 tahun	neg	normal	10	10	10
A9	Laki-laki	23 tahun	neg	normal	11	10	11
A10	Perempuan	22 tahun	neg	normal	14	13	12
A11	Laki-laki	14 tahun	neg	normal	12	12	11
A12	Perempuan	22 tahun	neg	normal	12	11	11

<b>A13</b>	Perempuan	19 tahun	neg	normal	11	10	10
<b>A14</b>	Perempuan	38 tahun	neg	normal	10	11	10
<b>A15</b>	Perempuan	35 tahun	neg	normal	13	12	12