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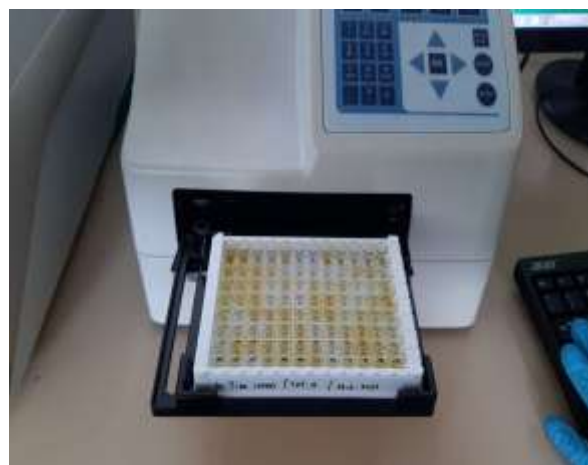
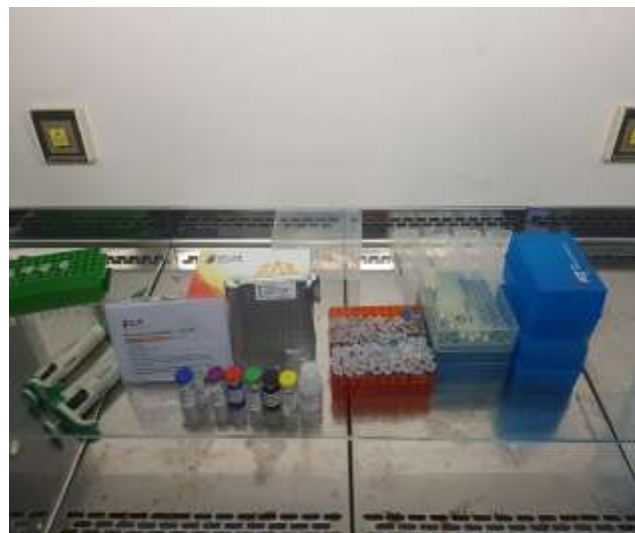
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Lampiran 1. Pemeriksaan Sampel



Lampiran 2



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
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5780103, Fax : 0411-581431

Lampiran 2

FORMULIR PERSETUJUAN ORANG TUA
MENGIKUTI PENELITIAN SETELAH MENDAPAT PENJELASAN

Maka saya yang bertanda tangan di bawah ini, orang tua/ wali :

Nama :

Pekerjaan :

Alamat :

Setelah mendengar dan mengerti penjelasan yang diberikan oleh dr. Arwini Avisia tentang penelitian yang akan dilakukannya, bersama ini secara sukarela mengizinkan anak saya :

Nama :

Jenis kelamin : Laki-laki / Perempuan

untuk diikutkan dalam penelitian ini.

Saya tahu bahwa saya mempunyai hak untuk menanyakan pada dr. Yusriwanti Kasri apabila masih ada hal-hal yang belum jelas. Saya juga tahu bahwa saya tidak perlu merasa terpaksa mengikutkan anak saya dalam penelitian ini karena penolakan saya tidak akan mempengaruhi hak saya dan keluarga untuk mendapatkan pelayanan kesehatan.

Saya juga mengerti bahwa saya tidak perlu membayar semua biaya pemeriksaan yang ada hubungannya dengan penelitian ini, dan semua biaya perawatan dan pengobatan bila terjadi hal-hal yang tidak diinginkan akan dibiayai oleh peneliti, jika terjadi perselisihan/beda pendapat akan diselesaikan secara musyawarah (kekeluargaan).

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

Makassar,

NO.	NAMA	TANDA TANGAN
1. ORANG TUA/WALI
2. SAKSI I
3. SAKSI II

Penanggung Jawab Penelitian/ Medis

Nama : dr. Min Ayatina
Alamat : JL Gelatik no 11
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REKOMENDASI PERSETUJUAN ETIK

Nomor : 386/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 19 Juni 2023

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

No Protokol	UH23040262		No Sponsor	
Peneliti Utama	dr. Min Ayatina		Sponsor	
Judul Peneliti	Kadar TNF-a untuk Memprediksi Luaran Pasien Covid-19 pada Anak			
No Versi Protokol	2	Tanggal Versi	16 Juni 2023	
No Versi PSP	2	Tanggal Versi	16 Juni 2023	
Tempat Penelitian	RS Universitas Hasanuddin dan RSUP Dr. Wahidin Sudirohusodo Makassar			
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal 17 Mei 2023		Masa Berlaku 19 Juni 2023 sampai 19 Juni 2024	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama	Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)		Tanda tangan
Sekretaris KEP Universitas Hasanuddin	Nama	dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)		Tanda tangan

Kewajiban Peneliti Utama:

- Menyerahkan Anandemen 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)
- Menatahi semua peraturan yang ditentukan