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## Lampiran 1 Formulir Penelitian

Seluruh data yang diperoleh berdasarkan hasil anamnesis, pemeriksaan fisis dan endoskopi laring yang kemudian dituliskan dalam formulir ini

Nomor Sampel Penelitian :  
 Tanggal Pemeriksaan :  
 No. RM :  
 Nama :  
 Umur :  
 Jenis Kelamin :  
 Anamnesis :

.....  
 .....

Pemeriksaan Fisis :

.....  
 .....

### *Reflux Symptoms Index (RSI)*

0 = tidak ada keluhan							
5 = keluhan sangat berat							
1	Suara serak atau bermasalah dengan suara anda	0	1	2	3	4	5
2	Membersihkan tenggorokan anda	0	1	2	3	4	5
3	Lendir Tenggorokan berlebih atau postnasal drip (terasa seperti ada yang mengalir dari hidung ke tenggorokan)	0	1	2	3	4	5
4	Kesulitan menelan makanan, cairan atau pil	0	1	2	3	4	5
5	Batuk setelah makan atau setelah berbaring	0	1	2	3	4	5
6	Kesulitan bernafas atau adanya episode tersedak	0	1	2	3	4	5
7	Batuk yang mengganggu	0	1	2	3	4	5
8	Sensasi sesuatu yang menempel di tenggorokan anda, atau terasa seperti ada yang mengganjal di tenggorokan	0	1	2	3	4	5
9	Dada terasa panas, nyeri dada, gangguan pencernaan atau asam lambung	0	1	2	3	4	5
<b>Total</b>							

**Refluks Finding Score (RFS)**

<b>No</b>	<b>Temuan</b>	<b>Nilai</b>
1	Edema subglotis	0 = Tidak ada 2 = Ada
2	Obliterasi ventricular	2 = Parsial 4 = Lengkap
3	Eritema/hiperemis	2 = Hanya arytenoid 4 = Difusa
4	Edema pita suara	1 = Ringan 2 = Sedang 3 = Berat 4 = Polipoid
5	Edema laring difusa	1 = Ringan 2 = Sedang 3 = Berat 4 = Obstruksi
6	Hipertrofi komisura posterior	1 = Ringan 2 = Sedang 3 = Berat 4 = Obstruksi
7	Jaringan granuloma/granulasi	0 = Tidak ada 2 = Ada
8	Mukus endolaringeal kental	0 = Tidak ada 2 = Ada
<b>TOTAL</b>		

**Pemeriksaan Hematologi dan kadar vitamin B12 serum**

<b>Hasil</b>	<b>Hematologi</b>	<b>Nilai</b>
	Hemoglobin( gr/dl)	
	MCV (fL)	
	MCH (pg)	
	MCHC (gr/dl)	
	Vitamin B12( pg/ml)	

**KARTU KONTROL PENGGUNAAN OBAT PROTON PUMP INHIBITOR  
(Omeprazole 20 mg/12 Jam/Oral)**

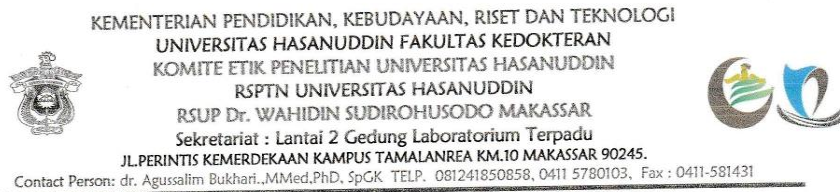
Nomor Sampel Penelitian :  
 Tanggal Mulai Terapi :  
 Pemeriksa :  
 Rumah Sakit :  
 No. RM :  
 Nama :  
 Jenis Kelamin :

	1	2	3	4	5	6	7	8	9	10
<b>Pagi</b>										
<b>Malam</b>										

	11	12	13	14	15	16	17	18	19	20
<b>Pagi</b>										
<b>Malam</b>										

	21	22	23	24	25	26	27	28	29	30
<b>Pagi</b>										
<b>Malam</b>										

## Lampiran 2 Surat Rekomendasi Persetujuan Etik



### REKOMENDASI PERSETUJUAN ETIK

Nomor : 314/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 24 Juni 2022

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

No Protokol	UH22040199	No Sponsor Protokol	
Peneliti Utama	<b>dr. Foppi Puspitasari</b>	Sponsor	
Judul Peneliti	Pengaruh Terapi Proton Pump Inhibitor terhadap Kadar Vitamin B12 Serum dan Parameter Hematologi Dalam Darah Penderita Refluks Laringofaring		
No Versi Protokol	2	Tanggal Versi	17 Juni 2022
No Versi PSP	2	Tanggal Versi	17 Juni 2022
Tempat Penelitian	RSUP Dr. Wahidin Sudirohusodo Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 24 Juni 2022 sampai 24 Juni 2023	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)</b>	Tanda tangan 	
Sekretaris KEP Universitas Hasanuddin	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 prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan



### Lampiran 3 Dokumentasi Kegiatan



#### Lampiran 4 Data Dasar Penelitian

NO	Nama	Minggu Ke	RM	RSI	RFS	HB	MCV	MCH	MCHC	Serum Vit. B12
1	NN	0	935762	13	15	13,3	81	27	33	823
		6		8	6	13,1	81	28	32	825
		12		5	6	13	80	27	33	753
2	MR/L	0	942905	14	11	11,2	78	24	31	587
		6		13	7	11,2	79	25	31	658
		12		6	6	11,1	78	24	30	738
3	BD/P	0	941570	11	16	14	89	31	35	496
		6		13	7	14,1	90	31	36	523
		12		6	5	14,1	89	31	36	502
4	RK/P	0	941268	17	8	14	85	28	33	926
		6		13	8	14	87	30	33	738
		12		4	6	14,1	87	31	35	858
5	AM /L	0	945983	23	17	14	89	31	35	569
		6		11	9	14	90	31	36	638
		12		5	1	12,9	86	29	34	869
6	JD/P	0	946406	17	14	12	86	29	34	738
		6		12	3	12	85	29	33	690
		12		5	1	12,9	86	29	34	869
7	SH/L	0	949115	17	16	12	89	31	35	747
		6		15	14	12,3	92	33	35	838
		12		9	7	12,8	95	33	34	1265
8	NL /L	0	950885	13	7	14,5	85	30	35	1213
		6		11	5	14,5	86	29	33	838
		12		8	5	13,7	86	29	34	768
9	AD/L	0	951513	17	13	17,2	83	28	34	543
		6		7	3	17	84	28	33	690
		12		5	3	17	83	27	33	593
10	HWi/P	0	986076	17	13	12,7	91	31	34	951
		6		8	6	12,5	87	30	33	837
		12		5	1	12,6	85	29	34	526
11	ES /L	0	945981	15	13	14	85	28	33	475
		6		11	8	14	86	29	34	347
		12		8	6	13,5	86	29	33	278
12	SL /L	0	911279	17	8	12,5	90	30	32	361
		6		12	7	12,3	84	29	34	285
		12		5	4	12,5	87	30	33	563
13	EB / P	0	949246	26	14	13	93	32	35	790

	10/12/63	6		23	11	12,6	99	33	34	728
		12		7	1	12,5	94	32	35	659
14	NW /P	0	951686	17	13	14	90	31	34	1398
	31/10/63	6		8	14	13,8	90	30	34	1257
		12		5	4	13,8	86	29	34	983
15	IS /L	0	929381	19	7	17	85	30	35	951
	01/07/89	6		8	7	16,5	83	29	34	874
		12		5	4	15,8	80	26	36	769
16	KK /P	0	938906	17	9	13,8	69	21	30	1373
	29/06/85	6		11	4	13,4	69	22	32	1270
		12		7	3	13,3	70	22	31	1022
17	NL /P	0	955262	19	9	14,3	80	29	37	1374
	02/03/77	6		9	4	14,1	81	29	35	1337
		12		5	3	14,1	87	29	34	1022
18	HR /P	0	957013	23	13	12,3	91	30	33	428
	01/12/73	6		7	8	11,5	87	29	33	358
		12		9	7	10,9	85	27	32	323
19	MH /P	0	78687	15	9	14,2	87	29	34	604
	28/06/70	6		9	4	14,3	80	29	37	747
		12		6	3	14,2	87	28	33	723
20	NS /P	0	985940	13	12	11	86	28	33	1022
	18/11/78	6		10	8	11,2	87	30	34	999
		12		5	3	11,1	86	30	34	706