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LAMPIRAN

Lampiran 1. 1 Surat Persetujuan Komite Etik UNHAS


**KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI**  
**UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN**  
**KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN**  
**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 : 8/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 2 Januari 2023

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

No Protokol	UH22120805		No Sponsor	
Peneliti Utama	dr. Urfa		Sponsor	
Judul Peneliti	Hubungan antara Terapi Medik Gizi terhadap Monocyte to Lymphocyte Ratio (MLR) dan Lama Rawat pada Pasien Rawat Inap Tuberkulosis Paru			
No Versi Protokol	1	Tanggal Versi	29 Desember 2022	
No Versi PSP		Tanggal Versi		
Tempat Penelitian	RSUP Dr. Wahidin Sudirohusodo Makassar			
Jenis Review	<input checked="" type="checkbox"/> Exempted	Masa Berlaku	2 Januari 2023 sampai 2 Januari 2024	
	<input type="checkbox"/> Expedited	Frekuensi review lanjutan		
	<input type="checkbox"/> Fullboard Tanggal			
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 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 1. 2 Surat Persetujuan Penelitian RSUP Dr. Wahidin Soedirohusodo



### KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

DIREKTORAT JENDERAL PELAYANAN KESEHATAN  
RUMAH SAKIT UMUM PUSAT DR. WAHIDIN SUDIROHUSODO  
Jalan Perintis Kemerdekaan Km. 11 Tamalanrea, Makassar, Kode Pos 90245  
Telp. (0411) 584675 – 581818 (*Hunting*), Fax. (0411) 587676  
Laman : [www.rsupwahidin.com](http://www.rsupwahidin.com) Surat Elektronik : [tu@rsupwahidin.com](mailto:tu@rsupwahidin.com)



Nomor : LB.02.04/2.2/708/2023  
Hal : Izin Penelitian

11 Januari 2023

Yth. KPS Ilmu Gizi Klinik  
Fakultas Kedokteran Universitas Hasanuddin

Sehubungan dengan surat saudara nomor **329/UN4.6.8/PT.01.04/2023** tertanggal **04 Januari 2023**, hal **Permohonan Izin Penelitian**, dapat kami fasilitasi dan memberikan izin pelaksanaan penelitian kepada:

Nama : **dr. Urfa**  
NIM : **C175182005**  
Prog. Pend. : **MPPDS Ilmu Gizi Klinik**  
No. HP : **081241190060**  
Judul : **Hubungan Antara Terapi Medik Gizi Terhadap *Monocyte to Lymphocyte Ratio* (MLR) dan Lama Rawat pada Pasien Rawat Inap Tuberkulosis Paru**  
Jangka Waktu : **Tiga Bulan Setelah Surat ini di Keluarkan**  
Lokasi : **Inst. Rekam Medik**

1. Sesuai dengan peraturan dan ketentuan penelitian yang berlaku di lingkup RSUP Dr Wahidin Sudirohusodo
2. Sebelum meneliti, peneliti wajib melapor kepada Pengawas Penelitian di masing-masing unit yang menjadi lokasi penelitian
3. Pelaksanaan penelitian tidak mengganggu proses pelayanan terhadap pasien
4. Pemeriksaan penunjang, BHP dan lain-lain yang digunakan dalam penelitian, menjadi tanggung jawab peneliti, tidak dibebankan kepada pasien ataupun RS
5. Peneliti melaporkan proses penelitian secara periodik serta hasil penelitian di akhir waktu penelitian
6. Mencantumkan nama RSUP Dr Wahidin Sudirohusodo sebagai afiliasi institusi dalam naskah dan publikasi penelitian
7. Surat Keterangan Selesai Penelitian menjadi salah satu syarat untuk mengikuti Seminar Hasil Penelitian
8. Bukti Penyerahan Skripsi/Thesis/Disertasi ke RSUP Dr Wahidin Sudirohusodo menjadi syarat penyelesaian studi.

Mohon dapat dipastikan agar ketentuan tersebut dipenuhi peneliti sebelum menyelesaikan studi di institusi saudara. Atas perhatian dan Kerjasama yang baik, diucapkan terima kasih.

a.n. Direktur Utama  
Plt. Direktur Sumber Daya Manusia,  
Pendidikan dan Penelitian,



Ridhayani B, SKM, M.Kes  
NIP197110271997032001

Tembusan:  
Kepala Instalasi Rekam Medik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN  
RISET DAN TEKNOLOGI  
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN  
PROGRAM STUDI ILMU GIZI KLINIK

DEPARTEMEN ILMU GIZI :  
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SMP. GIZI KLINIK:  
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Lamp. : Satu Berkas  
Perihal : Permohonan Izin Penelitian

Makassar, 04 Januari 2023

Yth. Direktur Utama  
RSUP. Dr. Wahidin Sudirohusodo  
Makassar

Dengan ini kami sampaikan bahwa Mahasiswa Program Pendidikan Dokter Spesialis  
Gizi Klinik Fakultas Kedokteran Universitas Hasanuddin atas nama :

Nama : dr. Urfa  
Nim : C175182005  
Program Pendidikan : Dokter Spesialis  
Program Studi : Ilmu Gizi Klinik  
Judul Penelitian : **Hubungan antara Terapi Medik Gizi terhadap  
Monocyte to Lymphocyte Ratio (MLR) dan lama rawat  
pada pasien rawat inap Tuberkulosis Paru.**

Bermaksud melakukan penelitian dalam rangka persiapan penulisan tesis, sehubungan  
dengan hal tersebut kami mohon kebijaksanaan Bapak/Ibu kiranya berkenan memberi  
izin untuk melakukan penelitian di RSUP. Dr. Wahidin Sudirohusodo.

Demikian penyampaian kami, atas perhatian dan kerjasama yang baik diucapkan  
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Ketua Program Studi,  
  
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