

## **DAFTAR PUSTAKA**

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## LAMPIRAN MASTER DATA

No	NAMA	Jenis Kelamin	USIA (Tahun)	JENIS TAMPONADE	JENIS TAMPONADE		GAP LUKA (um)				KEDALAMAN LUKA (um)				Axial Length
					SILICON OIL	NON SILICON OIL	HARI 1	HARI 7	HARI 14	HARI 21	HARI 1	HARI 7	HARI 14	HARI 21	
1	Badaria	P	60	air		OS	247	172	98	0	98	80	62	0	22.66 mm
2	Nurya	P	43	air		OD	289	175	88	0	134	124	83	0	22.78 mm
3	Andi Nurfahmi	P	43	silicon oil 1200	OS		219	185	82	0	93	62	52	0	23.25 mm
4	Bunga	P	49	Silicon Oil 1300	OD		237	201	108	0	122	62	41	0	22.32 mm
5	Hamsina	P	53	C3F8		OD	301	178	104	0	88	77	52	0	23.02 mm
6	Annastasya	P	23	SO 1300	OD		252	134	98	0	126	113	83	0	23.04 mm
7	Abd. Razak Abidin	L	53	SO 1300	OD		229	133	77	0	145	88	41	0	28.30 mm
8	Andi Halimah	P	46	SO 1300	OS		279	124	90	0	88	68	52	0	22.42 mm
9	Muliati	P	53	Udara		OS	259	170	72	0	134	88	78	0	24.02 mm
10	Rusnawati (mkssr)	P	59	SO 1300	OS		253	144	88	0	366	196	156	0	31.96 mm
11	Agusalim	L	54	C3F8		OD	256	134	88	0	123	111	57	0	23.63 mm
12	Muhajir	L	40	SO 1300	OS		227	165	82	0	182	152	52	0	32.07 mm
13	Ismirza	L	37	SO 1300	OS		221	153	67	0	119	95	82	0	22.37 mm
14	Murni	P	38	Air		OD	232	126	67	0	196	142	98	0	22.77 mm
15	Ratna	P	58	SO 1500	OD		129	124	72	0	207	62	53	0	22.02 mm
16	Syamsir	L	56	Udara		OD	225	139	72	0	176	103	85	0	23.39 mm
17	Dwi Ratna Cahaya	P	39	SO 1200	OD		202	176	83	0	159	104	84	0	23.36 mm
18	Nuryani	P	52	SO 1200	OS		207	139	67	0	95	80	52	0	22.62 mm
19	Slamat	L	52	SO 1300	OS		222	124	67	0	119	100	54	0	24.31 mm
20	Patta ida	P	49	C3F8		OD	307	139	62	0	109	78	59	0	22.18 mm
21	Darma Paliwanan	L	50	SO 1300	OS		253	170	67	0	169	115	90	0	24.81 mm
22	Sri wahyuningsih	P	41	Udara		OS	169	93	77	0	204	160	76	0	22.14 mm
23	Muh. Saleng	L	52	Air		OD	149	93	88	0	150	124	88	0	22.52 mm
24	Yustina Pindan	P	55	SO 1200	OS		218	155	62	0	186	153	77	0	22.81 mm
25	Murni	P	38	Udara		OS	268	150	77	0	103	88	57	0	22.73 mm
26	Ronny Mamau	L	39	C3F8		OD	263	177	83	0	110	77	52	0	22.08 mm
27	Kika M tahir	P	65	C3F8		OD	202	186	77	0	135	83	59	0	18.77 mm
28	Ummi kalsum	P	54	SO 1200	OD		309	119	57	0	104	83	47	0	23.35 mm
29	Sri wahyuningsih	P	41	Udara		OD	170	135	77	0	207	142	47	0	22.52 mm
30	Maryam	P	59	Air		OD	252	155	93	0	93	62	52	0	24.07 mm

## LAMPIRAN

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, Sp.GK TELP. 081241850858, 0411 5780103, Fax : 0411-581431



### **REKOMENDASI PERSETUJUAN ETIK**

Nomor : 361/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 25 Juli 2022

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

No Protokol	UH22050241	No Sponsor Protokol	
Peneliti Utama	<b>dr. Nabita Aulia</b>	Sponsor	
Judul Peneliti	HUBUNGAN PENGGUNAAN SILICON OIL TERHADAP PENYEMBUHAN LUCA SKLEROTOMI PADA PASIEN YANG MENJALANI VITREKTOMI PARS PLANA DINILAI DARI ASPEK ANTERIOR SEGMENT-OPTICAL COHERENCE TOMOGRAPHY (AS - OCT)		
No Versi Protokol	<b>2</b>	Tanggal Versi	<b>11 Juli 2022</b>
No Versi PSP	<b>2</b>	Tanggal Versi	<b>11 Juli 2022</b>
Tempat Penelitian	RS Universitas Hasanuddin Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal <b>29 Juni 2022</b>	Masa Berlaku <b>25 Juli 2022</b> sampai <b>25 Juli 2023</b>	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)</b>		
Sekretaris KEP Universitas Hasanuddin	Nama <b>dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)</b>		

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 Lapor 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

## **FORMULIR PERSETUJUAN SETELAH PENJELASAN**

Saya yang bertandatangan di bawah ini :

Nama : .....  
Umur : .....  
Masa Kerja : .....  
Satuan : .....  
Alamat : .....  
.....

setelah mendengar/membaca dan mengerti penjelasan yang diberikan mengenai tujuan, manfaat, dan apa yang akan dilakukan pada penelitian ini, menyatakan setuju untuk ikut dalam penelitian ini secara sukarela tanpa paksaan.

Saya tahu bahwa keikutsertaan saya ini bersifat sukarela tanpa paksaan, sehingga saya bisa menolak ikut atau mengundurkan diri dari penelitian ini. Saya berhak bertanya atau meminta penjelasan pada peneliti bila masih ada hal yang belum jelas atau masih ada hal yang ingin saya ketahui tentang penelitian ini.

Saya juga mengerti bahwa semua biaya yang dikeluarkan sehubungan dengan penelitian ini, akan ditanggung oleh peneliti. Saya percaya bahwa keamanan dan kerahasiaan data penelitian akan terjamin dan saya dengan ini menyetujui semua data saya yang dihasilkan pada penelitian ini untuk disajikan dalam bentuk lisan maupun tulisan.

Dengan membubuhkan tandatangan saya di bawah ini, saya menegaskan keikutsertaan saya secara sukarela dalam studi penelitian ini.

	<b>Nama</b>	<b>Tanda tangan</b>	<b>Tgl/Bln/Thn</b>
Responden	.....	.....	.....
/Wali	.....	.....	.....
Saksi	.....	.....	.....

(Tanda Tangan Saksi diperlukan hanya jika Partisipan tidak dapat memberikan consent/persetujuan sehingga menggunakan wali yang sah secara hukum, yaitu untuk partisipan berikut:

1. Berusia di bawah 18 tahun
2. Usia lanjut
3. Gangguan mental
4. Pasien tidak sadar
5. Dan lain-lain kondisi yang tidak memungkinkan memberikan persetujuan

### **Penanggung jawab penelitian :**

Nama : dr. Nabita Aulia  
Alamat : Jl. Sahabat Raya No.3, Tamalanrea Indah, Kec. Tamalanrea, Sulawesi Selatan  
Telp. : 08114342600

### **Penanggung jawab medik :**

Nama : dr. Andi Muhammad Ichsan, Ph.D, Sp.M(K)  
Alamat : Perumahan Dosen Unhas Tamalanrea, Jalan Alexandre Mendell Blok D-1, Kelurahan Tamalanrea Jaya, Kecamatan Tamalanrea, Kota Makassar, Provinsi Sulawesi Selatan, 90245  
Telp : 0411 580678

