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## Lampiran 1. (formulir persetujuan )

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

## LAMPIRAN 2

### **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 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.

**Nama**

**Tanda tangan**

**Tgl/Bln/Thn**

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

**DISETUJUI OLEH KOMISI PENELITIAN  
KESEHATAN FAKULTAS KEDOKTERAN  
UNHASTGL.....2022**



anggungjawab penelitian :

dr. Ghulam Ahmad Mubaraq  
Jl. Sultan Alauddin Komp. Permata Sari PS4/20  
Telp.081342384540

anggungjawab medik :

dr. Muh. Abrar Ismail, Sp.M(K), M.Kes  
Jl. Sultan Alauddin No. 84A  
Telp. 081343884693

## Lampiran 2. (formulir observasi)

### Formulir pasien ND-Yag Laser Kapsulotomi

Nama Pasien :  
No. Rekam Medik :  
Tempat Tanggal lahir :  
Jenis kelamin :  
Pekerjaan :  
Diagnosa :  
Tanggal pemeriksaan :

#### Visus

OD :  
OS :

#### Retinometri pre Nd-Yag Laser

OD :  
OS :

#### Retinometri post Nd-Yag Laser

OD :  
OS :

#### Jenis PCO

Fibrosis   
Mutiar Elsching   
(Beri centang salah satu)

Contoh jenis PCO fibrosis



Contoh jenis PCO Mutiar Elsching



#### Teknik Nd-Yag Laser

Cruciate   
Circular   
(Beri centang salah satu)



Diameter Nd-Yag Laser :  
Power Nd-Yag Laser :  
asi saat tindakan :







## Lampiran 4. Rekomendasi Persetujuan Etik

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI  
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### REKOMENDASI PERSETUJUAN ETIK

Nomor : 245/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 17 April 2023

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

No Protokol	UH23030207	No Sponsor Protokol	
Peneliti Utama	dr. Ghulam Ahmad Mubaraq	Sponsor	
Judul Peneliti	Perbandingan perbaikan tajam penglihatan berdasarkan Pemeriksaan Potential Visual Test "Retinometri" pada pasien Posterior Capsular Opacification tipe Fibotik dan Regeneratif sebelum dan sesudah dilakukan Nd YAG Laser Capsulotomy"		
No Versi Protokol	2	Tanggal Versi	14 April 2023
No Versi PSP	2	Tanggal Versi	14 April 2023
Tempat Penelitian	RS Universitas Hasanuddin dan Klinik Mata JEC Orbita Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal 12 April 2023	Masa Berlaku 17 April 2023 sampai 17 April 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 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



### Lampiran 5. Dokumentasi Penelitian



Menganalisa jenis PCO menggunakan *slit lamp* dan melakukan pemeriksaan retinometri.



Mengukur dan mendata diameter kapsulotomi, power laser dan bentuk dari laser kapssulotomi.

