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LAMPIRAN

Lampiran 1

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 : 925/UN4.6.4.5.31/ PP36/ 2024

Tanggal: 28 Oktober 2024

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

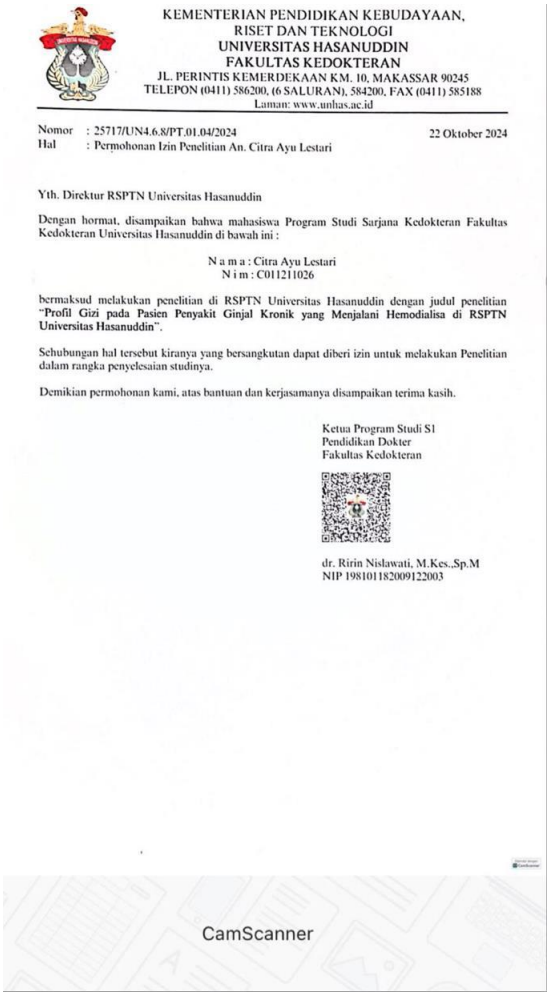
No Protokol	UH24100869	No Sponsor	
Peneliti Utama	**Citra Ayu Lestari**	Sponsor	
Judul Peneliti	Profil Gizi pada Pasien Penyakit Ginjal Kronik yang Menjalani Hemodialisa di RS PTN Universitas Hasanuddin		
No Versi Protokol	**1**	Tanggal Versi	**28 Oktober 2024**
No Versi PSP	**1**	Tanggal Versi	**28 Oktober 2024**
Tempat Penelitian	RS Universitas Hasanuddin		
Jenis Review	[X] Exempted [ ] Expedited [ ] Fullboard Tanggal	Masa Berlaku **28 Oktober 2024** sampai **28 Oktober 2025**	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	**Prof. dr. Muh Nasrum Massi,PhD,SpMK, Subsp. Bakt(K)**	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	**dr. Firdaus Hamid, PhD, SpMK(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 prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

Rekomendasi Persetujuan Etik

Lampiran 2

Permohonan Izin Penelitian Kepada Diret RS Universitas Hasanuddin



KEMENTERIAN PENDIDIKAN KEBUDAYAAN,
RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN
JL. PERINTIS KEMERDEKAAN KM. 10, MAKASSAR 90245
TELEPON (0411) 586200, (6 SALURAN), 584200, FAX (0411) 585188
Laman: www.unhas.ac.id

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Hal : Permohonan Izin Penelitian An. Citra Ayu Lestari

Yth. Direktur RSPTN Universitas Hasanuddin

Dengan hormat, disampaikan bahwa mahasiswa Program Studi Sarjana Kedokteran Fakultas Kedokteran Universitas Hasanuddin di bawah ini :

N a m a : Citra Ayu Lestari
N i m : C011211026

bermaksud melakukan penelitian di RSPTN Universitas Hasanuddin dengan judul penelitian "**Profil Gizi pada Pasien Penyakit Ginjal Kronik yang Menjalani Hemodialisa di RSPTN Universitas Hasanuddin**".

Sehubungan hal tersebut kiranya yang bersangkutan dapat diberi izin untuk melakukan Penelitian dalam rangka penyelesaian studinya.

Demikian permohonan kami, atas bantuan dan kerjasamanya disampaikan terima kasih.

Ketua Program Studi S1
Pendidikan Dokter
Fakultas Kedokteran

dr. Ririn Nislawati, M.Kes.,Sp.M
NIP 19810118200912003

Lampiran 3
Formulir *Subjective Global Assesment (SGA)*

Kriteria inklusi : OSB masuk RS < 48jam ,komunikatif, bahasa indonesia , ada pendamping,tidak pre/post partum, compos mentis ,tidak luka bakar bagian dada dan lengan atas	
Isilah titik-titik (.....) dan beri tanda V pada ( ), atau O pada A,B,C atau D untuk jawaban yang dipilih	
Ruang rawat : Nama OS : Umur : Jenis kelamin : pria/wanita* Nama dietisien :	No.Medical record : Hari /Tanggal masuk RS : Hari/Tanggal wawancara : Diagnosa penyakit : Preskripsi Diet :

Waktupengisian : kunjungan awal /hari ke-7/ hari-14(beri tanda O pada waktu yang telah dipilih

Deskripsi	Jawaban			SKOR SGA		
1 Berat Badan (BB) • BB biasanya • BB Awal masukRS(kg)/ saat ini (Bila ada data dikutip,bila tidak ada timbangan)	..... kg ..... kg	..... Tidak tahu ..... Tidak tahu	TB..... cm (jika tirah baring diukur PB)			
Kehilangan BB selama 6bln terakhir <u>BB Biasanya – BB awal masuk</u> BB Biasanya	1 ( )tidak ada 2 ( )ada penurunan,bertambah atau menurun < 5% 3. ( )ada penurunan BB 5-10% 4 ( )ada penurunan > 10% 5 ( )tidak tahu (tidak di score)			**A** **A**	**B**	**C**
Perubahan BB selama 2minggu terakhir *Bilapasien tidak yakin tanyakan*: 1 Perubahanukuran ikat pinggang 2 Perubahan ukuran pakaian 3 Asumsiteman melihat "lebih kurus"	1 ( )tidak ada *2* ( )tidakada *,tapi BB dibawah atau diatas normal* 3 ( )ada kenaikan ,tapi BB belum normal 4 ( )BB turun			A	B B	C

2. Asupan makanan Perubahan dalam jumlah asupan akhir-akhir ini dibanding dengan kebiasaan :	1. ( )asupan cukup & tidak ada perubahan,kalaupunada hanya sedikit dan atau dalam waktu singkat 2.( )asupan menurun daripada sebelum sakit tapi tahap ringan 3. ( )asupan rendah, tapi ada peningkatan 4.( )asupansangat tidak cukup dan menurun tahap berat daripada sebelumnya			A	B B	C
Lamanya dan derajat perubahan asupan makanan	1 ( )<2minggu,sedikit/tampa perubahan 2 ( )>2minggu,perubahan sedikit -sedang 3 ( )tak bisa makan,perubahan drastis			A	B	C
3.Gejala Gastrointestinal	Jika tidak langsungke	Frekuensi	Lamanya			