

DAFTAR PUSTAKA

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UNIVERSITAS HASANUDDIN FAKULTAS KEPERAWATAN

KOMITE ETIK PENELITIAN KESEHATAN

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, M.Med.,Ph.D., Sp.GK. Telp. 091241850858, 0411 5700103. Fax : 0411-521431



REKOMENDASI PERSETUJUAN ETIK

Nomor : 667/UIN4.6.4.5.31/PP36/2020

Tanggal: 20 Oktober 2020

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

No Protokol	UIN20080426	No Sponsor Protokol	
Peneliti Utama	dr. Yuliftyani Gunawan	Sponsor	
Judul Peneliti	EVALUASI SHEAR WAVE ELASTOGRAPHY, FIBROSCAN DAN KECEPATAN ALIRAN VENA PORTA PADA PASIEN NON-ALCOHOLIC FATTY LIVER DISEASE		
No Versi Protokol	2	Tanggal Versi	18 Oktober 2020
No Versi PSP	2	Tanggal Versi	18 Oktober 2020
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 20 Oktober 2020 sampai 20 Oktober 2021	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	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 2

FORMULIR PERSETUJUAN SETELAH PENJELASAN

(*Informed consent*)

Saya yang bertanda tangan di bawah ini, orangtua / wali :

Nama :

Umur/Kelamin :

Alamat :

Bukti diri/KTP :

Dengan ini memberikan persetujuan dan bersedia menjalani/mengikuti penelitian ini, setelah mendapat penjelasan dari peneliti (dokter) dan mengerti sepenuhnya tentang prosedur penelitian yang akan dilakukan.

Demikian pernyataan ini saya buat dengan penuh kesadaran dan tanpa paksaan dari pihak manapun.

Saksi-saksi

Makassar,

Yang membuat pernyataan

1.

(.....)

(.....)

2.

(.....)

Tempat meminta penjelasan :

Pejabat Peneliti / Pejabat Medis :

Nama : dr. Yullyftyani Gunawan

Alamat: Perumahan Griya Bakti Utama, Tamalanrea, Kota Makassar

Telepon(HP) : 081243671400

Penanggungjawab medis : dr. Sri Asriyani, Sp.Rad(K),M.Med.Ed

Alamat : Jl.Perintis Kemerdekaan Km.11

Telepon : 0411581666

Lampiran 3

FORMULIR KUESIONER PENELITIAN

I. Data Pribadi

Nama :
Umur : tahun
Jenis Kelamin :

II. Riwayat penyakit

Riwayat Alkoholik : Ada / Tidak ada
Penyakit hepatitis : Ada / Tidak ada
Penyakit sirosis hepatis : Ada / Tidak ada
Penyakit keganasan (hepatoma) : Ada / Tidak ada
Trauma hati : Ada / Tidak ada

III. Pemeriksaan Fibrosis hati dengan Shear Wave Elastography

Nilai $F \geq 1$: 5,48-8,29 kPa (normal-fibrosis ringan)
Nilai $F \geq 2$: 8,29-9,40 kPa (fibrosis ringan-sedang)
Nilai $F \geq 3$: 9,40-11,9 kPa (fibrosis sedang-berat)
Nilai $F \geq 4$: > 11,9 kPa (sirosis kompensata)

IV. Pemeriksaan Fibrosis hati dengan Fibroscan

Nilai $F \geq 0$: 2,50-6,142 kPa
Nilai $F \geq 1$: 6,142-7,894 kPa
Nilai $F \geq 2$: 7,894-11,027 kPa
Nilai $F \geq 3$: 11,027-26,960 kPa
Nilai $F \geq 4$: > 26,960 kPa

Selanjutnya dikelompokkan menjadi non signifikan fibrosis ($F \geq 0$ - $F \geq 1$), signifikan fibrosis ($F \geq 2$ - $F \geq 3$) dan cirrosis ($F \geq 4$)

Lampiran 4

CURRICULUM VITAE

A. Data Pribadi

Nama : dr. Yullyftyani Gunawan
Tempat/Tanggal Lahir : Gorontalo / 03 Juli 1987
Alamat : Jl. Raja Eyato No 279
Agama : Islam

B. Riwayat Pendidikan

- SD :SDN 46 Kota Gorontalo, 1999
- SMP :SMP 1 Kota Gorontalo, 2002
- SMA :SMA 1 Kota Gorontalo, 2005
- Pendidikan Dokter :Fakultas Kedokteran Universitas Sam Ratulangi Manado, angkatan 2005, lulus tahun 2012
- PPDS :Departemen Radiologi Fakultas Kedokteran Universitas Hasanuddin Periode Januari 2017

C. Riwayat Pekerjaan

- Dokter PTT Puskesmas Kabila Bone, Kabupaten Bone Bolango, Provinsi Gorontalo
- Dokter CPNS Puskesmas Tilongkabila, Kabupaten Bone Bolango, Provinsi Gorontalo
- Dokter PNS RS TOTO Kabila, Kabupaten Bone Bolango, Provinsi Gorontalo

D. Riwayat Keluarga

- Ayah :H.Gunawan Talombo,SE
- Ibu : Femmy Mopangga
- Saudara Kandung:Rocky O. Gunawan, S.Com,M.M
: Moh. Apriezaldhy Gunawan,S.H

- Suami : H. Nirwan Utiahman, ST,M.Si
- Anak : Danish Pratama Utiahman

E. Karya Ilmiah / Artikel yang dipublikasikan

-

F. Makalah pada seminar / Konferensi Ilmiah Nasional dan Internasional

Radial Club Hand Type III&IV: A Rare Case Report, dibawakan pada acara PIT Musculoskeletal, Semarang, 7-9 September 2018