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LAMPIRAN

Lampiran 1. Naskah Penjelasan Untuk Responden

NASKAH PENJELASAN UNTUK RESPONDEN

Selamat Pagi/ Siang/ Sore, ibu. Saya, dr. Nurul Fajri Syamsuri, yang akan melakukan penelitian tentang “Hubungan Kadar Leptin dengan Gangguan Haid pada Remaja Obesitas”.

Insiden obesitas pada remaja terus mengalami peningkatan, yang memiliki dampak yang buruk, seperti adanya siklus haid yang tidak teratur. Kadar leptin memberi peranan pada sistem reproduksi wanita dan berkaitan erat dengan obesitas.

Karena itu kami sangat mengharapkan saudara bersedia untuk ikut dalam penelitian ini secara sukarela dan mengizinkan kami menggunakan data saudara dalam laporan tertulis maupun laporan secara lisan. Bila saudara bersedia kami mengharapkan saudara memberikan persetujuan secara tertulis. Keikutsertaan saudara dalam penelitian ini bersifat sukarela tanpa paksaan, oleh karena itu saudara berhak untuk menolak atau mengundurkan diri.

Kalau saudara setuju untuk berpartisipasi, kami akan menanyakan beberapa hal antara lain data pribadi saudara dan riwayat menstruasi, pemakaian obat serta riwayat keluarga. Kami juga akan melakukan pengambilan sampel darah. Adapun prosedur pemeriksaan kadar leptin dengan menggunakan ELISA kit yang akan dianalisis di Laboratorium RSUP. Universitas Hasanuddin Makassar.

Kami menjamin keamanan dan kerahasiaan semua data pada penelitian ini. Data akan disimpan dengan baik dan aman, sehingga hanya bisa dilihat oleh yang berkepentingan saja. Demikian juga pada penyajian baik tertulis maupun pada laporan lisan, data pribadi saudara tetap akan kami rahasiakan. Data penelitian ini akan disajikan pada:

- Program Pendidikan Dokter Spesialis Obstetri dan Ginekologi Fakultas Kedokteran Universitas Hasanuddin (FK UNHAS) Makassar
- Publikasi pada majalah ilmiah dalam dan luar negeri

Bila saudara merasa masih ada hal yang belum jelas atau belum dimengerti dengan baik, maka saudara dapat menanyakan atau minta penjelasan pada saya : dr. Nurul Fajri Syamsuri (telepon 082192823412).

Jika saudara setuju untuk berpartisipasi, diharapkan menandatangani surat persetujuan mengikuti penelitian. Atas kesediaan dan kerja samanyakami ucapkan banyak terima kasih



Nurul Fajri Syamsuri
 DS Obstetri dan Ginekologi FK UNHAS Makassar
 ?192823412

Lampiran 2. Formulir Persetujuan Mengikuti Penelitian Setelah Mendapat Penjelasan

**FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN
SETELAH MENDAPAT PENJELASAN**

Yang bertanda tangan di bawah ini :

Nama :

Umur :

Alamat :

Dengan ini menyatakan bahwa setelah saya mendapatkan penjelasan serta memahami sepenuhnya maksud dan tujuan penelitian ini. Saya menyatakan setuju untuk ikut serta dalam penelitian ini. Untuk itu saya bersedia dan tidak keberatan mematuhi semua ketentuan yang berlaku dalam penelitian ini dan memberikan keterangan yang sebenarnya. Saya tahu bahwa keikutsertaan saya ini bersifat sukarela tanpa paksaan, sehingga saya bisa menolak ikut atau mengundurkan diri dari penelitian ini. Juga 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. Demikian juga biaya perawatan dan pengobatan bila terjadi hal-hal yang tidak diinginkan akibat penelitian ini, akan dibiayai oleh peneliti. Demikianlah pernyataan ini saya buat dengan penuh kesadaran untuk dapat dipergunakan sebagaimana mestinya.

	NAMA	TANDA TANGAN	Tanggal
Saksi 1
Saksi 2

Penanggung Jawab Penelitian

Nama : dr. Nurul Fajri Syamsuri

Alamat : Perumahan NTI, Jl. Cemara, Blok GD/10, Makassar

Telepon : 082192823412

Penanggung Jawab Medis



Jr. Fatmawati Madya, Sp. OG, Subsp. FER
Ikel I Blok A 20/14, Makassar
24180325

Lampiran 3. Formulir Penelitian

FORMULIR PENELITIAN

HUBUNGAN KADAR LEPTIN DENGAN GANGGUAN HAID PADA REMAJA OBESITAS

I. IDENTITAS PASIEN

1. Nama :
2. Tanggal lahir :
3. Tanggal Pemeriksaan :
4. Nama Sekolah :
5. Kelas :
6. Pendidikan dan Pekerjaan orangtua
 - a. Bapak :/.....
 - b. Ibu :/.....
7. Alamat :
8. Suku bangsa :
9. No. HP/ Telpon :

II. DATA UMUM PASIEN

1. Umur :
2. Menarkhe (usia pertama haid) :
3. Lama haid sejak menarkhe (tahun) :
4. Siklus haid :
5. Banyak haid (ganti pembalut/hari) :
6. Dismenore (nyeri haid) :
- a. Hirsutisme :
- b. Penggunaan KB hormonal :
7. Riwayat DM :
8. Riwayat Hipotiroid :
9. Berat badan (kg) :
10. Tinggi badan (cm) :
11. IMT (kg/m^2) :
12. Tekanan darah (mmHg) :

III. DATA KLINIS PASIEN

1. Keadaan umum : a.Baik b.Sedang c.Lemah



-
- akut :
- asi :
- akut keluarga :
- okok :
- gunaan obat-obatan :
-

Lampiran 5. Persetujuan etik

**REKOMENDASI PERSETUJUAN ETIK**

Nomor : 198/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 29 Maret 2023

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

No Protokol	UH23020126		No Sponsor	
Peneliti Utama	dr. Nurul Fajri Syamsuri		Sponsor	
Judul Peneliti	Hubungan Kadar Leptin dengan Gangguan Siklus Haid pada Remaja Obesitas			
No Versi Protokol	1	Tanggal Versi	20 Februari 2023	
No Versi PSP	1	Tanggal Versi	20 Februari 2023	
Tempat Penelitian	SMA di Kota Makassar			
Jenis Review	<input type="checkbox"/> Exempted	<input checked="" type="checkbox"/> Expedited	<input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 29 Maret 2023 sampai 29 Maret 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 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)

urutan yang ditentukan.



Lampiran 6. Izin penelitian



**PEMERINTAH PROVINSI SULAWESI SELATAN
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU**

Jl. Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936
Website : <http://simap-new.sulselprov.go.id> Email : ptsp@sulselprov.go.id
Makassar 90231

Nomor	: 14811/S.01/PTSP/2023	Kepada Yth.
Lampiran	: -	Kepala Dinas Pendidikan Prov. Sulsel
Perihal	: <u>Izin penelitian</u>	

di-
Tempat

Berdasarkan surat Ketua Dep. Obstetri & Ginekologi Fak. Kedokteran UNHAS Makassar Nomor : 8246/UN4.6.7/PT.01.04/2023 tanggal 31 Maret 2023 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a	: NURUL FAJRI SYAMSURI
Nomor Pokok	: C055202015
Program Studi	: Pendidikan Dokter Spesialis Departemen Obstetri dan Ginekologi
Pekerjaan/Lembaga	: Mahasiswa (S2)
Alamat	: Jl. P. Kemerdekaan Km, 10 Makassar

PROVINSI SULAWESI SELATAN

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka menyusun Tesis, dengan judul :

" HUBUNGAN KADAR LEPTIN DENGAN GANGGUAN SIKLUS HAID PADA REMAJA OBESITAS "

Yang akan dilaksanakan dari : Tgl. **01 Mei s/d 01 Agustus 2023**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami **menyetujui** kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Demikian Surat Keterangan ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
Pada Tanggal 05 April 2023

A.n. GUBERNUR SULAWESI SELATAN
KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU
SATU PINTU PROVINSI SULAWESI SELATAN



Ir. H. SULKAF S LATIEF, M.M.
Pangkat : PEMBINA UTAMA MADYA
Nip : 19630424 198903 1 010

inekologi Fak. Kedokteran UNHAS Makassar di Makassar;

