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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
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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 : 1165/UN4.6.4.5.31/ PP36/ 2025

Tanggal: 22 Desember 2025

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

No Protokol	UH25121167	No Sponsor	
Peneliti Utama	**dr.Octavianus Tambunan**	Sponsor	
Judul Peneliti	PENILAIAN MORFOLOGI NERVUS ULNARIS DENGAN ULTRASONOGRAFI PADA PENDERITA MORBUS HANSEN DENGAN GRADING KETEBALAN NERVUS ULNARIS SECARA KLINIS POST PENGOBATAN		
No Versi Protokol	**1**	Tanggal Versi	**15 Desember 2025**
No Versi PSP	**1**	Tanggal Versi	**15 Desember 2025**
Tempat Penelitian	RS Tadjuddin Chalid Makassar		
Jenis Review	☐ Exempted ☒ Expedited ☐ Fullboard Tanggal	Masa Berlaku **22 Desember 2025** sampai **22 Desember 2026**	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

LAMPIRAN 2

FORMULIR PERSETUJUAN SETELAH PENJELASAN (PSP) (INFORMED CONSENT)

Selamat pagi Bapak/Ibu/Saudara(i), saya **dr. Octavianus Tambunan**, bermaksud untuk melakukan penelitian dengan judul **PENILAIAN MORFOLOGI NERVUS ULNARIS BERDASARKAN ULTRASONOGRAFI DENGAN GRADING KETEBALAN NERVUS ULNARIS SECARA KLINIS PADA PENDERITA MORBUS HANSEN POST PENGOBATAN** Tujuan penelitian ini adalah untuk menilai perubahan morfologi nervus ulnaris dengan ultrasonografi pada pasien Morbus Hansen dengan grading ketebalan saraf di RSUP dr. Tadjuddin Chalid Makassar

Pasien yang kami masukkan kedalam penelitian adalah seluruh pasien yang datang berobat ke RSUP dr. Tadjuddin Chalid dengan diagnosis Morbus Hansen dan telah menjalani pengobatan. Pasien akan menjalani pemeriksaan palpasi ketebalan nervus ulnaris dan USG nervus ulnaris bilateral

Efek samping tindakan yang mungkin akan dialami oleh subyek adalah efek samping minimal berupa rasa tidak nyaman. Pemeriksaan USG tidak menggunakan radiasi pengion, sehingga aman. Data pasien akan dirahasiakan dan tidak akan disebarluaskan. Jika ada hal lebih lanjut yang ingin ditanyakan mengenai penelitian ini dapat menghubungi peneliti dengan alamat dan nomor kontak di bawah ini.

Identitas Peneliti

Nama : dr. Octavianus Tambunan
Alamat : Kost Otomona Jl. Biring Romang No.70 Kota Makassar
No Hp : 082167463136

FORMULIR PERSETUJUAN SETELAH PENJELASAN

Saya yang bertandatangan di bawah ini :
Nama : .....
Umur : .....
Jenis Kelamin : .....
Alamat : .....
Nomor HP : .....

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.

	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. Usia lanjut
2. Gangguan mental
3. Pasien tidak sadar
4. Dan lain-lain kondisi yang tidak memungkinkan memberikan persetujuan

Penanggung jawab penelitian
Nama : dr. Octavianus Tambunan
Alamat : Kost Otomona Jl. Biring Romang No.70 Kota Makassar
Tlp : 082167463136

LAMPIRAN 3

Case Report Form

PENILAIAN MORFOLOGI NERVUS ULNARIS BERDASARKAN ULTRASONOGRAFI DENGAN GRADING KETEBALAN NERVUS ULNARIS SECARA KLINIS PADA PENDERITA MORBUS HANSEN POST PENGOBATAN

Anamnesa dan Pemeriksaan palpasi nervus ulnaris
IDENTITAS SUBJEK PENELITIAN

No	Variabel	Keterangan	Checklist
1	**Kode Subjek**		☐
2	**Nomor Rekam Medik**		☐
3	**Usia (tahun)/TTL**		☐
4	**Jenis Kelamin**	☐ Laki-laki ☐Perempuan	☐

Gejala Neuropati saat ini	**:**	**Kanan**	**Kiri**
- Baal / mati rasa, kesemutan (paresthesia)	:	☐	☐
- Nyeri tajam / nyeri terbakar (neuropathic pain)	:	☐	☐
- Kesulitan menggenggam	:	☐	☐

DATA KLINIS MORBUS HANSEN

Variabel	Keterangan	Checklist
Tipe Morbus Hansen	☐ PB ☐ MB	☐
Lama Setelah MDT Selesai		☐

C. PEMERIKSAAN KLINIS NERVUS ULNARIS

Sisi Pemeriksaan: ☐ Kanan

Parameter	Kriteria	Checklist
Penebalan Nervus Ulnaris	☐ Tidak ☐ Ya	☐
Nyeri Tekan	☐ Tidak ☐ Ya	☐
Konsistensi	☐ Lunak ☐ Kenyal ☐ Keras	☐

Grade	Deskripsi	Checklist
0	**Tidak teraba menebal**	☐
1	**Teraba sedikit menebal**	☐
2	**Jelas menebal**	☐
3	**Sangat menebal / noduler**	☐

Sisi Pemeriksaan: ☐ Kiri

Parameter	Kriteria	Checklist
Penebalan Nervus Ulnaris	☐ Tidak ☐ Ya	☐
Nyeri Tekan	☐ Tidak ☐ Ya	☐
Konsistensi	☐ Lunak ☐ Kenyal ☐ Keras	☐

Grade	Deskripsi	Checklist
0	**Tidak teraba menebal**	☐
1	**Teraba sedikit menebal**	☐
2	**Jelas menebal**	☐
3	**Sangat menebal / noduler**	☐

Hasil Ultrasound

Level Cubital tunnel

	Kanan		**Kiri**	
-	Eko 1 (short)	:	Eko 1 (short)	: .....
-	Eko 2 (short)	:	Eko 2 (short)	: .....
-	Eko 3 (long)	:	Eko 3 (long)	: .....
-	CSA 1	: ..... **(mm^2)**	CSA 1	:..... **(mm^2)**
-	CSA 2	: .....**(mm^2)**	CSA 2	:.....**(mm^2)**

Level 2 Cm Proksimal Cubital tunnel

	Kanan		**Kiri**	
-	Eko 1 (short)	:	Eko 1 (short)	: .....
-	Eko 2 (short)	:	Eko 2 (short)	: .....
-	Eko 3 (long)	:	Eko 3 (long)	: .....
-	CSA 1	: ..... **(mm^2)**	CSA 1	:.....**(mm^2)**
-	CSA 2	: ..... **(mm^2)**	CSA 2	: .....**(mm^2)**

LAMPIRAN 4

DAFTAR RIWAYAT HIDUP

CURRICULUM VITAE

A. Data Pribadi

Nama	: dr Octavianus Tambunan
Alamat	: Rumah Dinas Dokter Puskesmas Pendolo, Kec Pamona Selatan,Kab Poso, Sulawesi Tengah
Jenis Kelamin	: Laki- laki
Tempat/ Tgl Lahir	: Palembang/ 07 September 1986
Warga Negara	: Indonesia
Agama	: Kristen
Nama Orang Tua	: Robert P Tambunan/ (Almh) Ny Nelfrida Siahaan
Nama Istri	: dr Krisnina Marpaung
Nama Anak	: Ivander Adriel Tambunan Marvela Bena Joan Tambunan

B. Riwayat Pendidikan

SD (1992-1998)	: SD Xaverius 8 Palembang
SMP (1998-2001)	: SMP YKPP 1 Palembang
SMA (2001-2004)	: SMA Xaverius 1 Palembang
Perguruan Tinggi (2006-2010)	: FK Universitas Sumatera Utara
Profesi Dokter (2010-2012)	: FK Universitas Sumatera Utara
PPDS Periode Juli 2022	: Departemen Radiologi Fakultas Kedokteran Universitas Hasanuddin

C. Riwayat Pekerjaan

1. Dokter PTT Puskesmas Kaledupa, Kab Wakatobi Sulawesi Tenggara (2013-2015)
2. Dokter PTT Puskesmas Wahai, Kab Maluku Tengah (2015-2017)
3. Dokter PNS Puskesmas Pendolo, Kab Poso (2019-sekarang)

D. Makalah pada Seminar/ Konferensi Ilmiah Internasional :
”Serial Cases Of Bone Metastasis In Pediatric Neuroblastoma”, yang dibawakan pada acara 22nd Annual Scientific Meeting Of Asian And Oceanic Society For Pediatric Radiology tanggal 25-28 September 2024 di Bali