LAMPIRAN

Lampiran 1. Lembar Penjelasan Penelitian

Nama : Sabrina Husnul Nadiyya

NIM : P17334118030

Judul Penelitian : Interferensi Lipemik Terhadap Kadar Albumin Serum Metode Brom Cresol Green

Peneliti adalah mahasiswa Program Diploma III Teknologi Laboratorium Medis Poltekkes Kemenkes Bandung. Saudara diminta ikut berpartisipasi dalam penelitian ini. Responden dalam penelitian ini bersifat sukarela. Saudara berhak menolak berpartisispasi dalam penelitian ini. Penelitian ini dilakukan dengan cara mengambil sebanyak 5cc sampel darah yang kemudian selanjutnya dibuat serum darah, kemudian dilakukan pengukuran kadar albumin. Segala informasi yang saudara berikan akan digunakan sepenuhnya hanya dalam penelitian ini. Peneliti sepenuhnya akan menjaga kerahasiaan identitas saudara dan tidak dipublikasikan dalam bentuk apapun. Jika ada yang belum dipahami, saudara boleh bertanya pada peneliti. Jika saudara sudah memahami penjelasan ini dan bersedia berpartisispasi dalam penelitian ini, silahkan saudara menandatangani lembar persetujuan yang akan dilampirkan.

Peneliti

Sabrina Husnul Nadiyya

Lampiran 2. Lembar Persyaratan Persetujuan *(Informed Consent)*

Yang bertandatangan dibawah ini,

Nama : Ravina Seftiyaningrum

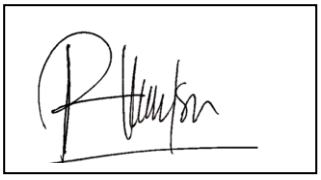
Jenis Kelamin : Perempuan

No. Tlp/HP : 081324135391

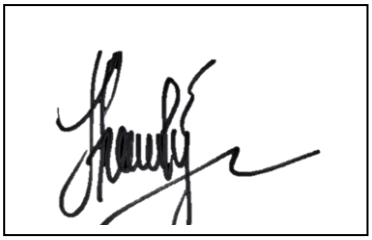
Umur : 20 Tahun

Alamat : Perum graha mutiara permai 2 (GMP2) blok L No 59 04/08 Desa Karet, Kec. Sepatan, Kab. Tangerang-Banten

Semua penjelasan yang berkaitan dengan penelitian mengenai "Interferensi Lipemik Terhadap Kadar Albumin Serum Metode Brom Cresol Green" telah disampaikan kepada saya dan semua pertanyaan saya telah dijawab oleh peneliti. Saya mengerti bahwa bila memerlukan penjelasan, saya dapat menanyakan kepada Sabrina Husnul Nadiyya. Dengan menandatangani lembar informed consent ini, saya setuju untuk ikut serta dalam penelitian ini

Tandatangan subjek 

Tanggal Sabtu, 19 Juni 2021

Tandatangan saksi 

Yang bertandatangan dibawah ini,

Nama : Sindy Putri Meliawati

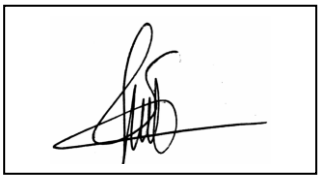
Jenis Kelamin : Perempuan

No. Tlp/HP : 085974160131

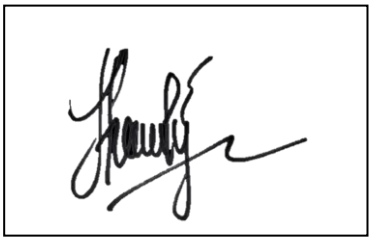
Umur : 21 Tahun

Alamat : Jl. Sadarmanah RT 02. RW 03 No 59 Leuwi Gajah

Semua penjelasan yang berkaitan dengan penelitian mengenai "Interferensi Lipemik Terhadap Kadar Albumin Serum Metode Brom Cresol Green" telah disampaikan kepada saya dan semua pertanyaan saya telah dijawab oleh peneliti. Saya mengerti bahwa bila memerlukan penjelasan, saya dapat menanyakan kepada Sabrina Husnul Nadiyya. Dengan menandatangani lembar informed consent ini, saya setuju untuk ikut serta dalam penelitian ini

Tandatangan subjek 

Tanggal Sabtu, 19 Juni 2021

Tandatangan saksi 

Yang bertandatangan dibawah ini,

Nama : Amalia Yasmin

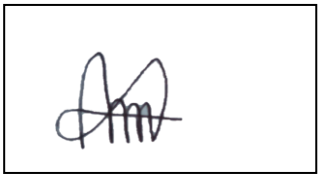
Jenis Kelamin : Perempuan

No. Tlp/HP : 085892871030

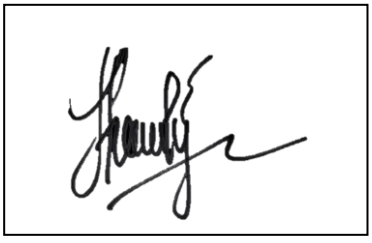
Umur : 20 Tahun

Alamat : Kp. Cicopong RT 02/04 Desa Cigudeg Kec.Cigudeg Kab.Bogor Jawa Barat

Semua penjelasan yang berkaitan dengan penelitian mengenai "Interferensi Lipemik Terhadap Kadar Albumin Serum Metode Brom Cresol Green" telah disampaikan kepada saya dan semua pertanyaan saya telah dijawab oleh peneliti. Saya mengerti bahwa bila memerlukan penjelasan, saya dapat menanyakan kepada Sabrina Husnul Nadiyya. Dengan menandatangani lembar informed consent ini, saya setuju untuk ikut serta dalam penelitian ini

Tandatangan subjek 

Tanggal Sabtu, 19 Juni 2021

Tandatangan saksi 

Yang bertandatangan dibawah ini,

Nama : Adella Fitriyah

Jenis Kelamin : Perempuan

No. Tlp/HP : 0895621552909

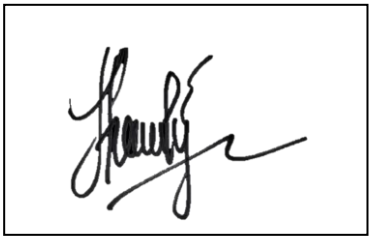
Umur : 21 Tahun

Alamat : Bumi Pratama Mandira Blok 03-06-11, RT 008/002 Kec. Sungai Menang Kab. OKI Sumatera Selatan

Semua penjelasan yang berkaitan dengan penelitian mengenai "Interferensi Lipemik Terhadap Kadar Albumin Serum Metode Brom Cresol Green" telah disampaikan kepada saya dan semua pertanyaan saya telah dijawab oleh peneliti. Saya mengerti bahwa bila memerlukan penjelasan, saya dapat menanyakan kepada Sabrina Husnul Nadiyya. Dengan menandatangani lembar informed consent ini, saya setuju untuk ikut serta dalam penelitian ini

Tandatangan subjek 

Tanggal Sabtu, 19 Juni 2021

Tandatangan saksi 

Lampiran 3. Kit Insert Dialab Pemeriksaan Albumin

DIALAB Produktion und Vertrieb von chemisch – technischen Produkten und Laborinstrumenten Gesellschaft m.b.H.
A – 2351 Wiener Neudorf, Austria, IZ-NÖ Süd, Hondastrasse, Objekt M55
Phone: ++43 (0) 2236 660910-0, Fax: ++43 (0) 2236 660910-30, e-mail: office@dialab.at

Liquid Reagent – ready to use

ALBUMIN

BCG
Single Reagent

Diagnostic Reagent for quantitative in vitro determination of Albumin in human serum or plasma on photometric systems.

REF	Kit Size	Configuration
D95557B	**1 x 10 L**	Single Reagent
D97202B	**1 x 1000 mL**	Single Reagent
D09550	**4 x 250 mL**	Single Reagent
D97203	**5 x 100 mL**	Single Reagent
D00204	**5 x 50 mL**	Single Reagent
D00205	**5 x 25 mL**	Single Reagent
D00206	**5 x 10 mL**	Single Reagent
D51911	**10 x 50 mL**	Single Reagent
D0401917	**9 x 65 mL**	Single Reagent
DA0801	**5 x 50 mL**	Single Reagent
DT1001	**4 x 50 mL**	Single Reagent
DK0701	**5 x 50 mL**	Single Reagent
DB0901	**2 x 150 mL**	Single Reagent

Additionally offered:

D95555	1 x 3 mL	Albumin Standard	
D98485	5 x 3 mL	Calibrator	Diacal Auto
D98485SV	1 x 3 mL	Calibrator	Diacal Auto
D98481	12 x 5 mL	Control normal	Diacon N
D14481	5 x 5 mL	Control normal	Diacon N
D98481SV	1 x 5 mL	Control normal	Diacon N
D98482	12 x 5 mL	Control abnormal	Diacon P
D14482	5 x 5 mL	Control abnormal	Diacon P
D98482SV	1 x 5 mL	Control abnormal	Diacon P

TEST PARAMETERS

Method:	Colorimetric, Endpoint, Increasing Reaction, BCG
Wavelength:	Hg 546 nm, 540 – 600 nm
Temperature:	20 – 25 °C / 37 °C
Sample:	Serum, heparin or EDTA plasma
Linearity:	up to 6 g/dL
Sensitivity:	The lower limit of detection is 0.2 g/dL

REAGENT COMPOSITION

COMPONENTS	CONCENTRATION
Citrate buffer, pH 4.2	30 mmol/L
Bromocresol green	0.26 mmol/L

REAGENT PREPARATION

The reagent provided is ready for use.

REAGENT STABILITY AND STORAGE

Conditions: Protect from light
Close immediately after use
Avoid contamination
Do not freeze the reagent.
Storage: at 2 – 25 °C
Stability: up to the indicated expiration date

SAMPLE STABILITY AND STORAGE

Stability [3]:	15 – 25 °C	10 weeks
	4 – 8 °C	5 months
	- 20 °C	3 months

Only freeze once!
Discard contaminated specimens.

MATERIALS REQUIRED BUT NOT PROVIDED

NaCl solution (9 g/L)
General laboratory equipment

STANDARD

(not included in the kit; has to be ordered separately)
Concentration 5 g/dL (50 g/L)
Storage: 2 – 8 °C
Stability: up to the indicated expiration date
CLOSE IMMEDIATELY AFTER USE!

INTERFERING SUBSTANCES

no interference up to:

Ascorbic acid	30 mg/dL
Bilirubin	40 mg/dL
Hemoglobin	400 mg/dL
Triglycerides	500 mg/dL

For further information on interfering substances refer to Young DS [5].

MANUAL TEST PROCEDURE

Bring reagents and samples to room temperature.

Pipette into test tubes	Blank	Std./Cal.	Sample
Reagent	1000 µL	1000 µL	1000 µL
Sample	-	-	10 µL
Std./Cal.	-	10 µL	-
Dist. water	10 µL	-	-
Mix, Incubate for approx. 10 min. at 20 – 25 °C / 37 °C and read absorbance against reagent blank within 60 min.			

CALCULATION

$$\text{Albumin (g/dL)} = \frac{\Delta A \text{ Sample}}{\Delta A \text{ Std/Cal}} \times \text{Conc. of Std/Cal (g/dL)}$$

UNIT CONVERSION

g/dL x 10 = g/L
g/dL x 144.9 = µmol/L

REFERENCE RANGE [4] *

	g/dL	g/L	µmol/L
Adults:	3.5 - 5.2	35 - 52	507 - 756

* Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

DIAGNOSTIC IMPLICATION [1,2]

Measurement of albumin in serum is used for diagnosis and monitoring of liver diseases, e.g. liver cirrhosis. Furthermore, albumin levels indicate the health and nutritional status of an individual and, therefore, are used for detecting malnutrition and for prognosis in elderly hospitalized patients.

TEST PRINCIPLE

In the presence of bromocresol green at a slightly acid pH, serum albumin produces a color change of the indicator from yellow-green to green-blue. The intensity of the blue-green color is proportional to the concentration of albumin in the sample.

PERFORMANCE CHARACTERISTICS

LINEARITY

The assay is linear from 0.2 to 6 g/dL.
Samples with albumin concentrations higher than 6 g/dL should be diluted 1 + 1 with NaCl solution (9 g/L) and the result multiplied by 2.

PRECISION (at 25 °C)

Intra-assay n = 20	Mean [g/dL]	SD [g/dL]	CV [%]
Sample 1	3.52	0.03	0.91
Sample 2	4.50	0.05	1.12
Sample 3	6.89	0.12	1.79

Inter-assay n = 20	Mean [g/dL]	SD [g/dL]	CV [%]
Sample 1	3.35	0.05	1.58
Sample 2	4.32	0.06	1.44
Sample 3	6.73	0.11	1.60

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Phone: ++43 (0) 2236 660910-0, Fax: ++43 (0) 2236 660910-30, e-mail: office@dialab.at

METHOD COMPARISON
A comparison of Dialab Albumin (y) with a commercially available assay (x) using 59 samples gave following results:
y = 1.00 x – 0.11 g/dL; r = 0.998.

QUALITY CONTROL

All control sera with Albumin values determined by this method can be used.
We recommend the Dialab controls **Diacon N** (control serum with values in the normal range) and **Diacon P** (control serum with values in the abnormal range).

CALIBRATION

The assay requires the use of an albumin standard or an albumin calibrator.
We recommend the Dialab **Albumin Standard** and the Dialab multi calibration serum **Diacal Auto**.
The assigned values of Diacal Auto have been made traceable to the reference material ERM-DA470.

AUTOMATION

Special adaptations for automated analyzers can be made on request.

WARNINGS AND PRECAUTIONS

1. In very rare cases, samples of patients with gammopathy might give falsified results.
2. Please refer to the safety data sheets and take the necessary precautions for the use of laboratory reagents.
3. For diagnostic purposes, the results should always be assessed with the patient's medical history, clinical examinations and other findings.

WASTE MANAGEMENT

Please refer to local legal requirements.

REFERENCES

1. Johnson AM, Rohlfs EM, Silverman LM. Proteins. In: Burtis CA, Ashwood ER. editors. Tietz textbook of clinical chemistry. 3rd ed. Philadelphia: W.B. Saunders Company; 1999. p.447-540.
2. Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p.652-6.
3. Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1st ed. Darmstadt: GIT Verlag; 2001; p.14-5.
4. Dati F, Schumann G, Thomas L, Aguzzi F, Baudner S, Bienvenu J et al. Consensus of a group of professional societies and diagnostic companies on guidelines for interim reference ranges for 14 proteins in serum based on the standardization against the IFCC/BCR/CAP reference material (CRM 470). Eur J Clin Chem Clin Biochem 1996; 34: 517-20.
5. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.

Lampiran 4. Kit Insert Biolabo Pemeriksaan Trigliserida

BIOLABO
www.biolabo.fr
MANUFACTURER:
BIOLABO SAS,
Les Hautes Rives
02160, Maizy, France

TRIGLYCERIDES GPO Method

Reagent for quantitative determination of triglycerides in human serum or plasma

REF 80019	**R1** 2 x 50 mL	**R2** 2 x 50 mL	**R3** 1 x 5 mL
REF 87319	**R1** 10 x 100 mL	**R2** 10 x 100 mL	**R3** 1 x 5 mL

TECHNICAL SUPPORT AND ORDERS
Tel : (33) 03 23 25 15 50
Fax: (33) 03 23 256 256

CE

IVD **IN VITRO DIAGNOSTIC USE**

CLINICAL SIGNIFICANCE (1)

The measurement of the concentration in blood triglycerides is important for the diagnosis and the follow-up of hyperlipidemia. Its increase can be of genetic origin or secondary to other metabolic disorders such as: diabetes mellitus, hyper and hypothyroidisms, hepatic diseases, acute and chronic pancreatitis, nephrosis. A rise in triglycerides also represents an atherogenic risk factor. It is responsible for the opalescence, or even the cloudiness of the serum. Corticoids and oestrogen/progestin treatments can also aggravate hypertriglyceridemia.

PRINCIPLE (4) (5)

Fossati and Prencipe method associated with Trinder reaction.
Reaction scheme is as follows:

$$\text{Triglycerides} \xrightarrow{\text{Lipase}} \text{Glycerol + free fatty acids}$$

$$\text{Glycerol + ATP} \xrightleftharpoons{\text{GK}} \text{Glycerol 3 Phosphate + ADP}$$

$$\text{Glycerol 3 Phosphate + } O_2 \xrightleftharpoons{\text{GPO}} \text{DihydroxyacetonePhosphate + } H_2O_2$$

$$H_2O_2 + \text{4-Chlorophenol + PAP} \xrightarrow{\text{POD}} \text{Quinoneimine (pink) + } H_2O$$

The absorbance of the coloured complex (quinoneimine), proportional to the amount of triglycerides in the specimen, is measured at 500 nm.

REAGENTS

Vial R1 **BUFFER**

PIPES	100	mmol/L
Magnesium chloride	9.8	mmol/L
Chloro-4-phenol	3.5	mmol/L
Preservative		

Vial R2 **ENZYMES**

Lipase	≥ 1000	IU/L
Peroxydase (POD)	≥ 1700	IU/L
Glycerol 3 phosphate oxydase (GPO)	≥ 3000	IU/L
Glycerol Kinase (GK)	≥ 660	IU/L
4 - Amino – antipyrine (PAP)	0.5	mmol/L
Adenosine triphosphate Na (ATP)	1.3	mmol/L

Vial R3 **STANDARD**

Glycerol	2.28	mmol/L

Equivalent to trioleine or **triglycerides 200 mg/dL** (2.28 mmol/L)

SAFETY CAUTIONS

BIOLABO reagents are designated for professional, in vitro diagnostic use.

- Verify the integrity of the contents before use.
- Use adequate protections (overall, gloves, glasses).
- Do not pipette by mouth.
- In case of contact with skin or eyes, thoroughly wash affected areas with plenty of water and seek medical advice.
- Reagents contain sodium azide (concentration < 0.1%) which may react with copper and lead plumbing. Flush with plenty of water when disposing.
- Material Safety Data Sheet is available upon request.
- Waste disposal: Respect legislation in force in the country.

All specimens should be handled as potentially infectious, in accordance with good laboratory practices using appropriate precautions. Respect legislation in force in the country.

REAGENTS PREPARATION

Vial R2: Use a non-sharp instrument to remove aluminium cap.

Add promptly the contents of vial R2 (Enzymes), into vial R1 (Buffer).

Mix gently and wait for complete dissolution before using reagent (approximately 2 minutes).

STABILITY AND STORAGE

Store away from light, well cap in the original vial at 2-8°C.

- Standard (vial R3): Transfer the requested quantity, recap and store at 2-8°C.
- Unopened, reagents are stable until expiry date stated on the label of the kit when stored and used as described in the insert.
- Once reconstituted, working reagent is stable for 1 year when free from contamination.
- Discard reagent if cloudy or if absorbance at 500 nm > 0.200.
- Don't use working reagent after expiry date stated on the label of the Kit.

SPECIMEN COLLECTION AND HANDLING (2)

Serum or plasma (Heparin or EDTA) fasting ≥ 12 hours.

Separate from cells within 2 hours.

Do not use oxalate, fluoride or citrate.

Triglycerides are stable in specimen for:

- 5-7 days at 2-8°C.
- 3 months at –20°C.
- many years at –70°C.

Avoid repeated freezing and thawing.

Made in France Latest revision : www.biolabo.fr Revision : 26/07/2011

INTERFERENCES (1) (2) (3)

Ascorbic acid: No significant interference up to 2.5 mg/dL. Above, under-estimation.

Hemoglobin: No significant interference up to 1.93 g/dL (300 µmol/L).

Bilirubin: No significant interference up to 8 mg/dL (137 µmol/L) of bilirubin. Above, under-estimation.

Free glycerol: Overestimation approximately 10 mg/dL (0.11 mmol/L), generated by endogen glycerol.

For a more comprehensive review of factors affecting this assay refer to the publication of Young D.S.

MATERIAL REQUIRED BUT NOT PROVIDED

1. Basic medical analysis laboratory equipment.
2. Normal and pathological control sera.

CALIBRATION (7)

- Standard (vial R3) provided in the kit or BIOLABO Multicalibrator REF 95015 traceable to SRM 909b.
- Or any calibrator traceable to a reference method or material.

The calibration frequency depends on proper instrument functions and on the preservation of reagent.

It is recommended to calibrate in the following cases:

1. When changing vial of reagent.
2. After maintenance operations on the instrument.
3. When control values are out of ranges, even after using a new vial of fresh serum.

QUALITY CONTROL

- BIOLABO EXATROL-N Level I REF 95010.
- BIOLABO EXATROL-P Level II REF 95011.
- Other assayed control sera referring to the same method.
- External quality control program.

It is recommended to control in the following cases:

- At least once a run.
- At least once within 24 hours.
- When changing vial of reagent.
- After maintenance operations on the instrument.

If control is out of range, apply following actions:

1. Repeat the test with the same control.
2. If control is still out of range, prepare a fresh control serum and repeat the test.
3. If control is still out of range, use a new vial of calibrator or a fresh calibrator and repeat the test.
4. If control is still out of range, calibrate with a new vial of reagent.
5. If control is still out of range, please contact BIOLABO technical support or your local Agent.

EXPECTED VALUES (6)

Triglycerides	mg/dL	[mmol/L]
Reference range	35-160	[0.40-1.82]

Each laboratory should establish its own normal ranges for the population that it serves.

PERFORMANCE CHARACTERISTICS

Within Run N = 30	*Normal level*	*High level*
Mean mg/dL	108	221
S.D. mg/dL	1	2
C.V. %	1.0	1.0

Between Run N = 33	*Normal level*	*High level*
Mean mg/dL	80	223
S.D. mg/dL	1	2.1
C.V. %	1.20	1.0

Detection limit: approximately 10 mg/dL

Sensitivity for 100 mg/dL: approximately 0.125 Abs. at 500 nm.

Comparison with a commercially available reagent:

y = 1.0182 x – 3.02 r = 0.9958

LINEARITY

The reaction is linear up to at least 700 mg/dL (7.9 mmol/L).

Above, dilute the specimen with saline solution and reassay taking into account the dilution factor to calculate the result. Linearity limit depends on specimen/reagent ratio.

MANUAL PROCEDURE

Let stand reagent and specimens at room temperature.

Pipette into well identified test tubes:	Blank	Standard	Assay
Reagent	1 mL	1 mL	1 mL
Demineralised water	10 µL		
Standard		10 µL	
Specimen			10 µL
Mix. Let stand for 5 minutes at 37°C or 10 minutes at room temperature. Record absorbance at 500 nm (480-520) against reagent blank. Reaction is stable for 1 hour.			

Note: Specific procedures are available upon request for automated instruments. Please contact BIOLABO technical support.

CALCULATION

Calculate the result as follows:

$$\text{Result} = \frac{\text{Abs (Assay)}}{\text{Abs (Standard)}} \times \text{Standard concentration}$$

REFERENCES

(1) *TIETZ N.W. Text book of clinical chemistry, 3rd Ed. C.A. Burtis, E.R. Ashwood, W.B. Saunders (1999) p. 809-857.*

(2) *Clinical Guide to Laboratory Test, 4thEd., N.W. TIETZ (2006) p. 1074-1077.*

(3) *YOUNG D.S., Effect of Drugs on Clinical laboratory Tests, 4th Ed. (1995) p.3-573 to 3-589*

(4) *Fossati P., Prencipe L., Clin. Chem. (1982), 28, p.2077-2080.*

(5) *Trinder P. Ann. Clin. Biochem. (1969), 6, p.27-29.*

(6) *TIETZ N.W. Text book of clinical chemistry, 2nd Ed. C.A. Burtis, E.R. Ashwood, W.B. Saunders (1994)p. 1030-1058 et p. 1073-1080.*

(7) *SRM: Standard Reference Material ®*

Manufacturer | Use by | IVD In vitro diagnostic | Temperature limitation | REF Catalogue number | See insert | LOT Batch number | Store away from light | sufficient for | dilute with

Lampiran 5. Data Perhitungan

Data Perhitungan Pembuatan Variasi Serum Lipemik Buatan

1. *Pooled Sera* TG ± 500 mg/dL

- Kadar trigliserida kuning telur stok 50% = 9500 mg/dL
- Kadar trigliserida *pooled sera* = 60 mg/dL

V1 × N1 = V2 × N2

V1 × 9500 = 2500 × (500-60)

$$V1 = \frac{2500 \times 440}{9500}$$

$$V1 = 115,78\ \mu L$$

Dipipet 116 µL kuning telur stok 50% kedalam 2500 µL *pooled sera*

2. *Pooled Sera* TG ± 1000 mg/dL

- Kadar trigliserida kuning telur stok 50% = 9500 mg/dL
- Kadar trigliserida *pooled sera* = 60 mg/dL

V1 × N1 = V2 × N2

V1 × 9500 = 2500 × (1000-60)

$$V1 = \frac{2500 \times 940}{9500}$$

V1 = 247, 36 µL

Dipipet 247 µL kuning telur stok 50% kedalam 2500 µL *pooled sera*

3. *Pooled sera* TG ± 1500 mg/dL

- Kadar trigliserida kuning telur stok 50% = 9500 mg/dL
- Kadar trigliserida *pooled sera* = 60 mg/dL

V1 × N1 = V2 × N2

V1 × 9500 = 2500 × (1500-60)

$$V1 = \frac{2500 \times 1440}{9500}$$

V1 = 378, 94 µL

Dipipet sebanyak 379 µL kuning telur stok 50% kedalam 2500 µL *pooled sera*

4. *Pooled sera* TG ± 2000 mg/dL

- Kadar trigliserida kuning telur stok 50% = 9500 mg/dL
- Kadar trilgiserida *pooled sera* = 60 mg/dL

V1 × N1 = V2 × N2

V1 × 9500 = 2500 × (2000-60)

$$V1 = \frac{2500 \times 1940}{9500}$$

V1 = 510, 52 µL

Dipipet sebanyak 510 µL kuning telur stok 50% kedalam 2500 µL *pooled sera*

Lampiran 6. Data Hasil Penelitian

- **Hasil Penelitian**

Hasil pemeriksaan kadar trigliserida pada pooled sera dan pooled sera modifikasi

Sampel	**Kadar Trigliserida (mg/dL)**
Pooled Sera	60
Pooled Sera TG ± 500 mg/dL	540
Pooled Sera TG ± 1000 mg/dL	1050
Pooled Sera TG ± 1500 mg/dL	1585
Pooled Sera TG ± 2000 mg/dL	2020

Hasil pemeriksaan kadar albumin pada pooled sera dan pooled sera modifikasi

Sampel	**Kadar Albumin (g/dL)**					
Pooled Sera	4,28	4,33	4,42	4,35	4,45	4,35
Pooled Sera TG ± 500 mg/dL	4,39	4,53	4,59	4,54	4,59	4,41
Pooled Sera TG ± 1000 mg/dL	4,43	4,60	4,70	4,67	4,69	4,45
Pooled Sera TG ± 1500 mg/dL	4,72	4,76	4,71	4,86	4,82	4,75
Pooled Sera TG ± 2000 mg/dL	4,20	4,18	4,35	4,31	4,44	4,37

- **Hasil Statistika**

1. Descriptive

Descriptives

	Kadar Trigliserida			Statistic	Std. Error
Kadar Albumin	Pooled Sera	Mean		4.3633	.02525
		95% Confidence Interval for Mean	Lower Bound	4.2984	
			Upper Bound	4.4283	
		5% Trimmed Mean		4.3631	
		Median		4.3500	
		Variance		.004	
		Std. Deviation		.06186	
		Minimum		4.28	
		Maximum		4.45	
		Range		.17	
		Interquartile Range		.11	
		Skewness		.269	.845
		Kurtosis		-.693	1.741
	540 mg/dL	Mean		4.5083	.03582
		95% Confidence Interval for Mean	Lower Bound	4.4163	

			Upper Bound	4.6004	
		5% Trimmed Mean		4.5104	
		Median		4.5350	
		Variance		.008	
		Std. Deviation		.08773	
		Minimum		4.39	
		Maximum		4.59	
		Range		.20	
		Interquartile Range		.18	
		Skewness		-.656	.845
		Kurtosis		-1.762	1.741
	1050 mg	Mean		4.5900	.04960
		95% Confidence Interval for Mean	Lower Bound	4.4625	
			Upper Bound	4.7175	
		5% Trimmed Mean		4.5928	
		Median		4.6350	
		Variance		.015	
		Std. Deviation		.12149	
		Minimum		4.43	
		Maximum		4.70	

		Range		.27	
		Interquartile Range		.25	
		Skewness		-.669	.845
		Kurtosis		-1.987	1.741
	1585 mg/dL	Mean		4.7700	.02394
		95% Confidence Interval for Mean	Lower Bound	4.7084	
			Upper Bound	4.8316	
		5% Trimmed Mean		4.7683	
		Median		4.7550	
		Variance		.003	
		Std. Deviation		.05865	
		Minimum		4.71	
		Maximum		4.86	
		Range		.15	
		Interquartile Range		.11	
		Skewness		.749	.845
		Kurtosis		-.853	1.741
	2020 mg/dL	Mean		4.3083	.04126
		95% Confidence Interval for Mean	Lower Bound	4.2023	

		Upper Bound	4.4144	
	5% Trimmed Mean		4.3081	
	Median		4.3300	
	Variance		.010	
	Std. Deviation		.10108	
	Minimum		4.18	
	Maximum		4.44	
	Range		.26	
	Interquartile Range		.19	
	Skewness		-.231	.845
	Kurtosis		-1.375	1.741

2. Uji Normalitas

Tests of Normality

	Kadar Trigliserida	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	Df	Sig.	Statistic	df	Sig.
Kadar Albumin	Pooled Sera	.252	6	.200	.946	6	.712
	540 mg/dL	.264	6	.200	.842	6	.135
	1050 mg	.245	6	.200	.828	6	.103
	1585 mg/dL	.234	6	.200	.914	6	.465
	2020 mg/dL	.191	6	.200	.934	6	.611

3. Uji Homogenitas

Test of Homogeneity of Variances

		Levene Statistic	df1	df2	Sig.
Kadar Albumin	Based on Mean	1.708	4	25	.180
	Based on Median	.986	4	25	.433
	Based on Median and with adjusted df	.986	4	20.036	.438
	Based on trimmed mean	1.607	4	25	.204

4. Uji One-Way ANOVA

ANOVA

Kadar Albumin

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.817	4	.204	25.569	.000
Within Groups	.200	25	.008		
Total	1.017	29			

5. Uji Post Hoc Tukey HSD

Dependent Variable: Kadar Albumin

Tukey HSD

(I) Kadar Trigliserida	(J) Kadar Trigliserida	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
Pooled Sera	540 mg/Dl	-.14500	.05160	.066	-.2965	.0065
	1050 mg	-.22667*	.05160	.002	-.3782	-.0751
	1585 mg/dL	-.40667*	.05160	.000	-.5582	-.2551
	2020 mg/dL	.05500	.05160	.822	-.0965	.2065
540 mg/dL	Pooled Sera	.14500	.05160	.066	-.0065	.2965
	1050 mg	-.08167	.05160	.522	-.2332	.0699
	1585 mg/dL	-.26167*	.05160	.000	-.4132	-.1101
	2020 mg/dL	.20000*	.05160	.006	.0485	.3515
1050 mg	Pooled Sera	.22667*	.05160	.002	.0751	.3782
	540 mg/dL	.08167	.05160	.522	-.0699	.2332
	1585 mg/dL	-.18000*	.05160	.014	-.3315	-.0285
	2020 mg/dL	.28167*	.05160	.000	.1301	.4332
1585 mg/dL	Pooled Sera	.40667*	.05160	.000	.2551	.5582
	540 mg/dL	.26167*	.05160	.000	.1101	.4132
	1050 mg	.18000*	.05160	.014	.0285	.3315
	2020 mg/dL	.46167*	.05160	.000	.3101	.6132
2020 mg/dL	Pooled Sera	-.05500	.05160	.822	-.2065	.0965
	540 mg/dL	-.20000*	.05160	.006	-.3515	-.0485
	1050 mg	-.28167*	.05160	.000	-.4332	-.1301
	1585 mg/dL	-.46167*	.05160	.000	-.6132	-.3101

*. The mean difference is significant at the 0.05 level.

6. Uji Homogenitas Subsets Tukey HSD

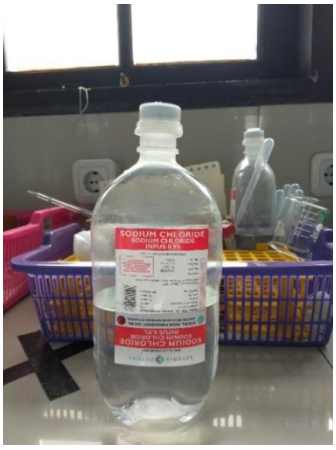
Kadar Albumin

Tukey HSD

		Subset for alpha = 0.05			
Kadar Trigliserida	N	1	2	3	4
2020 mg/dL	6	4.3083			
Pooled Sera	6	4.3633	4.3633		
540 mg/dL	6		4.5083	4.5083	
1050 mg	6			4.5900	
1585 mg/dL	6				4.7700
Sig.		.822	.066	.522	1.000

Lampiran 7. Dokumentasi Penelitian

Kuning telur



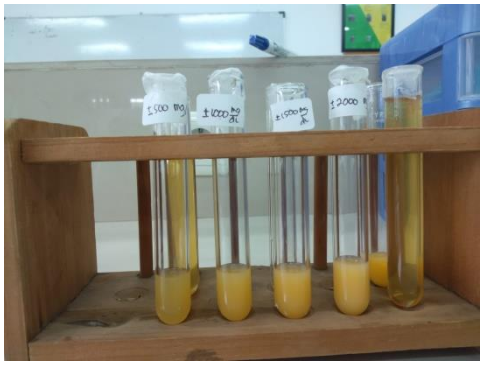
Nacl Fisiologis

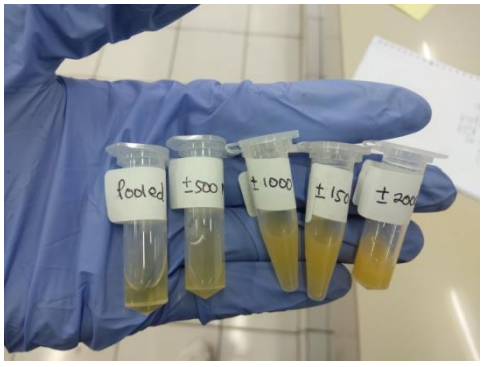
Larutan Stok
Kuning telur 50%

Pooled Sera

Reagen Trigliserida

Reagen Albumin





Pooled sera dan pooled sera modifikasi kadar trigliserida
± 500 mg/dL, ± 1000 mg/dL, ± 1500 mg/dL dan ± 2000 mg/dL

Melakukan pemeriksaan menggunakan fotometer

Lampiran 8. Lembar Log Bimbingan Karya Tulis Ilmiah

	POLITEKNIK KESEHATAN BANDUNG **LEMBAR LOG BIMBINGAN** **KARYA TULIS ILMIAH**	

NO	MATERI BIMBINGAN	WAKTU	MEDIA BIMBINGAN (Link zoom/WA/ Email)	TTD PEMBIMBING
1.	Diskusi Judul Penelitian	6 Maret 2021	Google Meet	
2.	Bab I	11 Maret 2021	Google Meet	
3.	Bab I	12 Maret 2021	Google Meet	
4.	Bab III	22 Maret 2021	WA	
5.	Revisi Usulan KTI	24 Maret 2021	Google Meet	
6.	Simulasi Presentasi Usulan KTI	28 Maret 2021	Google Meet	
7.	Revisi Bab I-III	31 Mei 2021	WA	

8.	Bimbingan Penelitian	4 Juni 2021	WA	
9.	Bimbingan Penelitian	6 Juni 2021	WA	
10.	Bimbingan Penelitian	8 Juni 2021	WA	
11.	Bimbingan Penelitian	10 Juni 2021	Laboratorium	
12.	Bimbingan Bab IV	18 Juni 2021	Laboratorium	
13.	Bimbingan Bab IV	24 Juni 2021	Laboratorium	
14.	Bimbingan Bab V	29 Juni 2021	WA	
15.	Simulasi Presentasi KTI	2 Juli 2021	Google Meet	
16.	ACC KTI	4 Juli 2021	WA