

Lampiran 1

Informed Consent

NASKAH PENJELASAN UNTUK MENDAPATKAN PERSETUJUAN

SUBJEK (*informed Consent*)

Responden yang terhormat, nama saya Nisa Fauziah. Mahasiswi Jurusan Analis Kesehatan Poltekkes Kemenkes Bandung. Saya memerlukan serum darah responden untuk penelitian saya yang berjudul “KAJIAN POOLED SERA YANG DITAMBAHKAN PROPILEN GLIKOL SEBAGAI BAHAN KONTROL ALTERNATIF PADA PEMERIKSAAN KADAR ALBUMIN”

Bantuan yang saya harapkan dari responden adalah kesediaan mendengarkan penjelasan peneliti dan bila dimengerti peneliti mohon untuk berkenan menyumbangkan darahnya. Saya meminta darah responden sebanyak 5 mL yang diambil di lipatan sikut. Responden akan diberikan tindakan aseptik menggunakan kapas beralkohol 70 %. Lalu dipasangkan torniquet untuk membendung vena dan dilakukan penusukan. Apabila telah didapatkan darah sebanyak 5 mL. maka responden akan diberikan kassa kering.

Pengambilan spesimen darah akan dilakukan oleh peneliti. Bila pada saat pengambilan spesimen darah akan ada sedikit rasa nyeri atau kesakitan. Apabila keluhan berlanjut, maka responden akan diberi pertolongan pertama. Bila masih sakit responden akan diperiksakan ke dokter puskesmas terdekat dengan biaya ditanggung oleh peneliti. Besar harapan peneliti bahwa responden berkenan membantu dalam kegiatan ini. Apabila responden tidak berkenan, sewaktu – waktu dapat menolak tanpa dikenakan sanksi apapun.

Lampiran 2

Lembar Persetujuan Setelah Penjelasan

Saya telah dibacakan dan dijelaskan seperti tercantum dalam lembar penjelasan dan telah diberi kesempatan bertanya atas apa yang tidak saya dan dapat menolak atau mengundurkan diri sewaktu-waktu tanpa sanksi apapun. Oleh sebab itu, saya menyetujui keikutsertaan saya sebagai partisipan dalam penelitian "KAJIAN POOLED SERA YANG DITAMBAHKAN PROPYLEN GLIKOL SEBAGAI BAHAN KONTROL ALTERNATIF PADA PEMERIKSAAN KADAR ALBUMIN" yang dilakukan oleh Nisa Fauziah dari Jurusan Analis Kesehatan Poltekkes Kemenkes Bandung.

Saya memahami maksud, manfaat, resiko, waktu dan prosedur penelitian ini, serta saya setuju dengan kompensasi yang akan saya terima. Saya akan membubuhkan tanda tangan saya di bawah ini dan menyatakan keikutsertaan saya dalam pelaksanaan penelitian.

Saya bertandatangan di bawah ini :

Nama : Ajeng Kurnia Hermawati
 Alamat : Perum Balaikun Damai Jl. Lobster no.4 , Cisaat , Kab Sukabumi
 Usia : 20 tahun

Menyatakan bersedia untuk diambil darah sebanyak 5 mL oleh peneliti.

Saya yakin yang saya sampaikan ini terjamin kebenarannya.

Peneliti

Cimahi, 14 Februari 2020

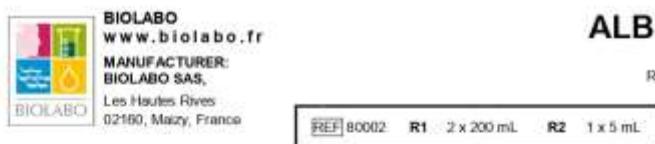
Nisa Fauziah
 NIM. P17334117023

Responden

(Ajeng Kurnia Hermawati)

Lampiran 3

Kit Insert Albumin Biolabo



ALBUMIN BCG Method

Reagent for quantitative determination of albumin
in human serum or plasma

TECHNICAL SUPPORT AND ORDERS

Tel : (33) 03 23 25 16 60

Fax: (33) 03 23 256 256



IVD IN VITRO DIAGNOSTIC USE

CLINICAL SIGNIFICANCE (3)

Albumin is the most abundant plasma protein. The primary function of albumin is generally considered to be the maintenance of colloidal osmotic pressure (COP) in both the vascular and extravascular spaces. Albumin have the ability to bind and transport a large number of compounds such as free fatty acids, phospholipids, metallic ions, amino acids, drugs, hormones, bilirubin, among many others. A measurably increased level of albumin is seen only in acute dehydration and has no clinical utility. Decreased levels may be the result of decreased synthesis (disease deficiency), increased loss (urinary loss), or combinations of these (hepatic diseases). Decreased synthesis may be primary or genetic (as in alpha1-antitrypsin) or acquired (as in inflammatory processes).

PRINCIPLE (1) (2)

In buffered solution at pH 4.2, bromocresol green binds albumin to form a coloured compound which absorbance, measured at 630 nm (620-640) is proportional to the albumin concentration in the specimen.

REAGENT COMPOSITION

Vial R1 BROMOCRESOL GREEN

Succinic acid	63 mmol/L
Bromocresol green (BCG)	167 µmol/L
Sodium hydroxide	50 mmol/L
Polyoxyethylene monolauryl ether	1.00 g/L
Preservative	

Vial R2 STANDARD

Bovine albumin 5.0 g/dL (725 µmol/L)

SAFETY CAUTIONS

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

- Verify the integrity of the contents before use.
- Use adequate protections (overalls, 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.

REAGENT PREPARATION

Reagents are ready for use.

STABILITY AND STORAGE

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

- Standard stability (vial R2): Transfer the requested quantity, recap and store at 2-8°C.
- Reagents are stable until expiry date stated on the label of the kit when stored and used as described in the insert and free from contamination.
- Discard reagent if cloudy or if absorbance at 630 nm > 0.300.

SPECIMEN COLLECTION AND HANDLING

Serum or plasma (see § INTERFERENCES):

Serum albumin is stable in serum for:

- ✓ 72 hours at 2-8°C.
- ✓ 6 months at -20°C.

INTERFERENCES (4) (5) (6) (7)

Heparinised plasma gives higher values than serum. This interference can be avoided by working with bichromatic procedure (2nd wavelength is 580 nm or 700 nm).

Clofibrate and Phenylbutazone decrease albumin value with this procedure.

Due to the dilution ratio, serum hemolysis or turbidity do not significantly affect the result.

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 (8)

- Standard enclosed in the Kit (vial R2) or BIOLABO Multicalibrator REF 95015 traceable to SRM 927d.
- Or any calibrator traceable to a reference method or material.

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

It is recommended to calibrate in the following cases:

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

QUALITY CONTROL

- BIOLABO EXATROL-N Level I REF 95010.
- BIOLABO EXATROL-P Level II REF 95011.
- Assayed control sera referring to the same method.
- External quality control program.
- If 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 (4)

Albumin	g/dL	[μmol/L]
0 to 4 days	2.8-4.4	[421-662]
4 days to 14 years	3.8-5.4	[572-813]
14 to 18 years	3.2-4.5	[482-677]
18 to 80 years	3.4-4.8	[512-722]
60 to 80 years	3.2-4.6	[482-662]
> 90 years	2.9-4.5	[438-677]

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

PERFORMANCES CHARACTERISTICS (7)

According to Procedure n°2:

Within run n = 20	Low level	Normal level	Between run n = 20	Low level	Normal level
Mean g/dL	3.22	3.81	Mean g/dL	3.28	3.85
S.D. g/dL	0.034	0.040	S.D. g/dL	0.080	0.082
C.V. %	1.07	1.05	C.V. %	2.4	2.1

Detection limit: approximately 0.3 g/dL

Sensitivity for 0.1 g/dL: 0.006 Abs at 630 nm.

Comparison study with commercially available reagent:

$$y = 1.044 \times -0.034 \quad r = 0.9954$$

Analytic specificity is better when reading within the first minute.

LINEARITY

Procedure n°1: up to 6.0 g/dL (903 μmol/L).

Procedure n°2: up to 10.0 g/dL (1505 μmol/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 (7)

Let stand reagents and specimens at room temperature

Procedure n°1: Specimen volume 10 μL

Pipette into well identified test tubes	Blank	Standard	Assay
Reagent	2 mL	2 mL	2 mL
Demineralised water	10 μL		
Specimen			10 μL
Standard		10 μL	

Mix well. Record absorbance at 630 nm (620-640) within 3 minutes against reagent blank or better after exactly 1 minute (note 2).

Procedure n°2: Specimen volume 5 μL

Pipette into well identified test tubes	Blank	Standard	Assay
Reagent	2.5 mL	2.5 mL	2.5 mL
Demineralised water	5 μL		
Specimen			5 μL
Standard		5 μL	

Mix well. Record absorbance at 630 nm (620-640) within 3 minutes against reagent blank or better after exactly 1 minute (note 2).

Notes:

1- Specific procedures are available upon request for automated instruments. Please contact BIOLABO technical support.

2- To reduce the interference of other proteins (especially in case of inflammatory processes).

CALCULATION

Calculate the result as follows:

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

REFERENCES

- (1) Albumin standards and the measurement of serum albumin with bromcresol green. DOUMAS B.T., WATSON W.A., BIGGS H.G. - Clin. Chem. Acta, 21 (1971), p 87-96.
- (2) Determination of serum albumin. DOUMAS B.T. and BIGGS H.G. - Standard methods of clinical chemistry - Acad. Press N.Y. Vol 7 (1972) p. 175-188.
- (3) TIETZ N.W. Text book of clinical chemistry, 3rd Ed. C.A. Burtis, E.R. Ashwood, W.B. Saunders (1999) p. 462-485.
- (4) Clinical Guide to Laboratory Test, 4th Ed., N.W. TIETZ (2008) p. 68-71.
- (5) YOUNG D.S. Effect of Drugs on Clinical laboratory Tests, 4th Ed. (1990) p.3-16 to 3-22.
- (6) Overestimation of Albumin in Hypertoned Plasma. HALLBACH J., HOFMANN O.E., GUDER W.O., Clin. Chem. Vol 37 No 4 (1991), p. 566-568.
- (7) Improved specificity of serum Albumin determination and estimation of "acute phase reactants" by use of the bromcresol green reaction. Jon E.C. Gustafsson, Clin. Chem., Vol 22/n°5, (1976) p.616-622.
- (8) SRM Standard Reference Material®



Lampiran 4

Kit Insert Kontrol Komersial

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

BIOLABO EXATROL-N Level 1

Quality control serum for clinical biochemistry analysis

REF 95010 R1 10 x 5 mL R2 1 x 60 mL

CE IN VITRO DIAGNOSTIC USE

PRINCIPLE AND INTENDED USE
BIOLABO EXATROL-N is a quality control serum for clinical chemistry analysis (substrates, electrolytes, lipids, enzymes and proteins), suitable for manual procedure or automated instruments. BIOLABO EXATROL-N is for use to monitor accuracy and precision of indicated methods and analyses.

REAGENTS

- vial R1 Lyophilised bovine serum
- vial R2 Diluent

BIOLABO EXATROL-N analytes are as follows:

- Enzymes: ALT (GPT), AST (GOT), Amylase, Gamma-GT, Alkaline phosphatases (ALP), total (PAT) and prostatic (PAP) acid phosphatases, Lactate dehydrogenase (LDH), Creatine Kinase (CK), Lipase pancreatic, Calcium, Chlorides, Iron, TIBC, UBC, Magnesium, Inorganic phosphorus.
- Proteins: Total protein, Albumin
- Lipids: Total Cholesterol, Triglycerides
- Substrates: Total and direct Bilirubin, Creatinine, Glucose, Urea, Uric acid.

Added enzymes are from animal origin.
The concentrations/activities of each analyte are batch-specific and usually in the normal range or in the normal/pathological threshold.

SAFETY CAUTIONS (1) (2)
BIOLABO reagents are designed for professional, in vitro diagnostic use.

- Verify the integrity of the contents before use.
- This serum and all specimens should be handled as potentially infectious, in accordance with good laboratory practices using appropriate precautions. Respect legislation in force in the country.
- Use adequate protections (overall, gloves, glasses).
- Do not pipette by mouth.
- In the event of exposure the directive of the responsible health authorities should be followed.
- Material Safety Data Sheet is available upon request.

Waste disposal: Respect legislation in force in the country.

REAGENTS PREPARATION

- 1-Carefully open one bottle of vial R1 avoiding the loss of lyophilisate.
- 2-Pipette into vial R1 exactly 5 mL of diluent (vial R2).
- 3-Carefully close the bottle.
- 4-Let stand at room temperature and away from light for 15-30 minutes.
- 5-Dissolve the contents by occasional gentle swirling (avoiding the formation of foam).
- 6-Lyophilisate should be completely dissolved before use.

WARNING: Do not shake. Store away from light.

Notes:

- For CK determination, diluent with a temperature below 10°C should be used.
- For ALP determination, allow the reconstituted serum to stand for one hour at room temperature.
- CK and bilirubin are light-sensitive.

MATERIAL REQUIRED BUT NOT PROVIDED

- 1-Basic medical analysis laboratory equipment.
- 2-Reagents and standards/multicalibrator

STABILITY AND STORAGE
Store at 2 - 8°C, well capped in the original vial and away from light.

- Unopened: Lyophilised sera (vial R1) and diluent (vial R2) are stable until expiry date stated on the label.
- Vial R2 stored and used as described in the insert, well recapped in the original vial and without contamination, contents of vial R2 is stable until expiry date stated on the label of the vial.
- Reconstituted serum: Transfer the requested quantity, recap and store at 2-8°C. Under these conditions, components are usually stable for:
 - ✓ 8 hours at 15-25°C.
 - ✓ 7 days at 2-8°C.
 - ✓ 30 days at -20°C. Aliquots and freeze once only.
 Shorter stabilities in reconstituted serum apply to:
 - 1-Bilirubin, CK, LDH: 1-2% decrease per 7 days at -20°C
 - 2-LDH: 3% decrease per 24 h at 2-8°C.
 Discard reconstituted serum if cloudy or if absorbance of diluted serum (1:10) in saline solution measured at 600 nm > 0.050.
- Don't use reconstituted serum after expiry date stated on the label of the vial.

INTERFERENCES
Factors which may influence results are bacterial contamination, precision of the volume dispensed during reconstitution, respect of automated instrument procedure, temperature control.

PROCEDURE
This control serum should be used with reagents or kits referring to the same method in accordance with technical data sheet of the reagent in use. BIOLABO EXATROL-N has to be handled as patient serum.

CALIBRATION
Refer to technical sheet of the reagent in use.

QUALITY CONTROL
It is recommended to:

- ✓ Participate to external quality control program.
- ✓ Control with frequency stated in technical sheet of the reagent in use.
- ✓ Validate target values and ranges when using other reagents than BIOLABO reagents.

ASSIGNED VALUES AND RANGES (3) (4)
Refer to indicated values
Target values and range are obtained by using:

- BIOLABO reagents and calibrators traceable to a reference method or method.
- Recommended and validated statistical techniques.
- Metabolically controlled instrument.

 Target values are the mean of values obtained during several determinations of each analyte and range are ± 2 or 3 standard deviations. It is recommended that each laboratory validate each new batch-specific values before use. For an optimal use, laboratories should establish their own targets and ranges. These values have to be periodically retested.

REFERENCES

- (1) Occupational Safety and Health Standards: Bloodborne pathogens 29CFR1910.1030 Federal Register July 1, (1998), 6, p.287-280.
- (2) Directive du conseil de l'Europe (90/679/CEE) J. C. de la communauté européenne n°L374 du 31.12.1990, p. 1-12
- (3) A. VASSALI, T et Al, Ann Biol Clin., 1986, 44, 686-745
- (4) Data on file at BIOLABO Diagnostics



Lampiran 5**Hasil Data Statistika****Uji Homogenitas**

Vial	Nilai Pemeriksaan		a+b	(a+b)-X(a+b)	((a+b)-X(a+b))2
	a	b			
1	4,07	4,23	8,3	-0,154	0,023716
2	4,29	4,2	8,49	0,036	0,001296
3	4,19	4,3	8,49	0,036	0,001296
4	4,18	4,35	8,53	0,076	0,005776
5	4,25	4,32	8,57	0,116	0,013456
6	4,12	4,2	8,32	-0,134	0,017956
7	4,14	4,1	8,24	-0,214	0,045796
8	4,11	4,38	8,49	0,036	0,001296
9	4,39	4,3	8,69	0,236	0,055696
10	4,3	4,12	8,42	-0,034	0,001156
Jumlah data	10	10			
Jumlah			84,54		0,16744
Rata-rata			8,454		
Grand Mean	4,227				
MSB					0,009302222

Vial	Nilai Pemeriksaan		a-b	(a-b)-X(a-b)	((a-b)-X(a-b))2
	a	b			
1	4,07	4,23	-0,16	-0,114	0,012996
2	4,29	4,2	0,09	0,136	0,018496
3	4,19	4,3	-0,11	-0,064	0,004096
4	4,18	4,35	-0,17	-0,124	0,015376
5	4,25	4,32	-0,07	-0,024	0,000576
6	4,12	4,2	-0,08	-0,034	0,001156
7	4,14	4,1	0,04	0,086	0,007396
8	4,11	4,38	-0,27	-0,224	0,050176
9	4,39	4,3	0,09	0,136	0,018496
10	4,3	4,12	0,18	0,226	0,051076
Jumlah data	10	10			
Jumlah			-0,46		0,17984
Rata-rata			-0,046		
Grand Mean	-0,023				
MSW					0,008992

F hitung = MSB/MSW	= 1,0345
F tabel (p=0.05; v1=9; v2=10)	= 3,02
Kesimpulan	= 1,0345 < 3.02 (HOMOGEN)

General Linear Measure (Suhu Refrigerator)

Descriptive Statistics

	Mean	Std. Deviation	N
VAR00000	4.2067	.01155	3
VAR00001	4.2333	.01528	3
VAR00002	4.2067	.02082	3
VAR00003	4.1967	.00577	3
VAR00004	4.2233	.00577	3
VAR00005	4.2167	.01528	3
VAR00006	4.2133	.01155	3
VAR00007	4.2267	.00577	3
VAR00008	4.2267	.00577	3
VAR00009	4.2333	.01528	3
VAR00010	4.2200	.01732	3
VAR00011	4.2267	.00577	3
VAR00012	4.2267	.00577	3
VAR00018	4.2400	.01732	3
VAR00024	4.2300	.01732	3

Tests of Within-Subjects Effects

Measure: MEASURE_1

Source		Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
factor1	Sphericity Assumed	.006	14	.000	2.450	.021	.551
	Greenhouse-Geisser	.006	1.639	.004	2.450	.220	.551
	Huynh-Feldt	.006	8.065	.001	2.450	.060	.551
	Lower-bound	.006	1.000	.006	2.450	.258	.551
Error(factor1)	Sphericity Assumed	.005	28	.000			
	Greenhouse-Geisser	.005	3.277	.001			
	Huynh-Feldt	.005	16.130	.000			
	Lower-bound	.005	2.000	.002			

Tests of Within-Subjects Contrasts

Measure: MEASURE_1

Source	factor1	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
factor1	Level 2 vs. Level 1	.002	1	.002	3.368	.208	.627
	Level 3 vs. Level 1	.000	1	.000	.000	1.000	.000
	Level 4 vs. Level 1	.000	1	.000	3.000	.225	.600
	Level 5 vs. Level 1	.001	1	.001	3.571	.199	.641
	Level 6 vs. Level 1	.000	1	.000	1.000	.423	.333
	Level 7 vs. Level 1	.000	1	.000	.250	.667	.111
	Level 8 vs. Level 1	.001	1	.001	4.000	.184	.667
	Level 9 vs. Level 1	.001	1	.001	4.000	.184	.667
	Level 10 vs. Level 1	.002	1	.002	3.368	.208	.627
	Level 11 vs. Level 1	.001	1	.001	2.286	.270	.533
	Level 12 vs. Level 1	.001	1	.001	4.000	.184	.667
	Level 13 vs. Level 1	.001	1	.001	4.000	.184	.667
	Level 14 vs. Level 1	.003	1	.003	5.263	.149	.725
	Level 15 vs. Level 1	.002	1	.002	2.579	.250	.563

General Linear Measure (Suhu Ruangan)

Descriptive Statistics

	Mean	Std. Deviation	N
VAR00000	4.2167	.02887	3
VAR00001	4.1767	.00577	3
VAR00002	4.1767	.00577	3
VAR00003	4.1733	.00577	3
VAR00004	4.1767	.00577	3
VAR00005	4.1767	.00577	3
VAR00006	4.1733	.00577	3
VAR00007	4.1767	.00577	3
VAR00008	4.1667	.00577	3
VAR00009	4.1633	.02082	3
VAR00010	4.2367	.02517	3
VAR00011	4.2367	.02517	3
VAR00012	4.2467	.07095	3
VAR00018	4.2633	.08083	3
VAR00024	4.2633	.08083	3

Tests of Within-Subjects Effects

Measure: MEASURE_1						
Source		Type III Sum of Squares	df	Mean Square	F	Sig.
factor1	Sphericity Assumed	.059	14	.004	3.335	.003
	Greenhouse-Geisser	.059	1.627	.036	3.335	.162
	Huynh-Feldt	.059	7.725	.008	3.335	.021
	Lower-bound	.059	1.000	.059	3.335	.209
Error(factor1)	Sphericity Assumed	.036	28	.001		
	Greenhouse-Geisser	.036	3.254	.011		
	Huynh-Feldt	.036	15.449	.002		
	Lower-bound	.036	2.000	.018		

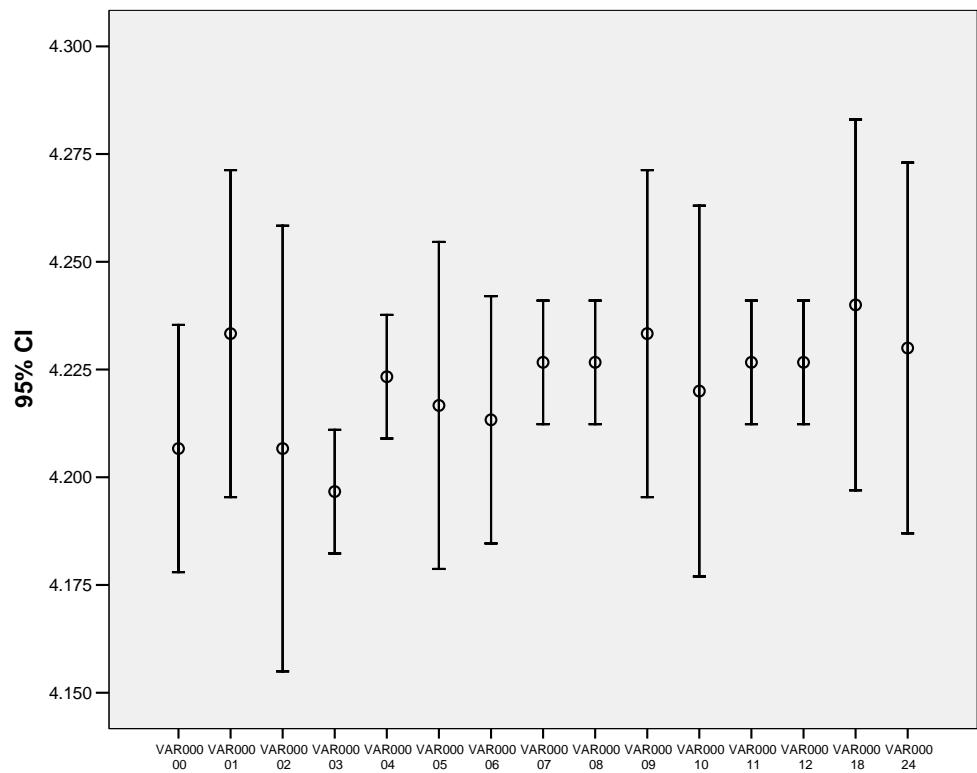
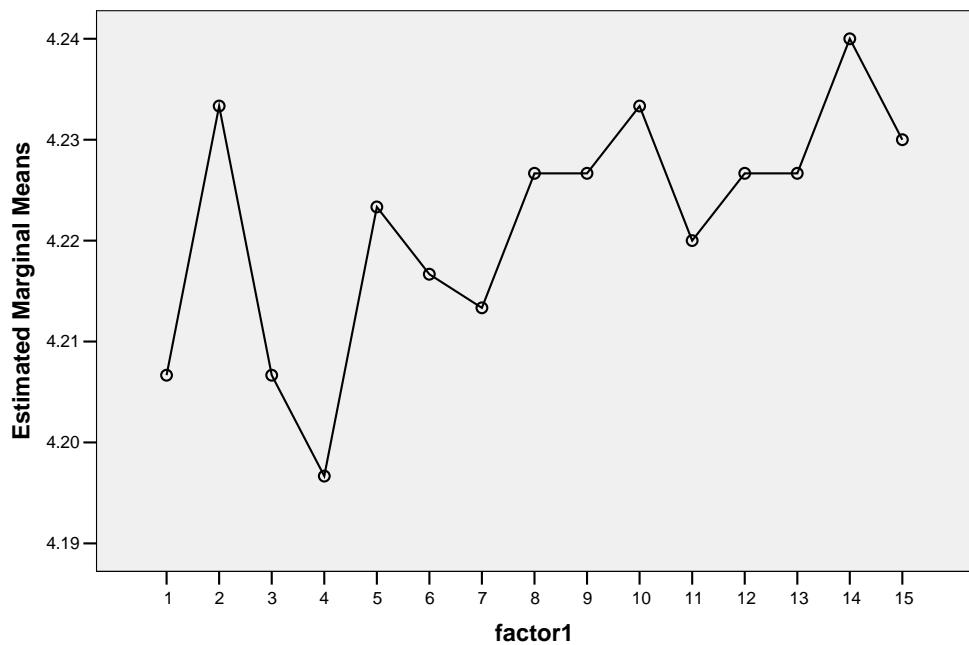
Tests of Within-Subjects Contrasts

Measure: MEASURE_1

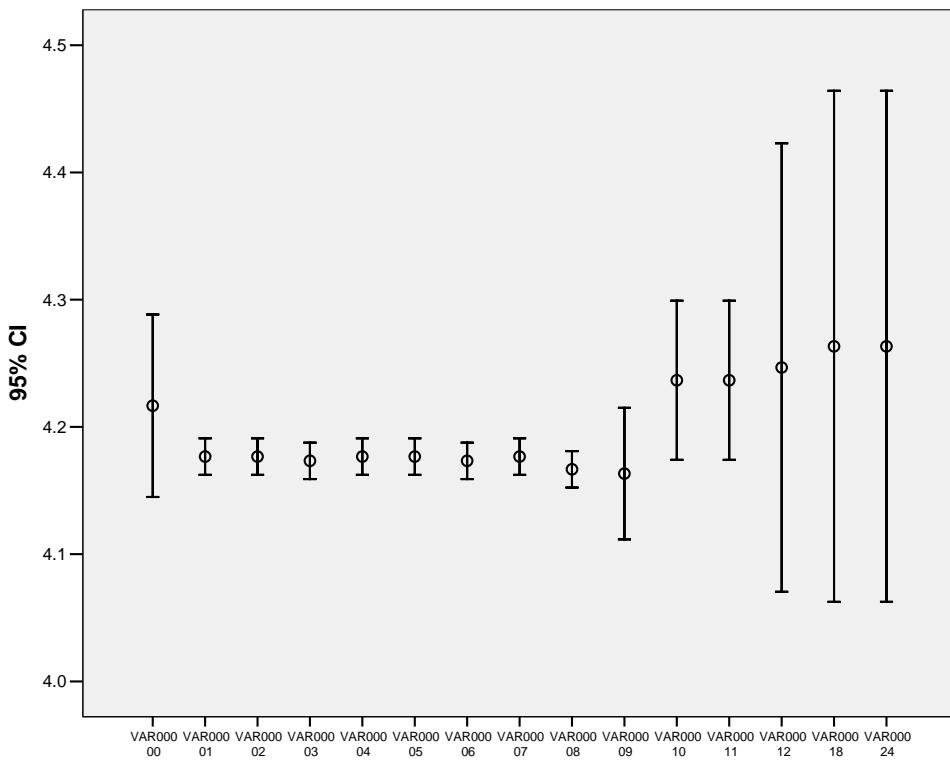
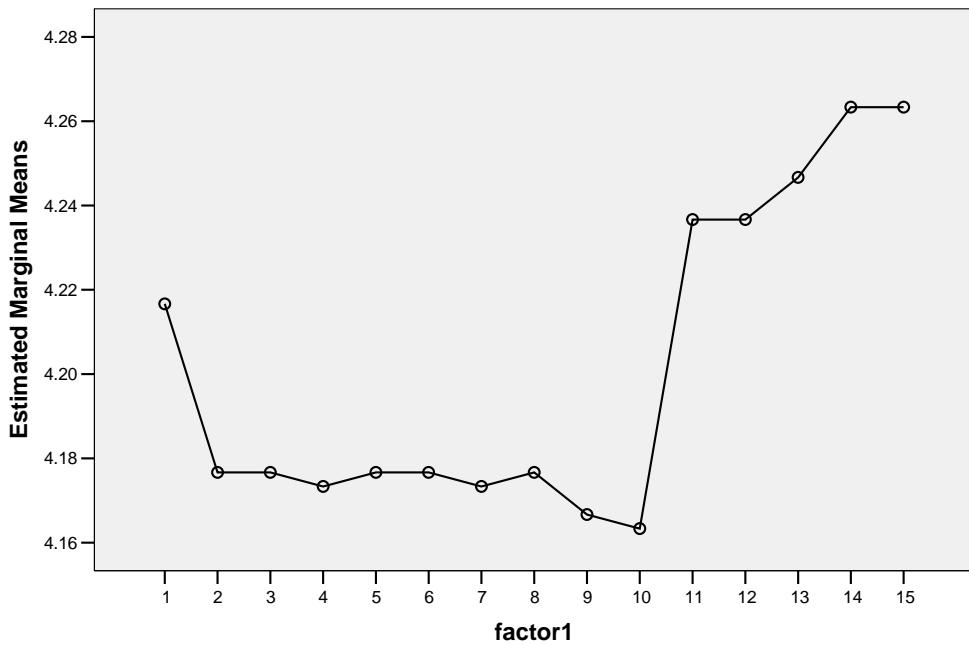
Source	factor1	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
factor1	Level 2 vs. Level 1	.005	1	.005	6.857	.120	.774
	Level 3 vs. Level 1	.005	1	.005	6.857	.120	.774
	Level 4 vs. Level 1	.006	1	.006	5.452	.145	.732
	Level 5 vs. Level 1	.005	1	.005	6.857	.120	.774
	Level 6 vs. Level 1	.005	1	.005	4.000	.184	.667
	Level 7 vs. Level 1	.006	1	.006	5.452	.145	.732
	Level 8 vs. Level 1	.005	1	.005	4.000	.184	.667
	Level 9 vs. Level 1	.007	1	.007	6.250	.130	.758
	Level 10 vs. Level 1	.009	1	.009	3.507	.202	.637
	Level 11 vs. Level 1	.001	1	.001	.429	.580	.176
	Level 12 vs. Level 1	.001	1	.001	.429	.580	.176
	Level 13 vs. Level 1	.003	1	.003	.519	.546	.206
	Level 14 vs. Level 1	.007	1	.007	.543	.538	.214
	Level 15 vs. Level 1	.007	1	.007	.543	.538	.214

Profil Plots

Estimated Marginal Means of MEASURE_1



Estimated Marginal Means of MEASURE_1



Lampiran 6

Dokumentasi Kegiatan Penelitian

Proses Pembuatan *Pooled Sera*



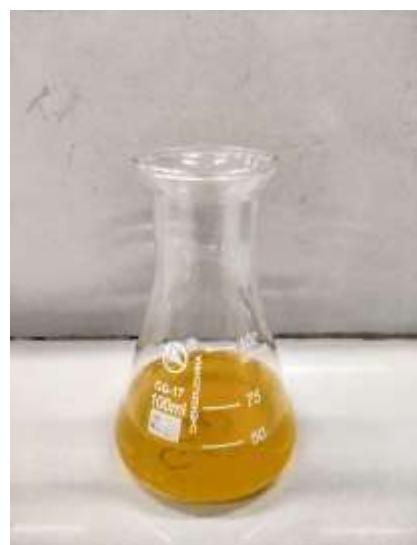
Pengumpulan Sampel



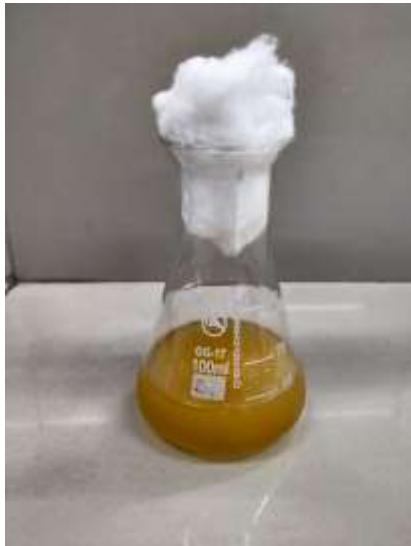
Sentrifugasi *Pooled Sera*



Pengumpulan *Pooled Sera*



Dikumpulkan dalam labu erlenmeyer



Disimpan pada suhu *freezer*,
ditambahkan sisa serum kedalam labu
tanpa pengeluarkan labu dari *freezer*.



Menambahkan Propilen Glikol



Melarutkan dengan *Pooled Sera* yang
telah mencair pada suhu kamar.



Membagikan ke setiap vial



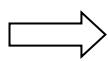
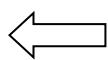
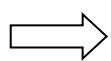
Menyimpan di suhu refrigerator

Menyimpan di suhu ruangan

Proses Pemeriksaan

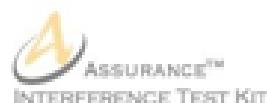


Menyiapkan alat dan bahan



Lampiran 7

Data Batas Tea

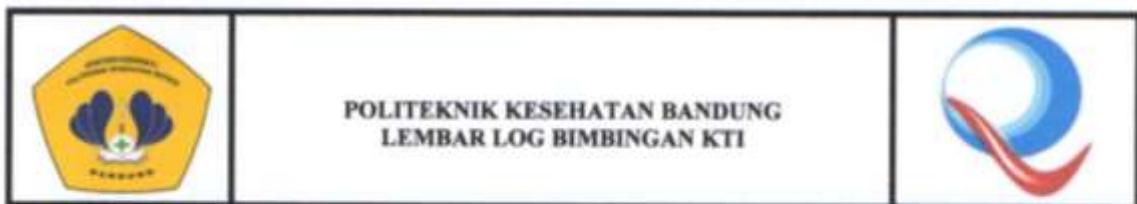


**RECOMMENDED
TOTAL ALLOWABLE ERROR LIMITS**



Sun Diagnostics has compiled this list of Total Allowable Error limits for a variety of laboratory tests as defined by CLIA or other industry standards. This list is intended as a reference only. Laboratories are responsible for setting their own performance criteria.

Chemistry Analyte	Limit	Source
Albumin (ALB)	± 10%	CLIA
Alkaline Phosphatase (ALP)	± 30%	CLIA
Alanine Aminotransferase (ALT)	± 20%	CLIA
Amylase (AMY)	± 30%	CLIA
Aspartate Aminotransferase (AST)	± 20%	CLIA
Bilirubin, Total (TBIL)	± 0.4 mg/dL or 20% (greater)	CLIA
Calcium (CA)	± 1.0 mg/dL	CLIA
Cholesterol, Total (CHOL)	± 10% ± 9%	CLIA NCEP
HDL Cholesterol (HDL-C)	± 30% ± 13%	CLIA NCEP
LDL Cholesterol (LDL-C)	± 12%	NCEP
Chloride (CL)	± 5%	CLIA
Creatine Kinase (CK)	± 30%	CLIA
Creatinine (CREA)	± 0.3 mg/dL or 15% (greater) ± 7.6% (desirable), ± 11.4% (minimum)	CLIA NCEP
Glucose (GLU)	± 6 mg/dL or 10% (greater)	CLIA
Hemoglobin A1c (HbA1c)	± 6%	NGSP
IRON (FE)	± 20%	CLIA
Lactate Dehydrogenase (LDH)	± 20%	CLIA
Magnesium (MG)	± 25%	CLIA
PCO ₂	± 5 mmHg or 8% (greater)	CLIA
pH	± 0.04	CLIA
PO ₂	± 3 SD	CLIA
Potassium (K)	± 0.5 mmol/L	CLIA
Protein, Total (TP)	± 10%	CLIA

Lampiran 8**Lembar Bimbingan KTI**

NO	MATERI BIMBINGAN	WAKTU	TTD PEMBIMBING
1	Bimbingan Judul dan UP	26 Desember 2019	fung
2	Bimbingan pembahasan hasil UP	6 Januari 2020	fung
3	Bimbingan Revisi Bab 1,2 dan 3	9 Januari 2020	fung
4	Bimbingan Bab 1	10 Januari 2020	fung
5	Bimbingan Bab 3	23 Januari 2020	fung
6	Bimbingan Bab 3	30 Januari 2020	fung
7	Bimbingan Bab 2 dan 3	31 Januari 2020	fung
8	Bimbingan akhir sebelum seminar proposal	3 Februari 2020	fung
9	Bimbingan Bab 4	28 Mei 2020	fung
10	Bimbingan Bab 5	1 Juni 2020	fung
11	Bimbingan Bab 4 dan 5	18 Juni 2020	fung
12	Bimbingan Bab 4,5 dan lampiran	22 Juni 2020	fung
13	Bimbingan KTI Keseluruhan	3 Juli 2020	fung
14	Bimbingan Power Point	16 Juli 2020	fung
15	Bimbingan KTI dan Power Point	20 Juli 2020	fung
16	Bimbingan akhir sebelum sidang	22 Juli 2020	fung
	akhir		

Lampiran 9

Curriculum Vitae

NISA FAUZIAH	
	PENDIDIKAN
④ nisafauziah120@gmail.com	MA Persis Tarogong High School
📞 087824708957	Poltekkes Kemenkes Bandung - D3 Teknologi Laboratorium Medis University
📍 Jl. Mekar VI Blok 2c No.19	
KETERAMPILAN	
Ms. Word	Naqibah Asrama Putri MA Persis Tarogong 2014 - 2015
Ms. Excel	Sekretaris
Power Point	Forum Komunikasi Mahasiswa Politeknik Indonesia 2017 -
Leadership	Satuan Tugas Penanggulangan Bencana dan Wabah Penyakit Poltekkes
Teamwork	Kemenkes Bandung 2017 -
Management	Kader Satgas PB & WP Poltekkes Bandung
Relator	Analyst Touring Community 2017 -
Deliberatif	Anggota muda
Perseverance	LDK Hamasah Islam Poltekkes Bandung 2017 - 2019
Calculate	Sekretaris Umum
	-Mengkoordinir administrasi
	-Mengkontrol divisi muslimah
	-Trainer kaderisasi 8 LDKJ Poltekkes Bandung
	LDKJ Gamma Poltekkes Bandung 2017 - 2019
	Koordinator Divisi Muslimah
	-Mengkoordinir alur pembinaan rutin mentoring
	Wirausaha Muda Nusantara 2019 -
	Peak Performance Training
	(Praktek Kerja Nyata Terpadu) Desa Tambak Mekar, Subang 2020 -
INFORMASI PRIBADI	
Tanggal lahir : 19/03/1998	RSUD dr. Soekardjo Tasikmalaya 2020 -
	Praktek Kerja Lapangan
	Pelatihan Bantuan Hidup Dasar 2020 -
	Peserta
	Workshop Pemeriksaan PCR 2020 -
	Peserta
	Relawan Covid-19 2020 -
	Iikut berkontribusi bersama Poltekkes Kemenkes Bandung dan
	Dinas Kesehatan Cimahi
MINAT	
Study About Al-Qur'an	
Analyst	
Entrepreneurship	
Organization	
Tahfidz	
BAHASA	
Bahasa Indonesia	MOTTO
Bahasa Inggris (Pasif)	Mulai dari diri sendiri
Bahasa Arab (Pasif)	Mulai dari hal yang kecil
	Mulai saat ini