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Lampiran 1

Hasil pemeriksaan laboratorium darah pasien tuberkulosis pulmonal

N o	Hasil pemeriksaan lab darah	Kelompok umur	Frekuensi (n)	Persentase (%)	Persentase dari yang test (%)
1	HB				
	- Anemia		80	51.92%	
		Dewasa	60		49.59%
		Lansia	20		57.14%
2	Eosinofil				
	- Normal		42	26.92%	
		Dewasa	32		26.45%
		Lansia	10		28.57%
	- Meningkat		8	5.13%	
		Dewasa	6		4.96%
		Lansia	2		5.71%
3	Limfosit				
	- Limfopenia		39	25.00%	
		Dewasa	29		23.97%
		Lansia	10		8.57%
	- Normal		8	5.13%	
		Dewasa	6		4.96%
		Lansia	2		5.71%
	- Limfositosis		3	1.92%	
		Dewasa	3		2.48%
		Lansia	0		0.00%
4	Monosit				
	- Menurun		3	1.92%	
		Dewasa	2		1.65%
		Lansia	1		2.85%
	- Normal		42	26.92%	
		Dewasa	31		25.62%
		Lansia	11		31.43%
	- Meningkat		5	3.21%	
		Dewasa	5		41.32%
		Lansia	0		
5	Neutrofil segmen				
	- Menurun		3	1.92%	
		Dewasa	2		1.657%
		Lansia	1		28.57%
	- Normal		42	26.92%	
		Dewasa	31		31.43%
		Lansia	11		26.19%
	- Meningkat		5	3.21%	

Dewasa	5	41.32%
Lansia	0	

Hasil pemeriksaan laboratorium darah pasien tuberkulosis ekstra pulmonal

N Hasil pemeriksaan o lab darah	Kelompok umur	Frekuensi (n)	Persentase (%)	Persentase dari yang test (%)
1 HB				
- Anemia		29	42.03%	
	Dewasa	25		40.32%
	Lansia	4		57.14%
2 Eosinofil				
- Normal		24	34.78%	
	Dewasa	21		17.36%
	Lansia	3		8.57%
- Meningkat		3	4.35%	
	Dewasa	3		2.48%
	Lansia	0		0.00%
3 Limfosit				
- Limfopenia		17	24.64%	
	Dewasa	14		22.58%
	Lansia	3		42.86%
- Normal		5	7.24%	
	Dewasa	5		8.06%
	Lansia	0		0.00%
- Limfositosis		5	7.24%	
	Dewasa	5		8.06%
	Lansia	0		0.00%
4 Monosit				
- Menurun		1	1.45%	
	Dewasa	1		1.61%
	Lansia	0		0%
- Normal		21	30.43%	
	Dewasa	18		29.03%
	Lansia	3		42.85%
- Meningkat		1	1.45%	
	Dewasa	1		1.61%
	Lansia	0		0.00%
5 Neutrofil segmen				
- Menurun		2	2.90%	
	Dewasa	2		3.23%
	Lansia	0		0.00%

-	Normal		21	30.43%	
		Dewasa	18		29.03%
		Lansia	3		42.85%
-	Meningkat		4	5.80%	
		Dewasa	4		6.45%
		Lansia	0		0.00%

Lampiran 2

Tuberkulosis pulmonal

Usia dengan jenis kelamin

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,917 ^a	1	,338		
Continuity Correction ^b	,573	1	,449		
Likelihood Ratio	,940	1	,332		
Fisher's Exact Test				,424	,226
Linear-by-Linear Association	,911	1	,340		
N of Valid Cases	154				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 12,39.

b. Computed only for a 2x2 table

Usia dengan sesak nafas

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,202 ^a	1	,040		
Continuity Correction ^b	3,452	1	,063		
Likelihood Ratio	4,176	1	,041		
Fisher's Exact Test				,054	,032
Linear-by-Linear Association	4,175	1	,041		
N of Valid Cases	154				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 15,66.

b. Computed only for a 2x2 table

Usia dengan nyeri dada

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,068 ^a	1	,794		
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,070	1	,791		
Fisher's Exact Test				1,000	,574
Linear-by-Linear Association	,068	1	,795		
N of Valid Cases	154				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 2,34.

b. Computed only for a 2x2 table

Usia dengan gejala batuk

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,899 ^a	1	,343	,425	,226
Continuity Correction ^b	,561	1	,454		
Likelihood Ratio	,884	1	,347		
Fisher's Exact Test					
Linear-by-Linear Association	,893	1	,345		
N of Valid Cases	154				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 12,62.

b. Computed only for a 2x2 table

Usia dengan gejala mual

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,296 ^a	1	,038	,042	,027
Continuity Correction ^b	3,307	1	,069		
Likelihood Ratio	5,197	1	,023		
Fisher's Exact Test					
Linear-by-Linear Association	4,268	1	,039		
N of Valid Cases	154				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 6,08.

b. Computed only for a 2x2 table

Usia dengan gejala muntah

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,146 ^a	1	,702	1,000	,476
Continuity Correction ^b	,010	1	,921		
Likelihood Ratio	,151	1	,698		
Fisher's Exact Test					
Linear-by-Linear Association	,145	1	,703		
N of Valid Cases	154				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 4,68.

b. Computed only for a 2x2 table

Usia dengan gejala demam

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,160 ^a	1	,689	,845	,422
Continuity Correction ^b	,042	1	,837		
Likelihood Ratio	,162	1	,688		
Fisher's Exact Test					
Linear-by-Linear Association	,159	1	,690		
N of Valid Cases	154				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 14,03.

b. Computed only for a 2x2 table

Usia dengan gejala sakit kepala

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,100 ^a	1	,751	,720	,497
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,097	1	,755		
Fisher's Exact Test					
Linear-by-Linear Association	,100	1	,752		
N of Valid Cases	154				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 2,57.

b. Computed only for a 2x2 table

Usia dengan gejala kesadaran menurun

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,169 ^a	1	,681	,553	,553
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,156	1	,693		
Fisher's Exact Test					
Linear-by-Linear Association	,168	1	,682		
N of Valid Cases	154				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,70.

b. Computed only for a 2x2 table

Usia dengan gejala penurunan berat badan

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,692 ^a	1	,406	,510	,275
Continuity Correction ^b	,373	1	,541		
Likelihood Ratio	,718	1	,397		
Fisher's Exact Test					
Linear-by-Linear Association	,687	1	,407		
N of Valid Cases	154				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 8,88.

b. Computed only for a 2x2 table

Usia dengan gejala lemas

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,012 ^a	1	,914	1,000	,543
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,011	1	,915		
Fisher's Exact Test					
Linear-by-Linear Association	,011	1	,915		
N of Valid Cases	154				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 6,78.

b. Computed only for a 2x2 table

Usia dengan gejala keringat pada malam hari

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,814 ^a	1	,367	,390	,262
Continuity Correction ^b	,376	1	,540		
Likelihood Ratio	,767	1	,381		
Fisher's Exact Test					
Linear-by-Linear Association	,809	1	,368		
N of Valid Cases	154				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 4,44.

b. Computed only for a 2x2 table

Lampiran 3

Tuberkulosis ekstra pulmonal

Usia dengan jenis kelamin

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2,702 ^a	1	,100	,128	,105
Continuity Correction ^b	1,541	1	,214		
Likelihood Ratio	3,043	1	,081		
Fisher's Exact Test					
Linear-by-Linear Association	2,662	1	,103		
N of Valid Cases	69				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 3,04.

b. Computed only for a 2x2 table

Usia dengan gejala sesak nafas

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,052 ^a	1	,819	1,000	,649
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,055	1	,815		
Fisher's Exact Test					
Linear-by-Linear Association	,052	1	,820		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 1,22.

b. Computed only for a 2x2 table

Usia dengan gejala nyeri dada

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,022 ^a	1	,312	,588	,404
Continuity Correction ^b	,151	1	,698		
Likelihood Ratio	1,826	1	,177		
Fisher's Exact Test					
Linear-by-Linear Association	1,007	1	,316		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is ,81.

b. Computed only for a 2x2 table

Usia dengan gejala batuk

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,025 ^a	1	,875	1,000	,592
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,025	1	,876		
Fisher's Exact Test					
Linear-by-Linear Association	,025	1	,875		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 1,83.

b. Computed only for a 2x2 table

Usia dengan gejala mual

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,320 ^a	1	,251	,582	,316
Continuity Correction ^b	,340	1	,560		
Likelihood Ratio	2,322	1	,128		
Fisher's Exact Test					
Linear-by-Linear Association	1,301	1	,254		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 1,01.

b. Computed only for a 2x2 table

Usia dengan gejala muntah

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,174 ^a	1	,677	1,000	,564
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,187	1	,665		
Fisher's Exact Test					
Linear-by-Linear Association	,171	1	,679		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 1,42.

b. Computed only for a 2x2 table

Usia dengan gejala demam

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,079 ^a	1	,778	1,000	,571
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,081	1	,775		
Fisher's Exact Test					
Linear-by-Linear Association	,078	1	,780		
N of Valid Cases	69				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,33.

b. Computed only for a 2x2 table

Usia dengan gejala sakit kepala

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,169 ^a	1	,280	,582	,358
Continuity Correction ^b	,239	1	,625		
Likelihood Ratio	2,072	1	,150		
Fisher's Exact Test					
Linear-by-Linear Association	1,152	1	,283		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is ,91.

b. Computed only for a 2x2 table

Usia dengan kesadaran menurun

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,678 ^a	1	,410	,596	,351
Continuity Correction ^b	,088	1	,766		
Likelihood Ratio	,602	1	,438		
Fisher's Exact Test					
Linear-by-Linear Association	,668	1	,414		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 1,22.

b. Computed only for a 2x2 table

Usia dengan gejala penurunan berat badan

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2,289 ^a	1	,130		
Continuity Correction ^b	1,177	1	,278		
Likelihood Ratio	2,124	1	,145		
Fisher's Exact Test				,198	,140
Linear-by-Linear Association	2,255	1	,133		
N of Valid Cases	69				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,23.

b. Computed only for a 2x2 table

Usia dengan gejala lemas

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,061 ^a	1	,303		
Continuity Correction ^b	,386	1	,534		
Likelihood Ratio	1,032	1	,310		
Fisher's Exact Test				,420	,264
Linear-by-Linear Association	1,046	1	,306		
N of Valid Cases	69				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,74.

b. Computed only for a 2x2 table

Usia dengan gejala keringat pada malam hari

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,307 ^a	1	,580		
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,267	1	,606		
Fisher's Exact Test				,487	,487
Linear-by-Linear Association	,302	1	,583		
N of Valid Cases	69				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is ,61.

b. Computed only for a 2x2 table

Lampiran 4

	KOMISI ETIK PENELITIAN KESEHATAN (KEPK) FAKULTAS KEDOKTERAN UNIVERSITAS DIPONEGORO DAN RSUP dr KARIADI SEMARANG Sekretariat : Kantor Dekanat FK Undip Lt.3 Jl. Dr. Soetomo 18. Semarang Telp/Fax. 024-8318350	
ETHICAL CLEARANCE No. 71/EC/FK-RSDK/2015		
Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro-RSUP. Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :		
PERBEDAAN POLA KLINIK TUBERKULOSIS PULMONAL DAN EKSTRA PULMONAL PADA PASIEN USIA DEWASA DAN GERIATRI		
Peneliti Utama :	<i>Medita Muzwar</i>	
Pembimbing :	1. dr. Fathur Nur Kholis, Sp. PD 2. dr. Dwi Ngestiningsih, M.Kes., Sp.PD	
Penelitian :	Dilaksanakan di Departemen Ilmu Penyakit Dalam RSUP Dr. Kariadi Semarang	
Setuju untuk dilaksanakan, dengan memperhatikan prinsip-prinsip yang dinyatakan dalam Deklarasi Helsinki 1975, yang diamended di Seoul 2008 dan Pedoman Nasional Etik Penelitian Kesehatan (PNEPK) Departemen Kesehatan RI 2011		
Penelitian ini adalah Rekam Medik, jadi tidak memerlukan Informed Consent Peneliti diwajibkan menyerahkan :		
- Laporan kemajuan penelitian (<i>clinical trial</i>) - Laporan kejadian efek samping jika ada ✓ - Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian		
Semarang, 11 MAR 2015		
Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Undip-RS. Dr. Kariadi Ketua,		
		
Prof. Dr.dr. Suprihati, M.Sc, Sp.THT-KL(K) NIP.19500621 197703 2 001		

Lampiran 5



KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
RUMAH SAKIT UMUM PUSAT DOKTER KARIADI
 Jl. Dr. Sutomo No. 16 Semarang, PO Box 1104
 Telepon : (024) 8413993, 8413476, 8413764 Fax : (024) 8318617
 Website : <http://www.rskariadi.co.id> email : humas_rskariadi@yahoo.co.id, rsdk@indosat.net.id



SURAT IZIN
MELAKSANAKAN PENELITIAN

DL.00.02 / I.II / 923 / 2015

Yang bertanda tangan di bawah ini :

Nama : Dr. Agus Suryanto, Sp.PD-KP, MARS
 NIP : 19610818 198812 1001
 Jabatan : Direktur SDM dan Pendidikan RSUP Dr. Kariadi

Memberikan ijin melakukan penelitian untuk :

Nama : Medita Muzwar
 Pembimbing : 1. dr Fathur Nur Kholis, Sp.PD
 2. dr Dwi Ngestiningsih, M.Kes, SpPD
 Institusi Peneliti : UNDIP Fakultas Kedokteran
 Judul Penelitian : Perbedaan Pola Klinik Tuberkulosis Pulmonal dan Ekstra Pulmonal pada Pasien Usia Dewasa dan Geriatri
 Lokasi Penelitian : Instalasi Rekam Medis

Untuk melaksanakan kegiatan penelitian selama 3 Bulan, terhitung mulai sejak diterbitkannya surat ijin penelitian ini.

Peneliti wajib melakukan :

1. Informed Consent dilampirkan pada rekam medis responden
2. Laporan monitoring evaluasi penelitian secara periodik
3. Laporan selesai penelitian dengan menyerahkan monitoring evaluasi penelitian
4. Menyerahkan laporan hasil akhir penelitian (1 berkas)

Semarang, 07 APR 2015

An: Direktur Utama
 Direktur SDM dan Pendidikan



Dr. Agus Suryanto, Sp.PD-KP, MARS
 NIP. 19610818 198812 1 001

Lampiran 6

Identitas

Nama : Medita Muzwar
 NIM : 22010111110142
 Tempat/tanggal lahir : Jakarta, 28 Mei 1993
 Jenis kelamin : Perempuan
 Alamat : jl. R.T.A. Prawira Adiningrat 30 Tasikmalaya, Jawabarat
 Nomor Tlpn : (0265) 380662
 Nomor HP : 085223131036
 e-mail : m.muzwar@gmail.com

Riwayat Pendidikan Formal

- | | | |
|---------------|------------------------------|--------------------|
| 1. SD | : SD Al-Muttaqin Tasikmalaya | Lulus tahun: 2005 |
| 2. SMP | : SMP Negeri 1 Tasikmalaya | Lulus tahun: 2008 |
| 3. SMA | : SMA Negeri 1 Tasikmalaya | Lulus tahun: 2011 |
| 4. FK UNDIP : | | Masuk tahun : 2011 |