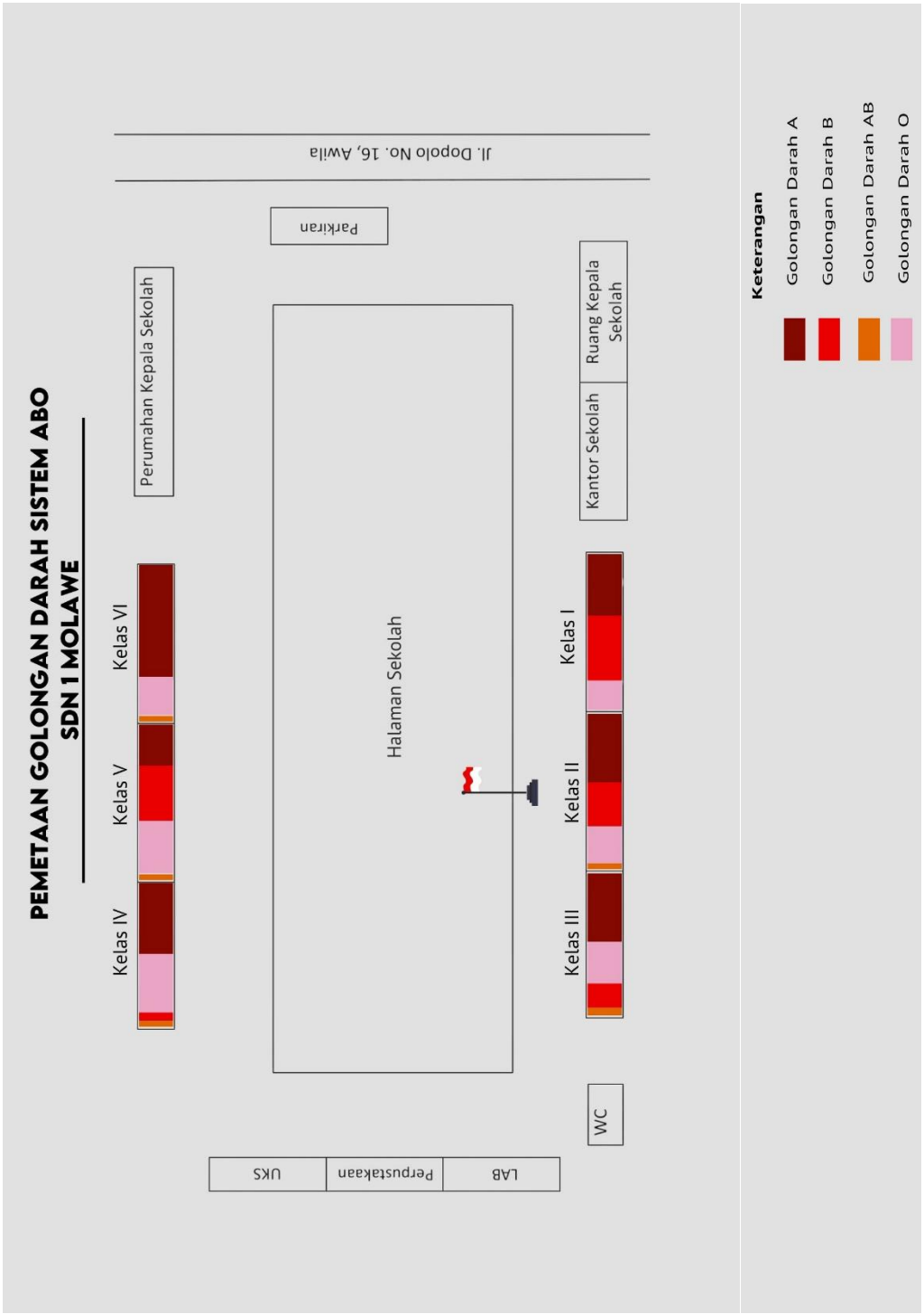
LAMPIRAN

Lampiran 1


PEMETAAN GOLONGAN DARAH SISTEM ABO
SDN 1 MOLAWE
Jl. Dopolo No. 16, Awila
Parkiran
Perumahan Kepala Sekolah
Kelas VI
Kelas V
Kelas IV
Halaman Sekolah
Kantor Sekolah
Ruang Kepala Sekolah
Kelas I
Kelas II
Kelas III
WC
LAB
Perpustakaan
UKS
Keterangan
Golongan Darah A
Golongan Darah B
Golongan Darah AB
Golongan Darah O

Lampiran 2

Kementerian Kesehatan
Poltekkes Kendari
Jl. Jend. A.H. Nasution No. G 14 Anduonohu, Kota Kendari 93231
0852 9999 5657
https://poltekkeskendari.ac.id/

Nomor : PP.06.02/ F.XXXVI / 2295 / 2024
Lampiran : -
Hal : Izin Pengambilan Data

Yth. Kepala Desa Awila Kecamatan Molawe
Di-
Tempat

Sehubungan dengan akan dilaksanakannya pengambilan data penelitian mahasiswa Jurusan Teknologi Laboratorium Medis Poltekkes Kemenkes Kendari:

Nama	:	Nurul Muthiya A
NIM	:	P00341021085
Jurusan/Prodi	:	D-III Teknologi Laboratorium Medis
Membutuhkan Data	:	Data siswa di SDN 1 Molawe Desa Awila Kecamatan Molawe Kabupaten Konawe Utara
Judul Penelitian	:	Pemetaan Golongan Darah Sistem ABO Metode *Forward Slide* Pada AnakDi Wilayah Pesisir Desa Awila Kecamatan Molawe Kabupaten Konawe Utara

Mohon kiranya dapat diberikan izin pengambilan data awal penelitian di instansi yang Bapak/Ibu Pimpin.

Demikian penyampaian kami, atas perhatian dan kerjasamanya diucapkan terima kasih.

Kendari, 24 Juni 2024
Direktur,

Teguh Fathurrahman, SKM., MPPM
NIP. 196506301988031002

Kementerian Kesehatan tidak menerima suap dan/atau gratifikasi dalam bentuk apapun. Jika terdapat potensi suap atau gratifikasi silakan laporkan melalui HALO KEMENKES 1500567 dan https://wbs.kemkes.go.id. Untuk verifikasi keaslian tanda tangan elektronik, silakan unggah dokumen pada laman https://tte.kominfo.go.id/verifyPDF.

BLU

Lampiran 3

Kementerian Kesehatan
Poltekkes Kendari
Jl. Jend. A.H. Nasution. No. G.14 Anduonohu, Kota Kendari 93231
0852 9999 5657
https://poltekkeskendari.ac.id/

Nomor : PP.06.02/F.XXXVI/1908/2024 29 Mei 2024
Sifat : Biasa
Lampiran : Satu eksemplar
Hal : Permohonan Izin Penelitian

Yang Terhormat,
Kepala Badan Riset dan Inovasi Daerah Provinsi Sultra

di-
Kendari

Dengan hormat,

Sehubungan dengan akan dilaksanakannya penelitian mahasiswa Jurusan Teknologi Laboratorium Medis Poltekkes Kemenkes Kendari :

Nama	:	Nurul Muthiya A
NIM	:	P00341021085
Program Studi	:	D-III Teknologi Laboratorium Medis
Judul Penelitian	:	Pemetaan Golongan Darah Sistem ABO Metode *Forward Slide* Pada Anak di Wilayah Pesisir Desa Awila Kecamatan Molawe Kabupaten Konawe Utara
Lokasi Penelitian	:	SD Negeri 1 Molawe yang bertempat di Desa Awila Kecamatan Molawe Kabupaten Konawe Utara

Mohon kiranya dapat diberikan izin penelitian oleh Badan Riset dan Inovasi Daerah Provinsi Sulawesi Tenggara.

Demikian penyampaian kami, atas perhatian dan kerjasamanya diucapkan terima kasih.

Direktur Politeknik Kesehatan Kementerian Kesehatan Kendari,

Teguh Fathurrahman, SKM, MPPM

Kementerian Kesehatan tidak menerima suap dan/atau gratifikasi dalam bentuk apapun. Jika terdapat potensi suap atau gratifikasi silakan laporkan melalui HALO KEMENKES 1500567 dan https://wbs.kemkes.go.id. Untuk verifikasi keaslian tanda tangan elektronik, silakan unggah dokumen pada laman https://tte.kominfo.go.id/verifyPDF.

Dokumen ini telah ditandatangani secara elektronik yang diterbitkan oleh Balai Sertifikasi Elektronik (BSrE), BSSN

Lampiran 4

PEMERINTAH PROVINSI SULAWESI TENGGARA
BADAN RISET DAN INOVASI DAERAH
Alamat : Jl. Mayjend S. Parman No. 03 Kendari 93121
Website : https//brida.sultra prov.go.id Email: bridaprovsultra@gmail.com

Kendari, 05 Juni 2024

Nomor : 070/ 2014/ VI /2024
Lampiran :
Perihal : Izin Penelitian

Yth. Bupati Konawe
di –
Tempat

Berdasarkan Surat Direktur Poltekkes Kemenkes Kendari Nomor : PP.06.02/F.XXXVI/1908/2024 tanggal, 29 Mei 2024 perihal tersebut, dengan ini menerangkan bahwa Mahasiswa atas nama :

Nama : NURUL MUTHIYA A
NIM : P00341021085
Prog. Studi : D-III TLM
Pekerjaan : Mahasiswa
Lokasi Penelitian : SDN 1 Molawe Kab. Konut

Bermaksud untuk melakukan Penelitian/Pengambilan Data pada wilayah sesuai Lokasi penelitiannya, dalam rangka penyusunan *Skripsi*, dengan judul,"*Pemetaan Golongan Darah Sistem Abo Metode Forward Slide Pada Anak Di Wilayah Pesisir Desa Awila Kecamatan Molawe Kabupaten Konawe Utara*".
Yang akan dilaksanakan dari tanggal : 05 Juni 2024 sampai selesai.

Sehubungan dengan hal tersebut, pada prinsipnya menyetujui pelaksanaan penelitian dimaksud dengan ketentuan sebagai berikut:

1. Senantiasa menjaga keamanan dan ketertiban serta mentaati perundang-undangan yang berlaku.
2. Badan Riset dan Inovasi Daerah Provinsi Sulawesi Tenggara hanya menerbitkan izin penelitian sekali untuk setiap penelitian
3. Menyerahkan 1 (satu) rangkap copy hasil penelitian kepada Gubernur Sulawesi Tenggara
   Cq. Kepala Badan Riset dan Inovasi Daerah Provinsi Sulawesi Tenggara.
4. Surat izin akan dibatalkan dan dinyatakan tidak berlaku apabila di salah gunakan.

Demikian surat Izin Penelitian ini diberikan untuk digunakan sebagaimana mestinya.

Ditandatangani secara elektronik oleh:
Kepala Badan Riset dan Inovasi Daerah
Provinsi Sulawesi Tenggara

Dra. Hj. ISMA, M. Si
NIP 19660306 198603 2 016

Tembusan:
1. Gubernur Sulawesi Tenggara (sebagai laporan) di Kendari;
2. Direktur Poltekkes Kemenkes Kendari di Kendari;
3. Ketua Prodi D-III TLM Poltekkes Kemenkes Kendari di Kendari;
4. Kepala Dinas P & K Kab. Konut di Tempat;
5. Kepala Dinas Kesehatan Kab. Konut di Tempat;
6. Kepala SDN 1 Molawe di Tempat;
7. Yang Bersangkutan.-;

Lampiran 5

PEMERINTAH KABUPATEN KONAWE UTARA
DINAS PENDIDIKAN DAN KEBUDAYAN
SDN 1 MOLAWE
Alamat: Jl. Dopolo No. 16, Desa Awila, Kec. Molawe. Kode Pos 93352
Email: sdn1molawe@gmail.com

SURAT KETERANGAN TELAH MELAKUKAN PENELITIAN

NOMOR: 400.3.5/40/SDN-1 M/VI/2024

Yang bertandatangan di bawah ini:

Nama	: Haeriawati, S. Pd. I
NIP	: 197508052009032001
Jabatan	: Kepala Sekolah SDN 1 Molawe

Dengan ini menyatakan bahwa:

Nama	: Nurul Muthiya A
NIM	: P00341021085
Jurusan	: D-III Teknologi Laboratorium Medis

Bahwa Mahasiswa tersebut telah melakukan penelitian dari tanggal 10 Juni s/d 14 Juni 2024 bertempat di Sekolah Dasar Negeri 1 Molawe dengan judul:

"*Pemetaan Golongan Darah Sistem ABO Metode Forward Slide Pada Anak di Wilayah Pesisir Desa Awila Kecamatan Molawe Kabupaten Konawe Utara*"

Demikian surat keterangan penelitian ini dibuat untuk dipergunakan sebagaimana mestinya.

Kendari, 29 Juni 2024
Mengetahui,
Kepala Sekolah SDN 1 Molawe

Haeriawati, S. Pd. I
NIP. 197508052009032001

Lampiran 6

Kementerian Kesehatan
Poltekkes Kendari
Jl. Jend. A.H. Nasution. No. G.14 Anduonohu, Kota Kendari 93232
0852 9999 5657
https://poltekkeskendari.ac.id/

SURAT KETERANGAN

BEBAS LABORATORIUM

No. : PP.08.02/F.XXXVI.13.1/ 381 /2024

Yang bertandatangan di bawah ini menerangkan bahwa :

Nama Mahasiswa	: Nurul Muthiya A.
NIM	: P00341021085
Jurusan/Prodi	: DIII Teknologi Laboratorium Medis
Judul Penelitian	: Pemetaan Golongan Darah ABO Metode *Forward Slide* Pada Anak di Wilayah Pesisir Desa Awila Kecamatan Molawe Kabupaten Konawe Utara

Benar telah bebas dari :

Pinjaman Alat dan Bahan pada Laboratorium Jurusan Teknologi Laboratorium Medis Poltekkes Kemenkes Kendari.

Demikian surat keterangan ini dibuat untuk dipergunakan sebagaimana mestinya.

Kendari, 10 Juli 2024
Mengetahui,
Kepala Laboratorium

Ahmad Zil Fauzi, S.Si, M.Kes
NIP. 198510292018011001

Lampiran 7

Kementerian Kesehatan
Poltekkes Kendari
Jalan A.H Nasution No.G-14 Anduonohu, Kendari, Sulawesi Tenggara 93231
(0401) 3190492
https://poltekkeskendari.ac.id

SURAT KETERANGAN BEBAS PUSTAKA
NO: KM.06.02/F.XXXVI.19/ 381 /2024

Yang bertanda tangan di bawah ini Kepala Unit Perpustakaan Terpadu Politeknik Kesehatan Kendari, menerangkan bahwa :

Nama	: Nurul Muthiya A.
NIM	: P00341021085
Tempat Tgl. Lahir	: Tira, 30 Agustus 2003
Jurusan	: D-III Teknologi Laboratorium Medik
Alamat	: Jl. Belibis IV, Kambu, Anduonohu

Dengan ini Menerangkan bahwa mahasiswa tersebut bebas dari peminjaman buku maupun administrasi lainnya.

Demikian surat keterangan ini diberikan untuk digunakan sebagai syarat untuk mengikuti ujian akhir pada Tahun 2024.

Kendari, 09 September 2024
Kepala Unit Perpustakaan Terpadu
Poltekkes Kemenkes Kendari

Irmayanti Tahir, S.I.K
NIP. 197509141999032001

Lampiran 8

No. Responden:

Persetujuan Setelah Penjelasan

(Informed Concent)

Saya yang bertanda tangan dibawah ini:

Nama :

Umur :

Alamat :

Setelah mendapat penjelasan secukupnya, serta mengetahui tujuan dari penelitian yang berjudul "**Pemetaan Golongan Darah Sistem ABO & Rhesus Metode *Forward Slide* di Wilayah Pesisir Desa Awila Kecamatan Molawe Kabupaten Konawe Utara**" dengan ini menyatakan (bersedia/tidak bersedia) ikut terlibat sebagai subjek penelitian, dengan catatan bila sewaktu-waktu merasa dirugikan dalam bentuk apapun berhak membatalkan persetujuan ini.

Demikian surat persetujuan ini dibuat dalam keadaan sadar dan tanpa paksaan dari pihak manapun dan informasi yang diperoleh dapat digunakan sepenuhnya untuk kepentingan penelitian.

Awila, 10 Juni 2024

Peneliti I	**Anak**
Nurul Muthiya A P00341021085	_____
Peneliti II	**Orangtua/Wali**
Fitri Yani P00341021016	_____

Lampiran 9

MONOCLONAL

England Manufactured

CE

MONOCLONAL BLOOD GROUPING REAGENTS

DIRECTIONS FOR USE

Anti-A,B,AB and Anti-D: For Tube,Microplate and Slide Techniques.

SUMMARY

In 1900, Landsteiner discovered the serum of some people would agglutinate the red cells of others. Four common phenotypes are now recognised: O, A, B and AB. Subgroups of A and B have since been identified.

Forward Group			Reverse Group				ABO Phenotype	Caucasians %
A	B	A,B	A_1	A_2	B	O		
+	0	+	0	0	+	0	A	42
0	+	+	+	+	0	0	B	10
0	0	0	+	+	+	0	O	44
+	+	+	0	0	0	0	AB	4

PRINCIPLE

The reagents will cause direct agglutination (clumping) of test red cells that carry the corresponding ABO antigen. No agglutination generally indicates absence of the corresponding ABO antigen (see **Limitations**).

REAGENTS

Monoclonal IgM ABO blood grouping reagents contain mouse monoclonal antibodies diluted in a phosphate buffer containing sodium chloride, EDTA and bovine albumin. Each reagent is supplied at optimal dilution for use with all the recommended techniques stated below without the need for further dilution or addition. For lot reference number and expiry date see **Vial Label**.

Product	Cell Line/Clone	Colour	Dye Used
Anti-A	3174-A	Blue	Patent Blue
Anti-B	3174-B	Yellow	Tartrazine
Anti-AB,D	3174-AB, 3174-D	Colourless	None

STORAGE

Do not freeze. Reagent vials should be stored at 2 - 8ºC on receipt. Prolonged storage at temperatures outside this range may result in accelerated loss of reagent reactivity.

SAMPLE COLLECTION AND PREPARATION

Blood samples drawn with or without anticoagulant may be used for antigen typing. If testing is delayed, then store specimens at 2-8ºC. EDTA and citrate samples should be typed within 48 hours. Samples collected into ACD, CPD or *CPDA-1 may be tested up* to 35 days from the date of withdrawal. All blood *samples should be washed* at least twice with PBS before being tested. Blood samples showing evidence of lysis may give unreliable results.

PRECAUTIONS

1. The reagents are intended for *in vitro* diagnostic use only.
2. If a reagent vial is cracked or leaking, discard the contents immediately.
3. Do not use the reagents past the expiration date (see **Vial Label**).
4. Do not use the reagents if a precipitate is present.
5. *Protective clothing should be* worn when handling the reagents, such as disposable gloves and a laboratory coat.
6. The reagents have been filtered through a 0.2 µm capsule to reduce the bio-burden. Once a vial has been opened the contents should remain viable up until the expiry date as long as there is no marked turbidity, which can indicate reagent deterioration or contamination.
7. The reagents contain < 0.1% sodium azide. Sodium azide may be toxic if ingested and may react with lead and copper plumbing to form explosive metal azides. On disposal flush away with large volumes of water.
8. No known tests can guarantee that products derived from human or animal sources are free from infectious agents. Care must be taken in the use and disposal of each vial and its contents.

DISPOSAL OF REAGENT AND DEALING WITH SPILLAGES

For information on disposal of the reagent and decontamination of a spillage site **see Material Safety Data Sheets**, available on request.

1. CONTROLS AND ADVICE

1. *It is recommended a positive control and a negative control be tested in parallel with each batch of tests.* Tests must be considered invalid if *controls do not show expected results.*
2. When typing red cells from a patient it is important that a reagent negative control is included since the macromolecular potentiators in the reagent may cause false positive reactions with IgG coated cells.
3. Blood specimens of weak A or B subgroups (e.g Ax) may give rise to false negative or weak reactions when tested using slides, microtitre plates or gel cards. It is advisable to re-test weak subgroups using tube technique.
4. Individuals older than six months should have their ABO blood-grouping results confirmed by testing their serum or plasma against known group A_1 and B cells before their ABO blood group can be confirmed.
5. In the **Recommended Techniques** one volume is approximately 40µl when using the vial dropper provided.
6. The use of the reagents and the interpretation of results must be carried out by properly trained and qualified personnel in accordance with the requirements of the country where the reagents are in use.
7. The user must determine the suitability of the reagents for use in other techniques.

REAGENTS AND MATERIALS REQUIRED

Applicator sticks.
Automatic plate reader.
ID-Cards (Neutral).
ID-Centrifuge.
Diluent: e.g ID-CellStab.
Glass microscope slides.
Glass test tubes (10 x 75 mm or 12 x 75 mm).
Microplate centrifuge.
BioVue System Cassettes (Neutral).
BioVue System Centrifuge.
0.8% Red Cell Diluent.
Plate shaker.
Phosphate Buffered Saline (PBS): NaCl 0.9%, pH 7.0 ± 0.2 at 22ºC ± 1ºC.
Positive (ideally group A_2B) and negative (group O) control red cells.
Test tube centrifuge.
Validated "U" well microplates.
Volumetric pipettes.

RECOMMENDED TECHNIQUES

A. Tube Technique

1. Prepare a 2-3% suspension of washed test *red cells in PBS.*
2. Place in a labelled test tube: 1 volume of Anti-ABO reagent and 1 volume of test red cell suspension.
3. Mix thoroughly and incubate at room temperature for 1 minute.
4. Centrifuge all tubes for 10 seconds at 1000 rcf or,for a suitable alternative time and force.
5. Gently resuspend red cell button and read macroscopically for agglutination
6. Any tubes, which show a negative or questionable result, should be incubated for 15 minutes at room temperature.
7. Following incubation, repeat steps 4 and 5.

B. Delta-ID Micro Typing Technique

1. Prepare a 0.8% suspension of washed test red cells in an ID-Diluent.
2. Remove aluminium foil from as many microtubes as needed.
3. Place in appropriate microtube: 50µl of test red cell suspension and 25µl of Anti-ABO reagent.
4. Centrifuge ID-Card(s) in the gel card centrifuge.
5. Read macroscopically for agglutination.

C. Delta BioVue Typing Technique

1. Prepare a 0.8% suspension of washed test red cells in 0.8% Red Cell Diluent.
2. Remove aluminium foil from as many *reaction chambers as needed.*
3. Place in appropriate *reaction chamber: 50µl of test red cell suspension* and 40µl of Anti-ABO reagent.
4. Centrifuge cassette(s) in an System Centrifuge.
5. Read macroscopically for agglutination.

D. Microplate Technique, using "U" wells

1. Prepare a 2-3% suspension of washed test red cells in PBS.
2. Place in the appropriate well: 1 volume Anti-ABO reagent and 1 volume test red cell suspension.
3. Mix thoroughly, preferably using a microplate shaker, taking care to avoid cross-well contamination.
4. Incubate at room temperature for 15 minutes (time dependant on user).
5. Centrifuge the microplate for 1 minute at 140 rcf or for a suitable alternative time and force.
6. Resuspend the cell buttons using carefully controlled agitation on a microplate shaker
7. Read macroscopically or with a validated automatic reader.
8. Any weak reactions should be repeated by the tube technique.

E. Slide Technique

1. Prepare a 35-45% suspension of test red cells in serum, plasma or PBS.
2. Place on a labelled glass slide: 1 volume of Anti-ABO reagent and 1 volume of test red cell suspension.
3. Using a clean applicator stick, mix reagent and cells over an area of about 20 x 40 mm.
4. Slowly tilt the slide back and forth for 30 seconds, with occasional further mixing during the 2-minute period, maintaining slide at room temperature.
5. Read macroscopically after 2 minutes over a diffuse light and do not mistake fibrin strands as agglutination.
6. Any weak reactions should be repeated by the tube technique.

INTERPRETATION OF TEST RESULTS

1. **Positive:** Agglutination of the test red cells constitutes a positive test result and within accepted limitations of test procedure, indicates the presence of the appropriate ABO antigen on the test red cells.
2. **Negative:** No agglutination of the test red cells constitutes a negative result and within the accepted limitations of the test procedure, indicates the absence of the appropriate ABO antigen on the test red cells.
3. **Discrepancies:** If the results obtained with reverse group don't correlate with forward group, further investigation is required.
4. Test results of cells that are agglutinated using the reagent negative control shall be excluded, as the agglutination is most probably caused by the effect of the macromolecular potentiators in the reagent on sensitised cells.

STABILITY OF THE REACTIONS

1. Read all tube and microplate tests straight after centrifugation.
2. Slide tests should be interpreted within two minutes to ensure specificity and to avoid the possibility a negative result may be incorrectly interpreted as positive due to drying of the reagent.
3. Caution should be exercised in the interpretation of results of tests performed at temperatures other than those recommended.

LIMITATIONS

1. ABO antigens are not fully developed at birth and so weaker reactions may therefore occur with cord or neonatal specimens.
2. When using Monoclonal Anti-A,B, blood specimens of weak A or B subgroups (e.g Ax) may give rise to false negative or weak reactions when tested using slides, microtitre plates or gel cards. It is advisable to re-test weak subgroups using the tube technique.
3. Monoclonal Anti-A and monoclonal Anti-B are not validated to detect Ax and A3 or Bx and B3 antigens resp and we therefore do not claim reactivity of the monoclonal Anti-A or Anti-B reagent against these weak A and B sub-groups.
4. Stored blood may give weaker reactions than fresh blood.
5. False positive or false negative results may also occur due to:
   - Contamination of test material
   - Improper storage, cell concentration, incubation time or temperature
   - Improper or excessive centrifugation
   - Deviation from the recommended techniques
   - Cord samples contaminated with Wharton's jelly

SPECIFIC PERFORMANCE CHARACTERISTICS

1. The reagents have been characterised by all the procedures mentioned in the **Recommended Techniques**.
2. Prior to release, each lot of Delta Monoclonal Anti-A, Anti-B and Anti-A,B is tested by the **Recommended Techniques** against a panel of antigen-positive red cells to ensure suitable reactivity.
3. Specificity of source monoclonal antibodies is demonstrated using a panel of antigen-negative cells.
4. The potency of the reagents has been tested against the following minimum potency reference standards obtained from National Institute of Biological Standards and Controls (NIBSC):
   - Anti-A reference standard 03/174 **And / Or**
   - Anti-B reference standard 03/175
5. Anti-B does not react with "Acquired-B" red cells.
6. Monoclonal ABO reagents do not detect crypt antigens such as T, Tn or Cad.
7. The Quality Control of the reagents was performed using red cells that had been washed at least twice with PBS prior to use.
8. The reagents comply with the recommendations contained in the latest issue of the Guidelines for the UK Blood Transfusion Services.

DISCLAIMER

1. The user is responsible for the performance of the reagents by any method other than those mentioned in the **Recommended Techniques**.
2. Any deviations from the **Recommended Techniques** should be validated prior to use.

BIBLIOGRAPHY

1. Kholer G, Milstein C. Continuous culture of fused cells secreting antibody of predefined specificity. Nature 1975; 256, 495-497
2. Messeter L et al. Mouse monoclonal antibodies with Anti-A, Anti-B and Anti-A,B specificities, some superior to human polyclonal ABO reagents. Vox Sang 1984; 46, 185-194
3. Race RR, Sanger R. Blood Groups in Man, 6th Editon. Blackwell Scientific, Oxford 1975; Chapter 2.
4. Mollison PL. Blood Transfusion in Clinical Medicine, 8th Edition, Blackwell Scientific, Oxford 1987; Chapter 7.
5. Issitt PD. Applied Blood Group Serology, 3rd Edition. Montgomery Scientific, Miami 1985; Chapter 6
6. BSCH Blood Transfusion Task Force. Guidelines for microplate techniques in liquid-phase blood grouping and antibody screening. Clinical Laboratory Haematology 1990; 12, 437-460.
7. Guidelines for the Blood Transfusion Service in the United Kingdom. H.M.S.O. Current Edition.
8. British Committee for Standards in Haematology, Blood Transfusion Task Force. Recommendations for evaluation, validation and implementation of new techniques for blood grouping, antibody screening and cross matching. Transfusion Medicine, 1995, 5, 145-150.

AVAILABLE REAGENT SIZES

	Vial Size	Catalogue Number
Monoclonal Anti-A	5 ml	3174-A5
	10 ml	3174-A10
	1000 ml	Request
	5000 ml	Request
Monoclonal Anti-B	5 ml	3174-B5
	10 ml	3174-B10
	1000 ml	Request
	5000 ml	Request
Monoclonal Anti-A,B	5 ml	3174-AB5
	10 ml	3174-AB10
	1000 ml	Request
	5000 ml	Request

Made in UK.
England OEM Brand.

TABLE OF SYMBOLS

LOT	Batch Number	IVD	*In-vitro* Diagnostic
REF	Catalogue Reference		Store At
	Expiry Date		Manufacturer
	Read Pack Insert		

Diagnostics Document Issue number: 5/06/2014

Lampiran 10

DOKUMENTASI PENELITIAN

A. Pra Analitik

1. Persiapan Alat dan Bahan

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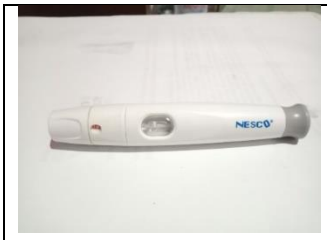
<td> 

Lancet pen</td>
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Blood lancet</td>
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Reagen Golongan Darah Sistem ABO</td>
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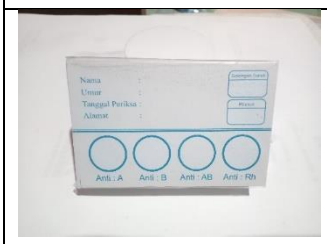
<td> 

Kartu Test Golongan Darah Sistem ABO</td>
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Tusuk Gigi</td>
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Kapas Kering</td>
<td> 
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<td> 
Cool Box</td>
<td></td>
<td></td>
</tr>
</table>

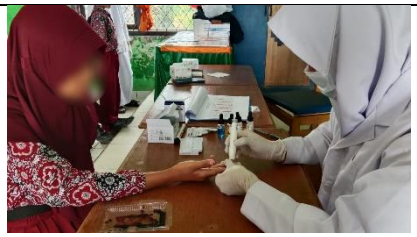
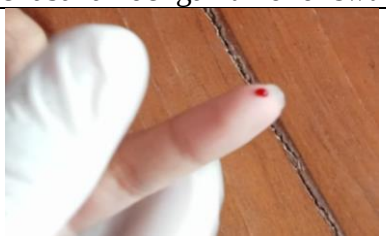
2. Proses Persiapan Pasien

 Tindakan yang akan dilakukan kepada anak dan orangtua/wali dijelaskan	 Anak diberi lembar *informed consent* lalu diminta untuk memberi cap dan pada lembar persetujuan orang tua/wali (*informed consent*) diminta untuk tanda tangan.

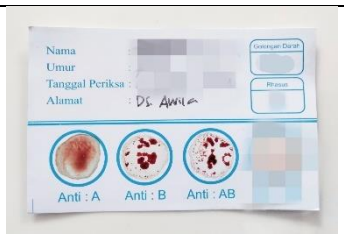
3. Persiapan Reagen

 Reagen ditempatkan dalam *coolbox* dalam suhu 2°- 8° celsius	 Reagen terlebih dahulu di sesuaikan dengan suhu ruang sebelum pemeriksaan

4. Persiapan Sampel

 Disiapkan alat & bahan pemeriksaan	 Dipijat area penusukan lalu dilakukan desinfeksi pada area penusukan dengan *alkohol swab*
 Ditunggu hingga kering lalu tusuk jari yang dipilih dengan cepat dan hati-hati	 Darah kapiler siap untuk di gunakan

B. Analitik

 Disiapkan kartu golongan darah yang sesuai dengan identitas pasien	 Darah kapiler yang telah ada di teteskan ke semua lingkaran Anti-A, Anti-B dan Anti-AB
 Diteteskan 1 tetes reagen A pada Anti A, reagen B ke Anti-B dan reagen B ke Anti-AB secara terpisah dengan sampel darah kapiler	 Darah dan reagen dihomogenkan dengan batang pengaduk yang steril dan berbeda-beda tiap lingkaran
 Kartu golongan darah tersebut dirotasikan selama 1-2 menit	 Diamati ada tidaknya aglutinasi.

C. Pasca Analitik

Hasil golongan darah dibaca dan dicatat