Laporan Komite Etik Penelitian Kesehatan (KEPK)

Triwulan I/II/III/IV\*

Nama : ………………………………………………………………………………………………………………..

Alamat : ……………………………………………………………………………………………………………….

No ID : ………………………………………………………………………………………………………………..

|  |  |
| --- | --- |
| **I** | **Permohonan kaji etik yang masuk** |
|  |  | **Jumlah** |
|  | 1. Internal
 |  |
|  | 1. Observasional
 |  |
|  | 1. Eksperimental
 |  |
|  | 1. eksternal
 |  |
|  | 1. Observasional
 |  |
|  | 1. Eksperimental
 |  |
|  | Total |  |

|  |  |
| --- | --- |
| **II** | **Persetujuan etik yang dikeluarkan** |
|  |  | **Jumlah** | **Rerata waktu telaah****(hari)** |
|  | 1. Exempted
 |  |  |
|  | 1. Expedited
 |  |  |
|  | 1. Full board
 |  |  |
|  | Total |  |  |

|  |  |
| --- | --- |
| **III** | **Judul dan nama Ketua Pelaksana Penelitian** |
| **No** | **Judul Penelitian** | **Ketua Pelaksana** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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