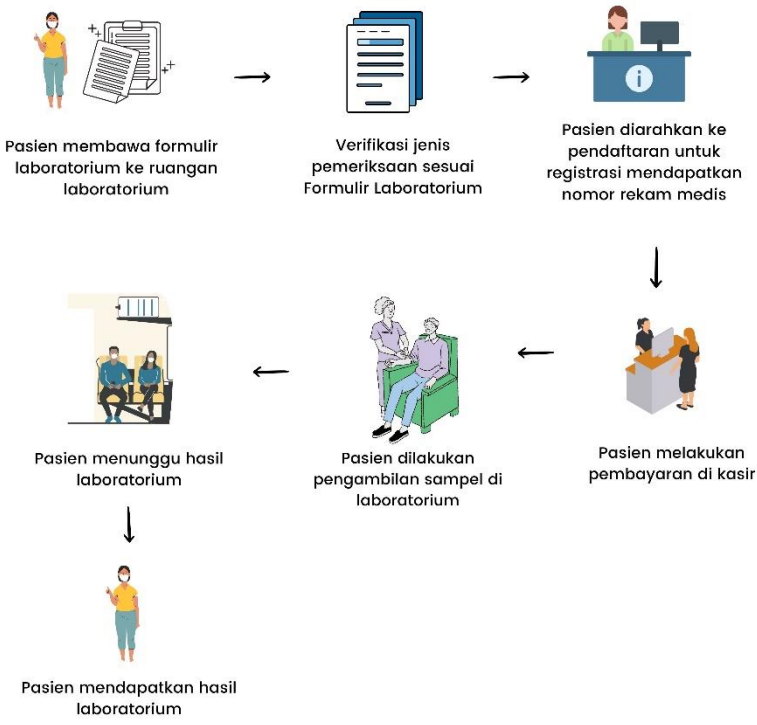


13. Standar Pelayanan Laboratorium Patologi Klinik

| NO | KOMPONEN | URAIAN |
|----|---------------------------------|--|
| 1. | Persyaratan Pelayanan | 1. Pasien rujukan dari rawat jalan/rawat inap RS Membawa surat permintaan pemeriksaan Laboratorium 2. Pasien rujukan dari fakes luar : Membawa surat pengantar dari dokter luar (RS/ klinik). |
| 2. | Sistem, Mekanisme, dan Prosedur | <p style="text-align: center;">LABORATORIUM PATOLOGI KLINIK PASIE RUJUKAN DARI LUAR RUMAH SAKIT</p>  <pre> graph TD A[Pasien membawa formulir laboratorium ke ruangan laboratorium] --> B[Verifikasi jenis pemeriksaan sesuai Formulir Laboratorium] B --> C[Pasien diarahkan ke pendaftaran untuk registrasi mendapatkan nomor rekam medis] C --> D[Pasien melakukan pembayaran di kasir] D --> E[Pasien dilakukan pengambilan sampel di laboratorium] E --> F[Pasien menunggu hasil laboratorium] F --> G[Pasien mendapatkan hasil laboratorium] </pre> <p style="text-align: center;">Pasien membawa formulir laboratorium ke ruangan laboratorium</p> <p style="text-align: center;">Verifikasi jenis pemeriksaan sesuai Formulir Laboratorium</p> <p style="text-align: center;">Pasien diarahkan ke pendaftaran untuk registrasi mendapatkan nomor rekam medis</p> <p style="text-align: center;">Pasien melakukan pembayaran di kasir</p> <p style="text-align: center;">Pasien dilakukan pengambilan sampel di laboratorium</p> <p style="text-align: center;">Pasien menunggu hasil laboratorium</p> <p style="text-align: center;">Pasien mendapatkan hasil laboratorium</p> |
| 3. | Respon Waktu | Waktu pelayanan tergantung jenis pemeriksaan : <ol style="list-style-type: none"> 1. Pemeriksaan Hematologi : 60 – 120 menit 2. Kimia klinik : 30 – 120 menit 3. Imunoserologi : 60 – 120 menit 4. Urinalisis dan Feses Lengkap : 60 – 90 menit |
| 4. | Biaya | 1. Pasien Jaminan Kesehatan Nasional (JKN) Berdasarkan Peraturan Menteri Kesehatan Nomor. 6 Tahun 2018, tentang Perubahan ketiga atas Peraturan Menteri Kesehatan Nomor |

| NO | KOMPONEN | URAIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-----------------------------|--------------|--------------|--------------|---------------------|---------------|-------------------|--------------|---------------------|--------------|------------------|--------------|--------------------|--------------|-------------------------|--------------|-------|---------------|------|--------------|------|--------------|-----------|--------------|-------|--------------|-----------|--------------|------------------|--------------|----------------|--------------|----------------|--------------|--------------|--------------|------------------|---------------|--------------------|---------------|-------------|--------------|-------|--------------|--------------------|---------------|--------------------|--------------|---------------------|--------------|---------------------------------|---------------|-----------------|---------------|---------------|--------------|--|--|
| | | <p>52 Tahun 2016 tentang Standar Tarif Pelayanan Kesehatan dalam Penyelenggaraan Program JKN</p> <p>2. Pasien <i>Universal Health Coverage</i> (UHC) Berdasarkan Peraturan Wali Kota Depok Nomor 75 tahun 2023 tentang Penyelenggaraan Jaminan Kesehatan.</p> <p>3. Pasien Umum /Tunai Berdasarkan Peraturan Daerah Kota Depok Nomor 1 Tahun 2024 tentang Pajak Daerah dan Retribusi Daerah.</p> <table border="1" data-bbox="544 618 1372 2212"> <tbody> <tr><td>Golongan Darah ABO + Rhesus</td><td>: Rp. 38.500</td></tr> <tr><td>Hitung Jenis</td><td>: Rp. 30.800</td></tr> <tr><td>Paket Darah Lengkap</td><td>: Rp. 101.200</td></tr> <tr><td>Paket Darah Rutin</td><td>: Rp. 48.400</td></tr> <tr><td>Gula Darah 2 Jam PP</td><td>: Rp. 30.800</td></tr> <tr><td>Gula Darah Puasa</td><td>: Rp. 30.800</td></tr> <tr><td>Gula Darah Sewaktu</td><td>: Rp. 30.800</td></tr> <tr><td>Tes Glukosa Darah Rapid</td><td>: Rp. 30.800</td></tr> <tr><td>HbA1C</td><td>: Rp. 235.400</td></tr> <tr><td>SGOT</td><td>: Rp. 42.900</td></tr> <tr><td>SGPT</td><td>: Rp. 42.900</td></tr> <tr><td>Asam Urat</td><td>: Rp. 42.900</td></tr> <tr><td>Ureum</td><td>: Rp. 47.300</td></tr> <tr><td>Creatinin</td><td>: Rp. 48.400</td></tr> <tr><td>Kolesterol Total</td><td>: Rp. 52.800</td></tr> <tr><td>Kolesterol HDL</td><td>: Rp. 57.200</td></tr> <tr><td>Kolesterol LDL</td><td>: Rp. 51.700</td></tr> <tr><td>Trigliserida</td><td>: Rp. 52.800</td></tr> <tr><td>Paket Elektrolit</td><td>: Rp. 191.400</td></tr> <tr><td>Analisis Gas Darah</td><td>: Rp. 258.500</td></tr> <tr><td>HbsAg Rapid</td><td>: Rp. 84.700</td></tr> <tr><td>Widal</td><td>: Rp. 89.100</td></tr> <tr><td>Dengue NS1 Antigen</td><td>: Rp. 300.300</td></tr> <tr><td>Urinalisis Lengkap</td><td>: Rp. 45.100</td></tr> <tr><td>Tes Kehamilan (HCG)</td><td>: Rp. 41.800</td></tr> <tr><td>Paket Tes Narkoba (6 parameter)</td><td>: Rp. 277.200</td></tr> <tr><td>RT PCR Covid-19</td><td>: Rp. 230.000</td></tr> <tr><td>Feses Lengkap</td><td>: Rp. 99.000</td></tr> <tr><td>Tarif pemeriksaan lain sesuai kebutuhan pasien</td><td>Biaya sesuai dengan tindakan yang dilakukan.</td></tr> </tbody> </table> | Golongan Darah ABO + Rhesus | : Rp. 38.500 | Hitung Jenis | : Rp. 30.800 | Paket Darah Lengkap | : Rp. 101.200 | Paket Darah Rutin | : Rp. 48.400 | Gula Darah 2 Jam PP | : Rp. 30.800 | Gula Darah Puasa | : Rp. 30.800 | Gula Darah Sewaktu | : Rp. 30.800 | Tes Glukosa Darah Rapid | : Rp. 30.800 | HbA1C | : Rp. 235.400 | SGOT | : Rp. 42.900 | SGPT | : Rp. 42.900 | Asam Urat | : Rp. 42.900 | Ureum | : Rp. 47.300 | Creatinin | : Rp. 48.400 | Kolesterol Total | : Rp. 52.800 | Kolesterol HDL | : Rp. 57.200 | Kolesterol LDL | : Rp. 51.700 | Trigliserida | : Rp. 52.800 | Paket Elektrolit | : Rp. 191.400 | Analisis Gas Darah | : Rp. 258.500 | HbsAg Rapid | : Rp. 84.700 | Widal | : Rp. 89.100 | Dengue NS1 Antigen | : Rp. 300.300 | Urinalisis Lengkap | : Rp. 45.100 | Tes Kehamilan (HCG) | : Rp. 41.800 | Paket Tes Narkoba (6 parameter) | : Rp. 277.200 | RT PCR Covid-19 | : Rp. 230.000 | Feses Lengkap | : Rp. 99.000 | Tarif pemeriksaan lain sesuai kebutuhan pasien | Biaya sesuai dengan tindakan yang dilakukan. |
| Golongan Darah ABO + Rhesus | : Rp. 38.500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hitung Jenis | : Rp. 30.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paket Darah Lengkap | : Rp. 101.200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paket Darah Rutin | : Rp. 48.400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gula Darah 2 Jam PP | : Rp. 30.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gula Darah Puasa | : Rp. 30.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gula Darah Sewaktu | : Rp. 30.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tes Glukosa Darah Rapid | : Rp. 30.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HbA1C | : Rp. 235.400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SGOT | : Rp. 42.900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SGPT | : Rp. 42.900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asam Urat | : Rp. 42.900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ureum | : Rp. 47.300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creatinin | : Rp. 48.400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kolesterol Total | : Rp. 52.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kolesterol HDL | : Rp. 57.200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kolesterol LDL | : Rp. 51.700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trigliserida | : Rp. 52.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paket Elektrolit | : Rp. 191.400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Analisis Gas Darah | : Rp. 258.500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HbsAg Rapid | : Rp. 84.700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Widal | : Rp. 89.100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dengue NS1 Antigen | : Rp. 300.300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urinalisis Lengkap | : Rp. 45.100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tes Kehamilan (HCG) | : Rp. 41.800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paket Tes Narkoba (6 parameter) | : Rp. 277.200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RT PCR Covid-19 | : Rp. 230.000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feses Lengkap | : Rp. 99.000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tarif pemeriksaan lain sesuai kebutuhan pasien | Biaya sesuai dengan tindakan yang dilakukan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO | KOMPONEN | URAIAN |
|----|-------------------------|---|
| | | 4. Pasien asuransi di luar JKN Tarif sesuai perjanjian kerja sama yang disepakati. |
| 5. | Produk Layanan | Pelayanan laboratorium meliputi : 1. Hematologi 2. Hemostasis 3. Kimia Klinik 4. Analisa Gas Darah 5. Immunoserologi 6. Mikrobiologi 7. Urinalisis dan Analisa Feses 8. Pemeriksaan Kultur dan Resistensi 9. Pemeriksaan Patologi Anatomi |
| 6. | Penanganan Pengaduan | 1. Datang langsung ke layanan <i>MANAGER ON DUTY (MOD)</i> RSUD ASA (Jl. Raya Tapos No.1 Kel.Cimpaeun Kec. Tapos) 2. Whatapp (WA): 081584626460 3. Instagram @rsudasa_depok 4. Link Pengaduan: SUARA RASA (https://bit.ly/KeluhanLayananRSUDASA 5. Email : rsudasamod@gmail.com 6. Website RSUD : https://rsudasa.depok.go.id 7. SP4N LAPOR : www.lapor.go.id |