

8 CPD
POINTS

BASIC STATISTICAL

ANALYSIS

FOR CLINICAL RESEARCH

Conducted by a statistician with wide experience in clinical research

6 May 2025 | Tuesday

8 a.m - 5 p.m

Bilik Latihan Komputer,
Cawangan Teknologi Maklumat,
Aras 6, Hospital Tunku Azizah

SCAN
ME!



Organized by :



CRC
MINISTERI KESEHATAN MALAYSIA
Research that matters to patients
HOSPITAL TUNKU AZIZAH, KUALA LUMPUR

CLINICAL RESEARCH
CENTRE (CRC)
HOSPITAL TUNKU AZIZAH
KUALA LUMPUR

In Collaboration with :



MALYSIAN
THORACIC
SOCIETY

Tentative Program

6 May 2025

0800 - 0830 Registration and breakfast

0830 - 1000 Introduction to Statistics

1000 - 1100 Descriptive Statistis

1100 - 1115 Morning break

1115 - 1245 Inferential Statistics

1245 - 1400 Lunch

1400 - 1530 Testing means

- One Sample t-test
- Independent t-test
- Paired sample t-test
- One-way ANOVA

1530 - 1545 Afternoon break

1545 - 1700 Contingency table

- Chi-square test
- Bivariate analysis

1700 Conclusion

REGISTRATION FORM

Basic Statistical Analysis for Clinical Research

Registration	Registration Fee	/
MTS Member or MOH staff	RM 150.00	
Others	RM 200.00	

On-site registration WILL NOT be accepted. Places are limited. Registration will close once all places are taken.

All payments by cheques should be issued in favour of "**Malaysian Thoracic Society**"
Payments can be made via telegraphic transfer to the following account:

Account Name : Malaysian Thoracic Society

Account Number : 873-1-0420229-5

Name of Bank : Standard Chartered Bank Berhad

Address of Bank : Publika Branch Solaris Dutamas Jalan Dutamas 1,
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(Please return the remittance advice note along with this form either by fax or email. Document image by email is also acceptable)

Each registration per participants

All Information is required

Name : _____ Dr / Ms / Mr
Phone Number : _____ Personal Email : _____
Position : _____ Grade : _____
Department/Klinik Kesihatan : _____
Hospital/Pusat Kesihatan Daerah : _____
MTS Member ? : Yes / No Dietary Preference : Non-Vegetarian / Vegetarian
Payment Amount : _____ Date of Payment : _____
Payment Reference Number : _____
Please include attachments as below :
1. Proof of Payment

Any enquiries please contact :

Clinical Research Centre (CRC),

Hospital Tunku Azizah

Email : researchwchkl@moh.gov.my

Tel : 03-2600-3000 (ext 2120)