

CPD Points Available

1  
Vol.

# BASIC STATISTICAL ANALYSIS FOR CLINICAL RESEARCH WORKSHOP

5 May 2026 | Tuesday

8am - 5pm

Bilik Makmal Komputer,  
Cawangan Teknologi Maklumat,  
Hospital Tunku Azizah

The workshop will be conducted by a statistician with wide experience in clinical research

SCAN ME!



Organized by :

In Collaboration with :



CLINICAL RESEARCH  
CENTRE (CRC)  
HOSPITAL TUNKU AZIZAH  
KUALA LUMPUR



MALAYSIAN  
THORACIC  
SOCIETY

# TENTATIVE PROGRAMME

## 5 MAY 2026

0800 - 0830 Registration and breakfast

0830 - 1000 Introduction to Statistics

1000 - 1100 Descriptive Statistic

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 1 (Vol. 1)

| Registration            | Fee       | 8% SST   | Total Fee        | / |
|-------------------------|-----------|----------|------------------|---|
| MTS Member or MOH staff | RM 200.00 | RM 16.00 | <b>RM 216.00</b> |   |
| Others                  | RM 250.00 | RM 20.00 | <b>RM 270.00</b> |   |

**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, 50480 Kuala Lumpur

**(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 : \_\_\_\_\_  
IC No. : \_\_\_\_\_ Designation: \_\_\_\_\_  
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)