

CPD Point
Available

BASIC STATISTICAL ANALYSIS FOR CLINICAL RESEARCH

Conducted by a statistician with wide experience in clinical research



 REGISTER NOW

7th October 2024
Monday

8 A.M - 5 P.M

Bilik Makmal Komputer,
Cawangan Teknologi Maklumat,
Hospital Tunku Azizah

Organized by :



CLINICAL RESEARCH
CENTRE (CRC)
HOSPITAL TUNKU AZIZAH
KUALA LUMPUR

In Collaboration with :



MALAYSIAN
THORACIC
SOCIETY

Workshop Program

7th October 2024

| | |
|-------------|---|
| 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 <ul style="list-style-type: none">• One Sample t-test• Independent t-test• Paired sample t-test• One-way ANOVA |
| 1530 - 1545 | Afternoon break |
| 1545 - 1700 | Contingency table <ul style="list-style-type: none">• Chi-square test• Bivariate analysis |
| 1700 | Conclusion |

REGISTRATION FORM

BASIC STATISTICAL ANALYSIS FOR CLINICAL RESEARCH

| Registration | Registration Fee | Please choose/tick |
|--------------------------|------------------|--------------------|
| MTS Member and 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. NO REFUND** for cancellation after **15th August 2024.**

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 : _____
Hospital : _____
MTS Member ? : Yes / No
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)

Registration :

