

CPD  
POINT  
AVAILABLE

# CRITICAL APPRAISAL WORKSHOP



Scan for Registration

17<sup>th</sup> July 2024  
Wednesday

8 A.M. - 5 P.M.

Bilik Seminar 1 - 3,  
Post-Graduate Centre,  
Level 3,  
Hospital Tunku Azizah

Organized by :



CLINICAL RESEARCH  
CENTRE (CRC)  
HOSPITAL TUNKU AZIZAH  
KUALA LUMPUR

In Collaboration with :



MALAYSIAN  
THORACIC  
SOCIETY

# PROGRAM

17<sup>th</sup> July 2024

0800 - 0900

## Registration and breakfast

0900 - 0930

Introduction to Evidence-based  
Medicine and MaHTAS

0930 - 1030

PICO and Search Strategy

1030 - 1100

## Tea Break

1100 - 1130

What is Critical Appraisal

1130 - 1230

Critical Appraisal on Systematic Review

1230 - 1400

## Lunch break and prayer

1400 - 1500

Critical Appraisal on Clinical Trial

1500 - 1600

Critical Appraisal on Cohort Study

1600 - 1630

Critical Appraisal on Economic Evaluation

1630 - 1700

## Closing

## REGISTRATION FORM

CRITICAL APPRAISAL WORKSHOP

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.**

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 : \_\_\_\_\_  
Position : \_\_\_\_\_  
Grade : \_\_\_\_\_  
Department/Klinik Kesihatan : \_\_\_\_\_  
Hospital/Pusat Kesihatan Daerah : \_\_\_\_\_  
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 :

