



# **MTS-MOH**

## **SPIROMETRY CERTIFICATION PROGRAMME**

### **Phase 3 Workshop**

**22<sup>nd</sup> - 23<sup>rd</sup>  
August  
2026**

**Postgraduate Centre, Level 3,  
Hospital Tunku Azizah,  
Kuala Lumpur**



Organized by :



MALAYSIAN THORACIC SOCIETY

Supported by :



MINISTRY OF HEALTH MALAYSIA

# DAY 1

22 August 2026

0800 - 0830	Registration
0830 - 0845	Welcome and Introduction
0845 - 0915	Spirometry Roles in Respiratory Diseases
0915 - 0945	Spirometry Technique
0945 - 1015	Tea Break
1015 - 1300	Skill workshop: Spirometry technique and Quality Assurance
1300 - 1400	Lunch
1400 - 1415	Spirometry Result Interpretation
1415 - 1615	Group work: Case Discussion
1615 - 1700	Briefing practical examination
1700	End Day 1

# DAY 2

23 August 2026

0800 - 0830	Registration
0830 - 0845	Revision
0845 - 1200	Practical examination
1215 - 1230	Closing
1230 - 1400	Lunch
1400	End Day 2

## REGISTRATION FORM

### MTS-MOH Spirometry Certification Programme Phase 3

Category	Early Bird Before 1 <sup>st</sup> July 2026			Late registration 1 <sup>st</sup> July 2026 and after		
	Fee	8% SST	Total Fee	Fee	8% SST	Total Fee
MTS Member	RM 500.00	RM 40.00	RM 540.00	RM 600.00	RM 48.00	RM 648.00
Non-MTS Member	RM 650.00	RM 52.00	RM 702.00	RM 750.00	RM 60.00	RM 810.00
Non-Malaysian	USD 300	USD 24	USD 324	USD 400	USD 32	USD 432

**Places are limited. No refund for cancellation after 1<sup>st</sup> July 2026. Registration for 2026 cannot be carry forward to 2027 or after. Government Local Purchase Order (LPO) is not accepted. All payments must be made before 28<sup>th</sup> September 2026.**

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 is for one participant**

### 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 :**

Email : mts.spirometry@gmail.com  
Tel : 03-2856 4053  
Fax : 03-2856 4195

**REGISTER  
NOW!**



# **MTS-MOH SPIROMETRY CERTIFICATION PROGRAMME**

## **PHASE 3 WORKSHOP**

**22<sup>nd</sup> -23<sup>rd</sup> August 2026**

### **Day 1: 22<sup>nd</sup> August 2026**

0800-0830: Registration/ Breakfast- secretariat

0830-0845: Welcome and Introduction- A.Prof Andrea Ban

0845-0915: Spirometry Roles in Respiratory Diseases- A.Prof Ng BH

0915-0945: Spirometry Technique- Dr Tan JL

0945-1015: Tea break

1015-1300: Skill workshop: Spirometry technique, Quality assurance (all trainers)

1300-1400: Lunch

1400-1415: Spirometry Result Interpretation- Dr Alvin Alaga

1415-1615: Group work: Case Discussion (All trainers)

1615-1700: Briefing practical examination (AP Dr Hafizah Zainuddin )

1700: End day 1

### **Day 2: 23<sup>rd</sup> August 2026**

0800-0830: Registration

0830-0845: Revision

0845- 1200: Practical examination(All trainers)

1215 -1300: Closing (Dr Syakirin)

1230-1400: Lunch

1400: End Day 2